

Population and Development in Asia and the Pacific

Lessons Learned from the Midterm Review of
the Asian and Pacific Ministerial Declaration on
Population and Development



Midterm Review of the
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on Population and Development
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Acronyms

APMD	Asian and Pacific Ministerial Declaration
AIDS	acquired immunodeficiency syndrome
ESCAP	(United Nations) Economic and Social Commission for Asia and the Pacific
HIV	human immunodeficiency virus
ICPD	International Conference on Population and Development
NEET	not in employment, education or training
OECD	Organization and for Economic Cooperation and Development
SDG	Sustainable Development Goal
UNFPA	United Nations Population Fund
WHO	World Health Organization

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EXECUTIVE SUMMARY

The world is experiencing diverse demographic and socioeconomic transitions, while facing challenges to keep development sustainable. In this context, it is important that balance and harmony between resources, the environment and social and economic development are ensured. Population dynamics are both critical drivers and outcomes of sustainable development; looking ahead, it is vital that policies being put in place meet the needs of current populations, but by no means compromise those of future ones.

Asia and the Pacific is home to six in ten of the world's people and population and development concerns will play a catalytic role in achieving the 2030 Agenda for Sustainable Development. Apart from the demographic transitions taking place in the region, Asia and the Pacific is vulnerable to the adverse effects of climate change, the occurrence of natural disasters which threaten human lives and infrastructure, and various prevailing conflicts. Therefore, successfully investing in population and development requires a solid understanding of the fundamentals as well as a conviction that all people count.

The landmark Programme of Action of the International Conference on Population and Development (ICPD) provides an invaluable framework to serve the aforementioned purpose. The Programme of Action was approved by consensus on 13 September 1994 and endorsed by the General Assembly in its resolution 49/128 on 19 December 1994. The foremost aim of the agreement was to enhance the quality of life and well-being of each and every individual and promote human development by underscoring the interrelationship between development policies and programmes targeting poverty eradication and economic and social development. Central to the Programme of Action is the promotion of education as a vehicle to escape intergenerational poverty, to reduce preventable infant and maternal mortality, to provide universal access to basic services

such as health and sexual and reproductive health, and to deliver modern family planning methods. Fundamental to its success are also food security, sustainable patterns of production and consumption, human resource development, and the guarantee of human rights, gender equality and equity. Women's empowerment and autonomy and the right to sexual and reproductive health were specifically highlighted as crucial determinants of fair and equitable development. The Programme of Action also addresses the opportunities and challenges of international migration for development and overall population growth and decline and changes in the population age structure.

In 2010, the General Assembly extended the Programme of Action and its key actions beyond 2014, also calling upon the United Nations Population Fund (UNFPA), and consulting its States Members, along with the cooperation of all relevant organizations in the United Nations system as well as of other related international organizations and bodies to conduct a thorough organizational review of the implementation of the Programme of Action (resolution 65/234 of 22 December 2010).

In the regional 20-year review, in 2013, ESCAP member States adopted the Asian and Pacific Ministerial Declaration on Population and Development at the Sixth Asian and Pacific Population Conference. The Ministerial Declaration contains an outline of the progress made regarding the Programme of Action and highlights policy directions for the region to ensure the implementation of priority actions before the Seventh Asian and Pacific Population Conference, scheduled for 2023, and in the context of the 2030 Agenda.

The Ministerial Declaration endorsed the Programme of Action and identified 11 priorities that the region should focus on. These are:

- » Poverty eradication and employment
- » Health
- » Sexual and reproductive health, services and rights
- » Education
- » Gender equality and women's empowerment
- » Adolescents and young people
- » Ageing
- » International migration
- » Urbanization and internal migration
- » Population and sustainable development
- » Data and statistics

Although the Asia-Pacific region has seen remarkable progress regarding the implementation of the Programme of Action in the past two decades in many domains, much still needs to be done. The midterm review meeting on the implementation of the Ministerial Declaration conducted by the Economic and Social Commission for Asia and the Pacific (ESCAP), in collaboration with UNFPA, between 26 and 28 November 2018, shed light on both achievements in the region and, based on the 11 aforementioned priorities, areas requiring further attention. These issues are covered below, along with concluding remarks and recommendations that seek to promote more inclusive and sustainable development in Asia and the Pacific.

Poverty eradication and employment: The region has succeeded in reducing absolute poverty, resulting from a combination of efforts closely aligned to international recommendations, including enhancing economic growth, improving health, and creating better access to opportunities in education, employment and skills development. However, more focus should be directed to devising and comprehensively implementing policies

to protect and include those that have been 'left behind'. Several groups of people lie either under the poverty line or are in danger of falling below it. Employment has been recognized as the principal path to alleviate poverty. Yet it needs to be decent work along with International Labour Organization recommendations, since working poverty and vulnerable employment are persisting issues in the region. The informal sector, which in some countries employs more than half of the workforce, can be hazardous or associated with low and unstable incomes, and represents an area that should be targeted by policymakers. Full and decent employment also suggests lifting of barriers to women's access to labour markets and investing in quality education.

Health: Universal or targeted health schemes are prevalent across the region, something which has contributed to increases in life expectancy. Several countries, however, are still struggling to provide adequate and affordable health care, with more than two thirds of their populations not covered by health services. Such countries, in particular, should more closely follow regional and global frameworks and make targeted investments to increase their capacity to make health care more widely available, accessible and affordable. This includes addressing the high out-of-pocket health expenditures across the region and especially how it contributes to poverty and ill health especially among those in the poorest quintiles. A longer lifespan does not come without societal challenges; non-communicable diseases represent another area that has to be addressed through greater awareness as well as appropriate and affordable prevention and treatment options.

Sexual and reproductive health, services and rights: Policies and strategies on sexual and reproductive health and rights exist in all countries in the Asia-Pacific region, a fact that is exemplified by a considerable

decrease in fertility in most countries, but there is substantial scope for expansion and improvement. Priority should be given to the design and delivery of comprehensive and integrated universal quality sexual and reproductive health services that aim at reducing maternal and child mortality through, inter alia, training of skilled birth attendants and satisfying the unmet need for family planning and modern contraceptive methods. Increasing access to sexual and reproductive health information and education, especially in rural areas, will contribute towards fulfilling sexual and reproductive health and rights.

Education: Universal primary school attendance is now the norm in the vast majority of the countries in the region, ensuring the right to education. Gender parity in primary education is also a target that has been widely met. Yet, wide disparities still exist between wealth groups and along the rural-urban continuum. These must be addressed as should the inadequate investments in secondary and tertiary education, given that they play an important role in poverty eradication and the employability of future generations, especially in jobs that promote sustainable development and that are relevant to meet the needs of the ever-changing labour market.

Gender equality: Numerous policies at the national level addressing the issue of gender inequality exist but, in many cases, they are at an infant stage. Enhanced participation of women in the political sphere and leadership and in the formal economy is key to gender mainstreaming. The creation of safe and inclusive societies that promote women's participation in the labour force, give them a voice in the workplace and allow equal access to education, health care and other benefits is fundamental in eliminating disparities between men and women. Gender-based violence is a gross violation of human rights which can leave violations to almost all other rights open; it should be addressed by adequate legal frameworks, as well as educational programmes for men and boys, in order to alter deeply rooted norms

and practices that harm women, societies at large and economies as a whole. Sound collection of sex-disaggregated data is vital in national and regional capacity-building and analysis of gender inequalities.

Adolescents and young people: Most countries in Asia and the Pacific are transitioning from young populations and high fertility to older ones with lower birth rates. This has given them the unprecedented chance to take advantage of a large pool of people of working age and a low dependency ratio. To reap the benefit of this dividend, however, requires schematic interventions and comprehensive policies that ensure the smooth transition of young persons from education to employment, with sound vocational programmes, especially for the youth not in employment, education or training, taking into consideration that many youth are underemployed or in vulnerable or informal employment. With regard to health-care policy interventions, these should be age-sensitive, ensuring that the physical and mental health of young persons, as well as their sexual and reproductive health rights, are safeguarded.

Ageing: Population ageing constitutes a triumph and one of humanity's most significant achievements. People in Asia and the Pacific nowadays enjoy longer and healthier lives than ever before, but several challenges associated with old age necessitate immediate action. Of prominent importance is ensuring that older persons have access to quality health services, and facilitating a safe and enabling environment that promotes healthy and active ageing. The identification and prioritization of the needs of older persons, including the prevention and treatment of disabilities and non-communicable diseases, as well as the development of non-contributory universal social pension schemes, are crucial for the well-being of older persons.

International migration: Migration across states is a growing reality and the majority of countries in the region are devising policies

to capture the benefits of human movements and to protect those in need. It is essential though to ensure safe, regular and orderly migration that is in accordance with human rights and responsive to gender needs. Since the predominant driver of international migration is labour, receiving countries should develop policies that embrace migrant workers in their social protection schemes, removing laws or practices that reinforce discrimination. International migration can present a win-win situation by filling gaps in knowledge and labour in countries of destination and providing remittances, circular migration and reverse brain drains in countries of origin.

Urbanization and internal migration:

The region is experiencing urbanization at an unprecedented scale and countries have realized that targeted strategies to address internal migration can promote economic and social development through, among others, economies of agglomeration and specialization and greater labour productivity. Cities need to be continually made more sustainable and equitable. The decision for people to migrate internally is not always planned and voluntary, but includes the adverse result of climate change or the consequence of conflicts. Providing decent and formal housing and work, and encouraging social inclusion of these people is thus of significant importance.

Population and sustainable development:

The close interlinkage between population and sustainable development needs to guide policymaking, with strengthened capacity to plan for long-range sustainable development prevailing. Asia and the Pacific is particularly vulnerable to climate change and natural disasters; this calls for awareness raising and investments so that management and mitigation can be enhanced. Sustainable city planning and access to affordable, reliable, sustainable and modern clean energy, fuels and technology also need to be prioritized. Moreover, greater attention should be directed to integrating concepts of

sustainable development, consumption and production into formal education syllabuses to inculcate sustainable lifestyles among younger generations. In addition, there is a need for more comprehensive data on social and environmental issues, and enhanced capacity to plan for long-range sustainable development.

Data and statistics: Although significant progress has been attained in the field of data collection and analysis in the region, particularly with regards to civil registration, countries need to strengthen their effort for greater data availability, including age- and sex-disaggregated statistics in the areas covered by the Programme of Action. Currently, the monitoring of social indicators is lagging behind economic ones; this should be addressed to enhance progress in attaining the Sustainable Development Goals.





INTRODUCTION

The Asia-Pacific region is home to 60 per cent of the world's population. It is currently undergoing a momentous transition from youthful and rural populations to older, more urban ones. Regional population size, structure and dynamics influence and are influenced by economic and social development, climate change, natural disasters and conflicts. To ensure sustainable development, it is important to fully understand the interactions between these diverse factors.

It is also important to be cognizant of the background in the global arena and the regional context which contributes to the content of this report. The landmark Programme of Action of the International Conference on Population and Development (ICPD), adopted by consensus by 179 governments on 13 September 1994, laid the foundations for work on population and development by Member States, the United Nations and numerous development partners. The foremost objective of the Programme of Action was to focus on the needs, aspirations and rights of individual women and men and to recognize that human beings are at the centre of concerns for sustainable development (Principle 2). At the heart of the Programme of Action is the recognition that reproductive health and rights, as well as women's empowerment and gender equality do not only serve as ends in themselves, they are cornerstones of population and development. Furthermore, everyone has the right to education which will benefit the full development of human resources and human dignity. The Programme of Action also recognized the close interrelationships between population, sustained economic growth and sustainable development. It called for the promotion of social justice, the eradication of poverty and the establishment of sustainable patterns of production and consumption which would meet the needs of current generations without compromising the needs of future ones.

In 2010, the General Assembly extended the Programme of Action and its key actions beyond 2014 (resolution 65/234), calling upon States Members and all relevant organizations in the United Nations system, as well as other related international organizations and bodies, to conduct a thorough organizational review of the implementation of the Programme of Action.

In the regional 20-year review, held in 2013, ESCAP member States adopted the Asian and Pacific Ministerial Declaration on Population and Development at the Sixth Asian and Pacific Population Conference. The Ministerial Declaration contains an outline of the progress made regarding the Programme of Action and highlights policy directions to ensure the implementation of priority actions before the Seventh Asian and Pacific Population Conference, scheduled for 2023, and in the context of the 2030 Agenda for Sustainable Development.

The Ministerial Declaration identified 11 priorities that the region's attention should be focused on. These comprise:

- » Poverty eradication and employment
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- » Sexual and reproductive health, services and rights
- » Education
- » Gender equality
- » Adolescents and young people
- » Ageing
- » International migration
- » Urbanization and internal migration
- » Population and sustainable development
- » Data and statistics

The present report results from the "Midterm Review of the Asian and Pacific Ministerial Declaration on Population and Development", which took place in Bangkok from 26 to 28 November 2018. It highlights and confirms the crucial role of

the implementation of Asian and Pacific Ministerial Declaration (APMD) in the context of the Programme of Action of ICPD and the 2030 Agenda in achieving inclusive, rights-based and people-centred sustainable development.

The intergovernmental Midterm Review emphasized the extensive progress that had been achieved in population and development matters across the region, while acknowledging that gaps remained, and progress needed to be accelerated. The meeting stressed the importance of the 2030 Agenda and the Sustainable Development Goals (SDGs), and the pursuit of inclusive economic growth, reinforcing the commitment to leave no one behind. Central to the meeting's collective decisions was the initiation and continuation of long-term planning and partnerships and cooperation at the regional and subregional levels to achieve the objectives of APMD.

Since the 2030 Agenda and the ICPD Programme of Action are closely related, all 11 priorities of APMD were recognized as tightly aligned to the realization of the SDGs, and, as with the SDGs, mutually reinforcing. For example, investing in sexual and reproductive health and rights, the core thrust of the Programme of Action, improves gender equality, saves lives and promotes health and well-being. It also improves women's opportunities to access quality education, decent jobs and better income. Moreover, educated and healthy women have been known to help advance the education, health and well-being of their immediate and extended families, and, in so doing, contribute to achieving broader developmental goals.

In lead up to the Midterm Review, members and associated members of ESCAP submitted national reports on progress on the implementation of the Ministerial Declaration. These reports, which were compiled in a synthesis report as a background to the Midterm Review, showed that individual

countries and the region as a whole had made considerable and measurable progress since 2013. This was despite the challenges of resource availability, sociocultural resistance to change, persisting inequalities compounding the work to be done, and conflicts and disasters with the potential to destroy that already achieved.

The present publication combines the synthesis report with other background papers to the Midterm Review. In doing so, it seeks to deliver holistic insights into the progress the region has seen in population-related thematic areas, but also highlight the need for national and regional efforts and investments in policies that will address the remaining challenges. It is structured reflecting the priority areas of the Ministerial Declaration as described below.

Chapter 1: current progress in poverty alleviation in the region; Chapter 2: successes and challenges in the area of population health; Chapter 3: sexual and reproductive health, services and rights, and gaps that several groups face in accessing these; Chapter 4: primary, secondary and tertiary education, along with challenges; Chapter 5: issues concerning empowerment of women and girls and ensuring gender equality; Chapter 6: addressing the needs of young persons; Chapter 7: the opportunities and challenges of population ageing; Chapters 8 and 9: focusing on international and internal migration, respectively; Chapter 10: disaster prevention and mitigation, climate change and access to affordable and clean energy; and Chapter 11: concluding the report's main body by providing reference to the importance of timely, accurate and disaggregated data. The appendix contains a detailed population data sheet for the Asia-Pacific region.





POVERTY ERADICATION AND EMPLOYMENT

The Asian and Pacific Ministerial Declaration on Population and Development accorded the highest priority to poverty eradication and the elimination of its root causes, with a focus on providing an enabling environment, increasing access to decent employment, and promoting social integration and protection. Likewise, the 2030 Agenda called for an end to poverty in all its forms and manifestations, along with concerted action on inclusive and sustainable development. Poverty eradication is a stated national priority in the region in affirmation of both APMD as well as SDG 1 of the 2030 Agenda.

It is well documented that, in aggregate terms, the Asia-Pacific region has made significant progress in reducing absolute poverty.¹ Looking back to the era of the Millennium Development Goals, most countries achieved the goal to halve poverty. The Ministerial Declaration and the 2030 Agenda, on the other hand, have more ambitious targets. They point out that, while absolute poverty can be reduced by reaching population groups just below the poverty line, *eradicating* such poverty requires reaching the groups that are farthest below it.

Despite progress at the regional level, national reports following up on APMD make it clear that poverty was not reduced in all countries.² In Afghanistan, for example, the incidence of poverty reportedly rose from 35 per cent in 2011/2015 to 54 per cent in 2017, in part due to the effects of armed conflict and the return of refugees and migrants from Pakistan and the Islamic Republic of Iran, as well as the lack of clear pro-poor policies. These factors negatively affected economic growth and the creation of new employment opportunities.

The recent economic slowdown in Mongolia and the subsequent fiscal austerity and imposed budget discipline was reported to have brought about a rise in poverty from 22.0 per cent in 2014 to 29.6 per cent in

2016. Moreover, poverty eradication efforts were noted as being challenged in certain countries, such as those prone to man-made and natural disasters, including Afghanistan, Indonesia and Pakistan. These examples highlight the relevance of the nexus between poverty reduction, economic growth and risks such as violence and conflict, natural hazards and economic shocks. Indeed, sustaining current efforts in the face of uncertainty with respect to prospects for economic growth, remittance flows and resource availability to fund poverty eradication programmes is a major challenge. There is also concern that those who are just above the poverty line could easily fall below it.

Rapid population ageing, and with it reduced capacity and opportunities to earn income, are further issues requiring attention. With this process comes a greater likelihood that poverty among older persons (those aged 60 or over), especially women, increases further. It should also be noted that the fall into poverty could be intensified where older persons are not supported by social pensions or other forms of social protection.

The persistence of subnational poverty differentials and inequalities is also an area of concern. In countries such as Armenia, Bhutan, China, the Islamic Republic of Iran, Mongolia and Thailand, poverty was reported

¹ World Bank, press release, *Decline of Global Extreme Poverty Continues but Has Slowed*. Available from <https://www.worldbank.org/en/news/press-release/2018/09/19/decline-of-global-extreme-poverty-continues-but-has-slowed-world-bank> (accessed 30 January 2019).

² Using the relevant SDG indicator 1.1.1, that is the proportion of the population below the poverty line. Some national reports use the international poverty line, while others use a national poverty line.

as having a rural face, with rural poverty higher than that in urban areas. In Bhutan, 97 per cent of the poor lived in rural parts of the country in 2017. The rural poverty rate in the Islamic Republic of Iran was reported as 9.8 per cent, compared to 6.1 per cent in urban areas; moreover, within rural areas, families headed by women were more likely to be poor. In Mongolia, 38.0 per cent of the rural population were reported to be living below the poverty line; in contrast, the figure was 24.8 per cent in urban areas. Despite Viet Nam's success in poverty and hunger reduction, significant differentials in poverty and stunting rates were noted between regions, with the rates highest in disadvantaged highland areas due mainly to geography and related accessibility issues.

The national reports also made reference to large family size and poor health status of women and infants as having a strong bearing on poverty. As seen across the world, in a considerable number of countries of the region poor households tend to have more children than rich households. The total fertility rate³ among the lowest income quintile in Pakistan, for instance, is 5.2 children per woman compared with 2.7 among the highest income quintile. In Timor-Leste, both overall poverty and total fertility rates remain high. Afghanistan, which is experiencing increasing levels of poverty incidence, has also one of the highest fertility rates in the region at 5.2 children per woman. In Nepal, poverty is highest among households with three or more children.⁴

The close association between poor households and high fertility is largely due to a lack of access to and knowledge of contraceptives, low autonomy among women and the demand for children for economic or household support. More specifically,

contraception is less accessible to women who are poor, have lower education levels and are living in rural areas. With these factors in mind, interventions aimed at enhancing access to family planning and targeting unmet need and unintended pregnancies among the poor should certainly be part of multi-pronged poverty reduction strategies, especially in high fertility settings.

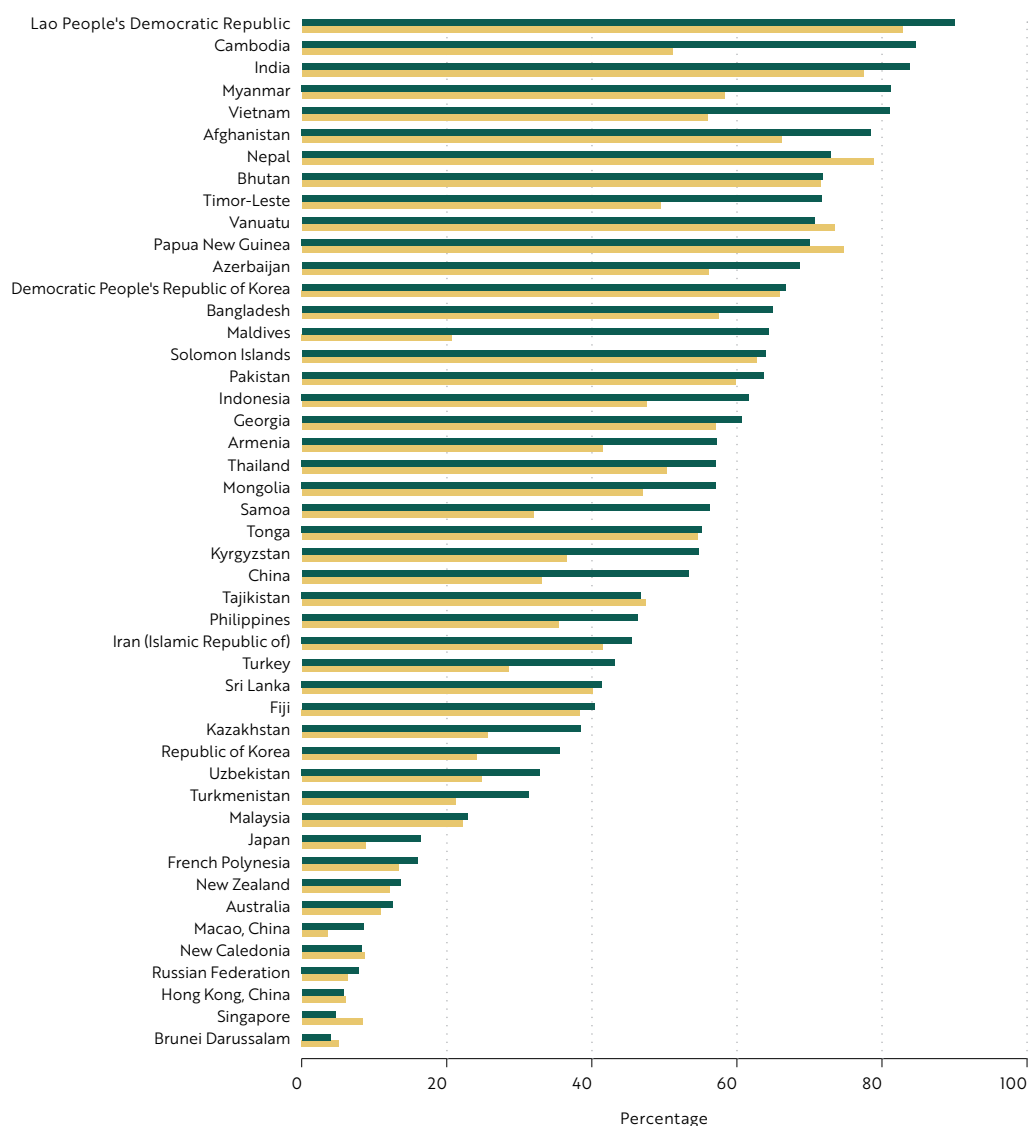
Moving on to the field of labour, full and decent employment is widely recognized as a primary vehicle to pull people out of poverty. While employment generation *per se* is required, much also needs to be done to provide enabling environments, increase access to work that is decent and productive, and eradicate working poverty and vulnerable employment. Between 2000 and 2017 progress has been made in decreasing the region's share of workers in vulnerable employment, yet for many countries, this group still represents more than half of total employment (figure 1).

The informal sector, having limited contractual arrangements with formal guarantees in labour relations, is frequently characterized by vulnerability. Incomes tend to be low and unstable, and there is a lack of social protection, particularly unemployment insurance and pensions. Informal work is often hazardous, exposing workers to higher health and accident risks due to the absence of related insurance.

Discussions on poverty eradication and employment cannot neglect female labour force participation, given its centrality to understanding existing circumstances and ways forward. Women face widespread barriers to types of employment and are more vulnerable to various forms of poverty due to the challenges they encounter when

³ The total number of children born or likely to be born to a woman in her life time if she were subject to the prevailing rate of age-specific fertility in the population.

⁴ United States Agency for International Development, Demographic and Health Survey Program STATcompiler. Available from <http://www.statcompiler.com> (accessed 12 June 2018).

FIGURE 1 Share of vulnerable employment in total employment, 2000 and 2017

■ 2000 ■ 2017

Source: ESCAP calculations based on World Bank, World Development Indicators database. Available from <http://databank.worldbank.org/data/reports.aspx?source=2&series=SL.EMPVULN.ZS&country=#> (accessed 21 June 2018).

Note: Vulnerable employment comprises workers that are less likely to have formal work arrangements, such as own account workers and contributing family members.

seeking decent jobs, credit, health care and education. In particular, women are more likely to end up in informal employment and to receive lower wages than men for an equal amount of work because of the limited protection of their work rights, a lack of wage bargaining mechanisms, unsafe working

conditions and outright discrimination. These challenges typically exist while women balance the extra burdens of unpaid care and household work.

At the aggregate Asia-Pacific level, women's labour force participation has fallen

significantly over the last three decades.⁵ Nevertheless, a closer look at the data reveals a mixed picture, with rates increasing in a majority of countries. The net regional decline is essentially due to considerable falls in both China and India, with their large populations offsetting the increases found in well over half the region's countries. Explanations for women's labour force participation can be complex. In India, for example, women's labour force participation was reported to have dropped despite strong economic growth. This was in part due to job creation in sectors not favourable to female workers and a rise in overall household income, which led to a change in preferences, whereby many women could "afford" not to work, in line with and reinforcing gender norms.⁶ Despite these trends, the female labour force participation rate in South and South-West Asia is both far lower than the male rate and the female rates of other subregions.⁷

In dealing with the above-mentioned issues, it is important to address gender stereotypes and provide enabling environments for women to join and stay in the labour force. These include setting up childcare facilities and creating positive, supportive and flexible work arrangements that allow women to better balance work and family responsibilities.

Another challenge many countries are facing is high youth unemployment. This phenomenon was reported by countries to be due to, among others, mismatches between labour market needs and the skill profile of young labour market entrants. The unwillingness of young people to take up blue-collar jobs as well as insufficient labour market readiness were also mentioned as reasons for high

youth unemployment. Youth unemployment exists even in countries such as Australia and Japan, where overall poverty levels are low. In the case of Australia, higher unemployment, especially among those 20-24 years old in certain regions, was reported to be of concern and a priority of the Government.

Turning to strategies to eradicate poverty, it is fundamental that employment generation is at their centre. A major reason for this is that wage income that comes from employment is the largest component of overall household income in the region. Countries like Malaysia, Thailand and Viet Nam provide examples where strong employment growth has underpinned large reductions in the incidence and severity of poverty. In Azerbaijan, poverty reduction has been supported by flexible labour market policies, skills development, strengthening of labour standards, unemployment insurance and the development of labour market monitoring. Armenia's Employment Strategy and Action Plan 2013-18 aimed at reform of State employment regulations towards more flexible labour markets, with the expectation to help support employment growth. Other trends and initiatives that were reported in follow up to APMD, are as follows:

- Azerbaijan attributed success in poverty reduction to the social security system set in place and which provided social protection to 28 per cent of the population in the form of targeted state social assistance occupational pensions, social benefits and other pensions.
- Armenia noted that its social policy priority was the introduction of an integrated social services assistance

⁵ ESCAP Online Statistical Database. Available from <https://www.unescap.org/stat/data> (accessed 12 January 2019).

⁶ Sher Verick, *Women's labour force participation in India: why is it so low?*. Available from https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-new_delhi/documents/genericdocument/wcms_342357.pdf (accessed 18 June 2018).

⁷ ESCAP Online Statistical Database. Available from <https://www.unescap.org/stat/data> (accessed 12 January 2019).

system where citizens were provided social services on the basis of need through a single window principle (box 1).

- The Islamic Republic of Iran provided income assistance through cash transfer programmes, while low-cost housing and a universal health-care programme also played roles in reducing poverty.
- Although there was a reported rise in poverty, increasing social protection for those most in need was stated to be of the highest priority in Afghanistan. Its social protection floor was noted to cover the four most vulnerable population groups, namely persons with disabilities, pensioners, martyred families and vulnerable families with children under 10 years of age.
- In addition to promoting economic growth and higher paying decent jobs as a vehicle for poverty reduction, Malaysia and Thailand reported institutionalizing minimum wages in order to provide additional income security and a basic standard of living for workers.
- In Bangladesh, Myanmar, Nepal and the Philippines, significant levels of remittance flows from migrants overseas were reported to have assisted national efforts to grow the economy and reduce poverty. For example, the inflow of remittances to Bangladesh rose significantly from US\$3.5 billion in 2000 to US\$14.9 billion in 2016.

Related to poverty reduction, addressing hunger and malnutrition is an important aspect of both the 2030 Agenda and APMD. Many countries reported the implementation of programmes to improve nutrition status, especially of children and infants. Myanmar recently launched the Multi-Sectoral National Plan of Action for Nutrition, 2018–2022.

A maternal cash transfer programme for pregnant mothers and mothers of children under 2 years old has also been introduced in states/regions of Myanmar where malnutrition is pronounced. Malaysia's National Plan of Action for Nutrition 2016–25 is aimed at achieving optimal nutritional well-being, recognizing the importance of nutrition in population health, in preventing diet-related illnesses and in strengthening food and nutrition security. Outcomes of nutrition programmes in the region have, however, been mixed. While Cambodia reported that extreme hunger had been eliminated, 6.2 per cent of households in Bhutan faced food insufficiency in 2016/2017, the majority of which lived in rural areas. Viet Nam reportedly had 2.4 million severely food insecure people during 2014–2016, with the situation worst in the disadvantaged highland regions of the country.

Moving forward with the agenda to eradicate poverty, there is a need for close alignment to international recommendations. According to national reports prepared for the Midterm Review, these include, among others, enhancing economic growth, improving health, addressing food insecurity, creating better access to opportunities in education, promoting skills development, and strengthening social protection programmes and income assistance through both conditional and non-conditional cash transfers.

BOX 1**Social assistance for poverty reduction: Armenia**

One of the main priorities of Armenia's recent social policy has been the introduction of an integrated social services system, which gives citizens the opportunity to receive all social services provided by the State on a "single window" principle. Social services are provided by social workers within a social case management framework based on the assessment of individual or family needs. In this model, the social worker is the cornerstone of providing social services as she/he coordinates the whole process regardless of the type of service needed (employment, education or health care). The cooperation between various governmental and non-governmental organizations in the process of providing diverse social services is also coordinated by social workers.

In order to afford the necessary legal basis for the introduction of an integrated social services system, the Law on Social Assistance was adopted in December 2014, together with about 30 legal acts to ensure its implementation. The integrated social services system is implemented through state budget funds, with the support of donor organizations. One of the important prerequisites of introducing the system is ensuring cooperation between stakeholders. Towards this end, a positive practice has been the establishment of a supportive network operating at national and at all local levels (the latter have coordinating councils), as well as interagency social cooperation. Many non-governmental organizations and individuals have also joined the supportive networks by signing agreements. At local levels, the coordinating councils consist of 11 members, 6 of which are representatives of non-governmental organizations, taking into account the need to involve civil society. In order to build and strengthen the Social Workers' Institution, training courses for social workers have been conducted.

Source: National Midterm Report on Implementation of the APMD, Armenia.

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HEALTH

The Asian and Pacific Ministerial Declaration called for national commitment towards achieving universal health coverage by developing well-functioning, quality and responsive public health services reaching out to the poorest and most marginalized population groups. SDGs 3 and 5 of the 2030 Agenda emphasize the critical importance of health and well-being for all.

Overall, the Asia-Pacific region registered considerable gains in the health status of its populations, as reflected in progress on health-related indicators. Life expectancy at birth, an important indicator of the health of a population, showed increases across the region and among both women and men. In lower-middle income Asia-Pacific countries, it reached 69.9 years on average in 2016, a gain of about 5.8 years since 2000. In upper-middle income countries, life expectancy at birth reached 74.3 years, a rise of around 3.6 years since 2000.⁸ Despite these gains, a large intra-regional divide persists in life expectancy at birth. The country with the highest level in 2016 was Japan, with 84.2 years. In Australia; Hong Kong, China; Macau, China; New Zealand; the Republic of Korea and Singapore, levels also exceeded 80 years. In contrast, 10 countries in the region had life expectancies at birth of less than 70 years, while in Afghanistan, a newborn can expect to live an average of less than 64 years.⁹

Turning to infant and childhood diseases, national immunization programmes implemented in the region have helped blunt their impact. This is reflected by national reports submitted in follow up to APMD. For instance, China reported that almost every child aged 6 and below in the country is fully

covered by all vaccines, while in Turkey the proportion of the target population covered was 96 per cent in 2018. The relevant figure for India was 62 per cent in 2015/2016; this shows a significant rise compared with 44 per cent in 2005/2006. The expansion of vaccination and immunization coverage has resulted in many positive impacts; for example, it has contributed to the considerable decline in under-five mortality rates¹⁰ across the region between 2010 and 2017, as shown in figure 2.

Improvements in health-care systems have resulted in reductions in communicable diseases. At the same time, most countries reported an epidemiological transition, with non-communicable diseases being on the rise. While transitions are occurring, tuberculosis remains an issue. The Asia-Pacific region has many of the world's high-burden countries, with India and Indonesia alone accounting for 37 per cent of the global tuberculosis burden.¹¹ Tuberculosis represents the ninth leading cause of death internationally.¹² Moreover, drug-resistant and multidrug-resistant tuberculosis are of growing concern both in the region and worldwide. Yet there has been progress, particularly when looking at the Asian and Pacific aggregate level: from 1990 to 2014,

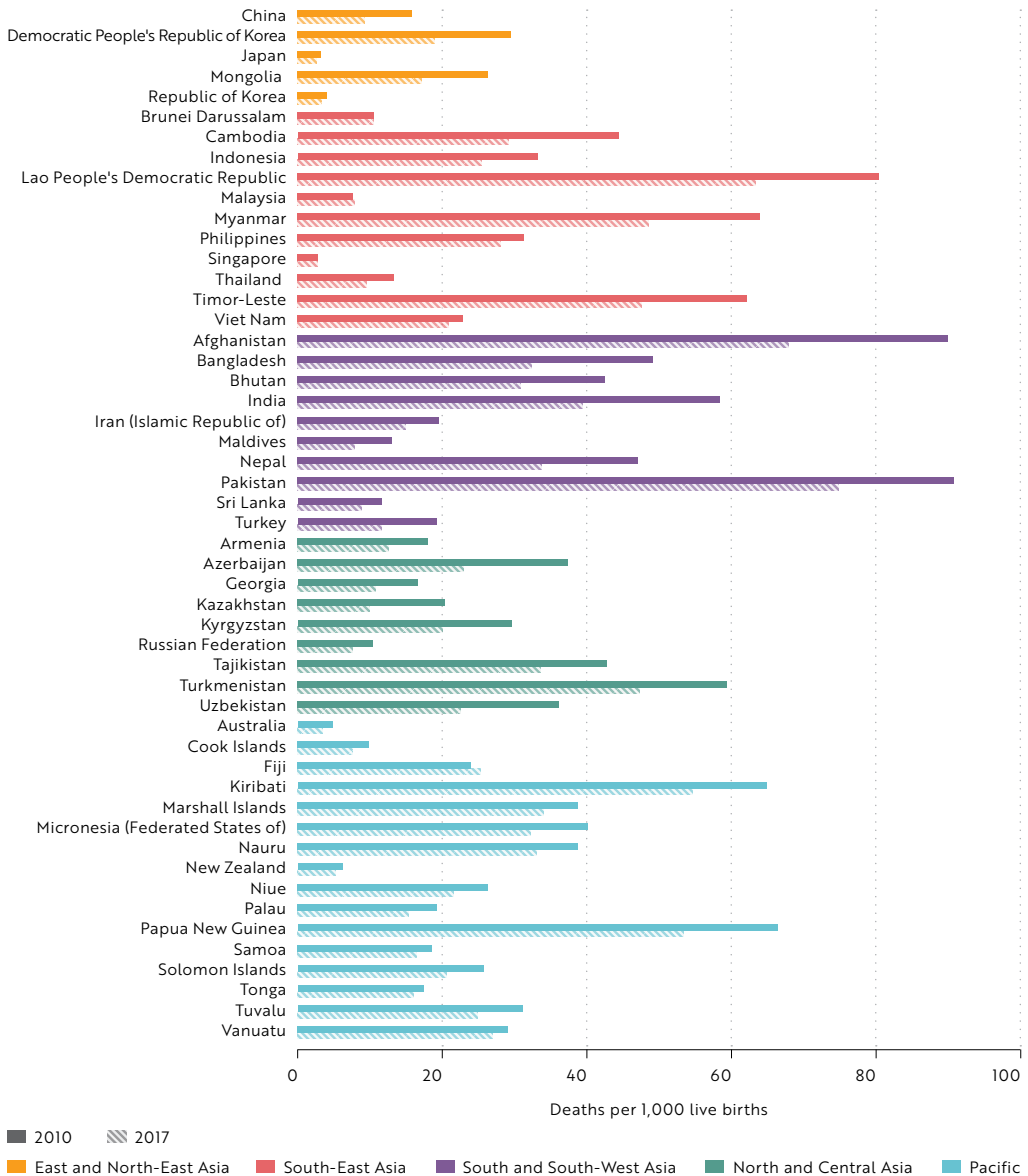
⁸ OECD, *Health at a Glance: Asia/Pacific 2018, Measuring Progress towards Universal Health Coverage* (Paris, OECD publishing, December 2018).

⁹ ESCAP Online Statistical Database. Available from <https://www.unescap.org/stat/data> (accessed 12 January 2019).

¹⁰ The under-five mortality rate is the probability (expressed as a rate per 1,000 live births) of a child born in a specified year dying before reaching the age of five.

¹¹ Dinesh C. Sharma, "New plan to end tuberculosis in South and Southeast Asia", *The Lancet*, vol. 389, No. 10075 (March 2017). pp. 56-69.

¹² WHO, *Global Tuberculosis Report* (Geneva, 2017).

FIGURE 2 Under-five mortality rate, 2010 and 2017


Source: ESCAP Online Statistical Database. Available from <https://www.unescap.org/stat/data> (accessed 12 January 2019).

Note: The under-five mortality rate is the probability (expressed as a rate per 1,000 live births) of a child born in a specified year dying before reaching the age of five.

the prevalence rate of tuberculosis fell by 46 per cent, from 368 to 198 per 100,000 population.¹³

Another health issue in the region worthy of attention is the evolving nature of HIV/AIDS. The majority of new HIV infections occur

¹³ ESCAP Online Statistical Database. Available from http://data.unescap.org/escap_stat/ (accessed 26 July 2018).

among key populations at higher risk of HIV exposure, including people who inject drugs, sex workers, transgender people, prisoners and men who have sex with men. These “key populations” are often highly stigmatized, and, in some countries, their behaviour is criminalized, creating barriers to effective HIV responses. On the positive side, more than 23 countries have undertaken national reviews or consultations on laws and policies to address legal and policy barriers that impede effective HIV responses.¹⁴

At the level of health policy, there have been significant achievements, especially in the last few years. This has involved the formulation and implementation of a wide range of frameworks to create an enabling environment towards achieving the goal of universal health coverage. As a result, many countries provide essential health-care services to more than two thirds of their population, and, in several of these, basic health care is free of charge. The Islamic Republic of Iran’s current Health Transformation Plan is aimed, among others, to realize financial sustainability of health care and expand access to quality health care for all. Myanmar’s National Health Plan, 2017–2021 aims to strengthen the health system as a precursor towards universal health coverage. India has announced a health insurance scheme for families that are not able to afford health care as a step towards achieving universal coverage. To realize an equitable approach in this direction, 117 Aspirational Villages have been identified by the Government of India through which it aims to reach out to the most under-served districts. China, having made much progress in recent years, plans to achieve a universal health-care system by 2020, while the universal health coverage scheme implemented in Maldives allows for unlimited coverage of all necessary health-care services.

Most of the universal health coverage schemes of the region are funded largely out of government revenues. Moreover, government health expenditures as a share of gross domestic product have increased. Thailand, often lauded as a success story in achieving universal coverage, has thus far funded its entire universal health coverage scheme from Government coffers. A potential challenge which the country has identified is the sustainability of such financing, especially in view of the ageing of the population; this raises two issues, one being the bigger pool of beneficiaries and the other the potentially smaller taxpayer base.

A specific look at the affordability of health-care services reveals a mixed picture when considering out-of-pocket expenditure as a percentage of total health expenditure in many countries of the region (figure 3). Although out-of-pocket health payments have generally decreased, more than half of the population in some countries is still not covered by essential health services. Elsewhere, out-of-pocket spending has even increased, despite already high levels, as revealed by the national reports.

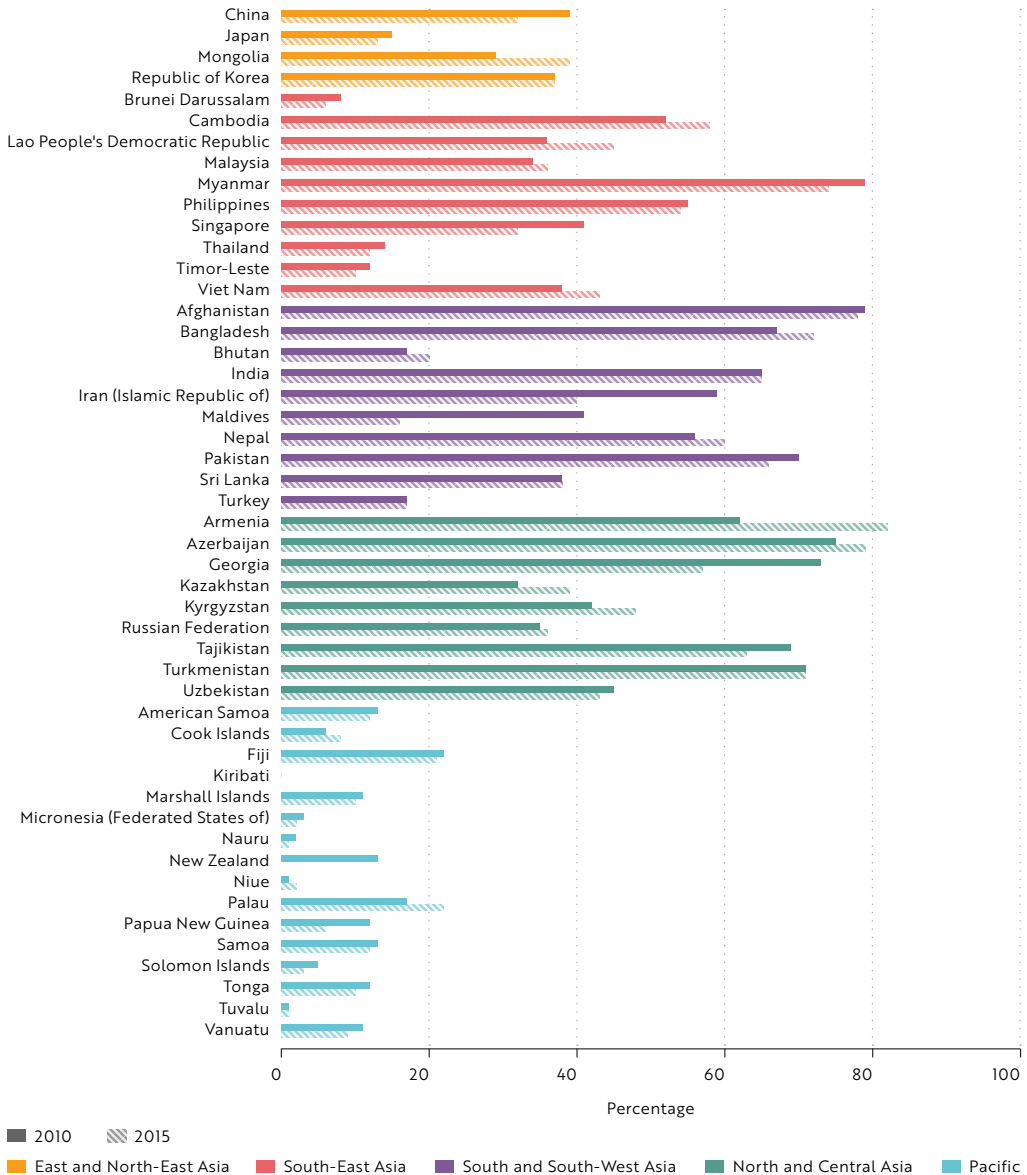
The Islamic Republic of Iran is an example of a country having experienced large reductions in out-of-pocket expenditures. It used to have high levels despite substantial public health spending and publicly provided health services. The Government began health sector reforms in 2014, which included measures such as the reduction of co-payments for in-patient treatment and the financial protection of poor patients with incurable or special diseases.¹⁵ These improvements increased the use of public hospitals over private ones, which in turn caused out-of-pocket expenditures to fall.

Building upon existing progress made, it is important that countries across Asia and

¹⁴ UNAIDS, *Snapshots: HIV Epidemic in Asia and the Pacific* (Bangkok, 2017).

¹⁵ Abbas Assari Arani and others, “Iran’s health reform plan: measuring changes in equity indices”, *Iranian Journal of Public Health*, vol. 47, No. 3 (March 2018). pp. 390–396.

FIGURE 3 Out-of-pocket health expenditure as a percentage of current health expenditure, 2010 and 2015



Source: ESCAP calculations based on World Health Organization (WHO), "Out-of-pocket expenditure as a percentage of current health expenditure", Global Health Observatory data. Available from www.who.int/gho/health_financing/out_of_pocket_spending/en/ (accessed 6 June 2018).
 Note: Current health expenditures defined as health financing as a percentage of gross domestic product.

the Pacific implement new strategies to prevent and manage both communicable and non-communicable diseases. In this regard and in order to achieve further health gains, countries will have to exert efforts – including through effective financing, prudent

management and innovative practices – to control non-communicable diseases while simultaneously strengthening their preparedness to address emerging and re-emerging communicable diseases.



Sexual and reproductive health, services and rights



SEXUAL AND REPRODUCTIVE HEALTH, SERVICES AND RIGHTS

In the Asian and Pacific Ministerial Declaration, member States committed, among others, to universal access to comprehensive and integrated quality sexual and reproductive health services; to enhance and respect reproductive rights; to reduce maternal mortality; to integrate gender-based violence responses into all sexual and reproductive health services; to promote, protect and fulfil the human rights of women and girls; and to ensure that women and girls receive attention from a human rights perspective in humanitarian situations. These commitments are covered mostly by SDGs 3 and 5 of the 2030 Agenda.

The Asian and Pacific region as a whole is experiencing a downtrend in fertility due to a range of mutually reinforcing factors. These include greater access to family planning, postponement of marriage, changing roles and status of women, and urbanization. Going back to 1990, significant declines in fertility have been experienced across the region (figure 4). The sharpest and slowest declines in the total fertility rate have been observed in East and North-East Asia, and the Pacific, respectively. Many countries have been converging towards near replacement-level fertility, while several others, especially those in East Asia, have been experiencing below replacement-level and very low fertility.¹⁶ With specific reference to the adolescent fertility rate, this has continued to decline in almost all countries.

The aforementioned differences in fertility shed light on prevailing inequalities, especially at the subnational level. In this regard, most countries have disadvantaged population subgroups in which fertility continues to be higher than the average. Inequality primarily relates to wealth quintiles, educational attainment and rural/urban location. For instance, the total fertility rate of the lowest wealth quintile in countries such as India,

Myanmar, Nepal and Pakistan is twice that of the highest quintile. Contraceptive prevalence, which has a strong bearing on fertility, is also generally lower among women who are poorer, less educated or living in rural rather than urban areas.

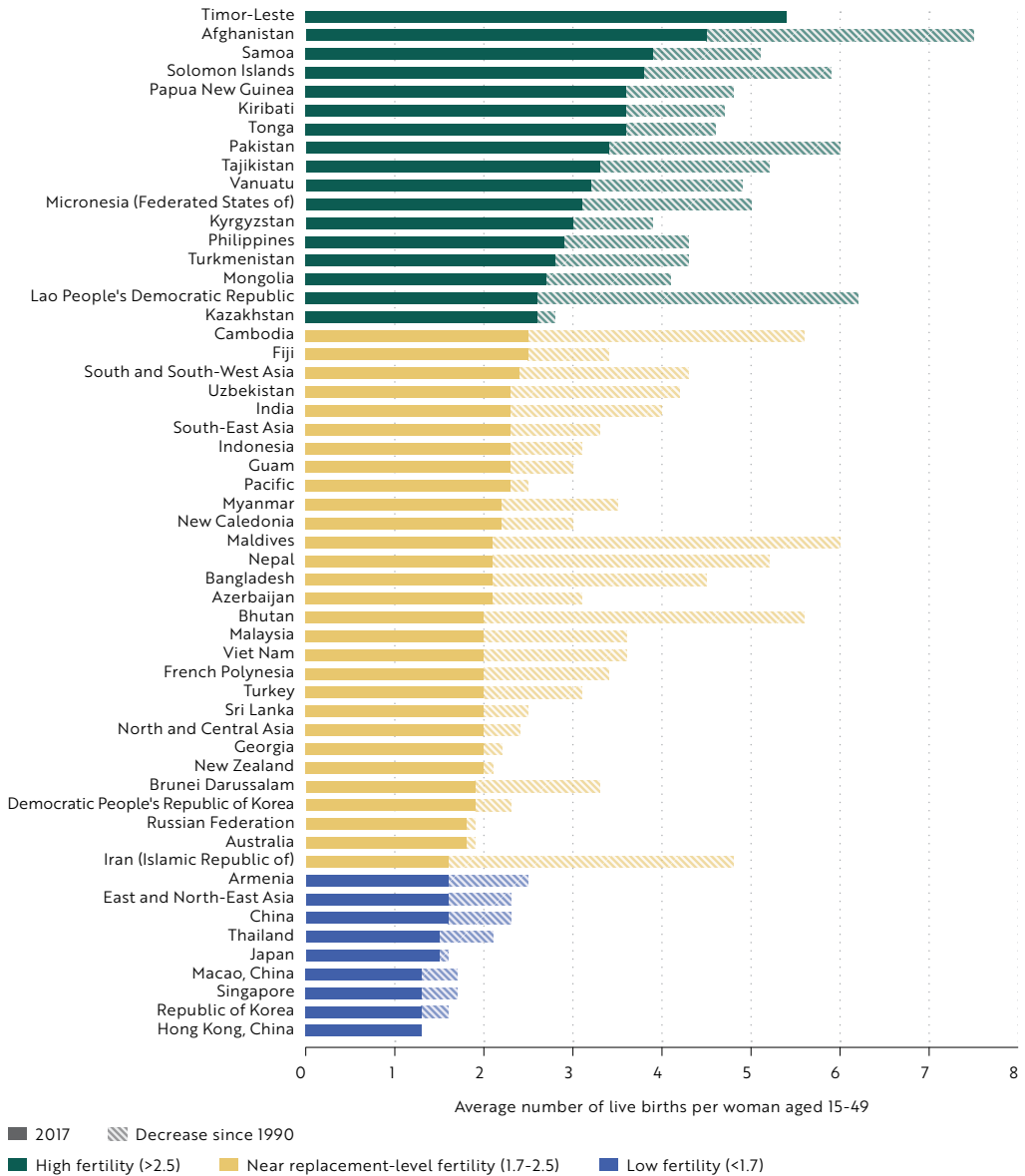
Concerning maternal mortality, significant progress has been achieved across the region. That stated, the most recent data (2015) show that the aggregate regional maternal mortality ratio is just short of 120 maternal deaths per 100,000 live births, which equates to 85,000 women dying while giving birth, 75 per cent of whom are from the five leading preventable causes of maternal mortality.^{17, 18} Furthermore, on average, progress will need to be two to three times faster than current trends to reach SDG target 3.1 of reducing maternal deaths to 70 per 100,000 live births by 2030. Breaking down the analysis to the subregional level shows dramatic variations, with almost one third of global maternal deaths occurring in South Asia alone.¹⁹ Figure 5 sheds light on this fact, along with revealing how relatively low the levels are in East and North-East Asia, and North and Central Asia. These subregions surpassed the relevant SDG target well before the year 2000.

¹⁶ ESCAP, *Addressing the Challenges of Population Ageing in Asia and the Pacific: Implementation of the Madrid Plan of Action on Ageing* (United Nations publication, Sales No. E.17.II.F.17).

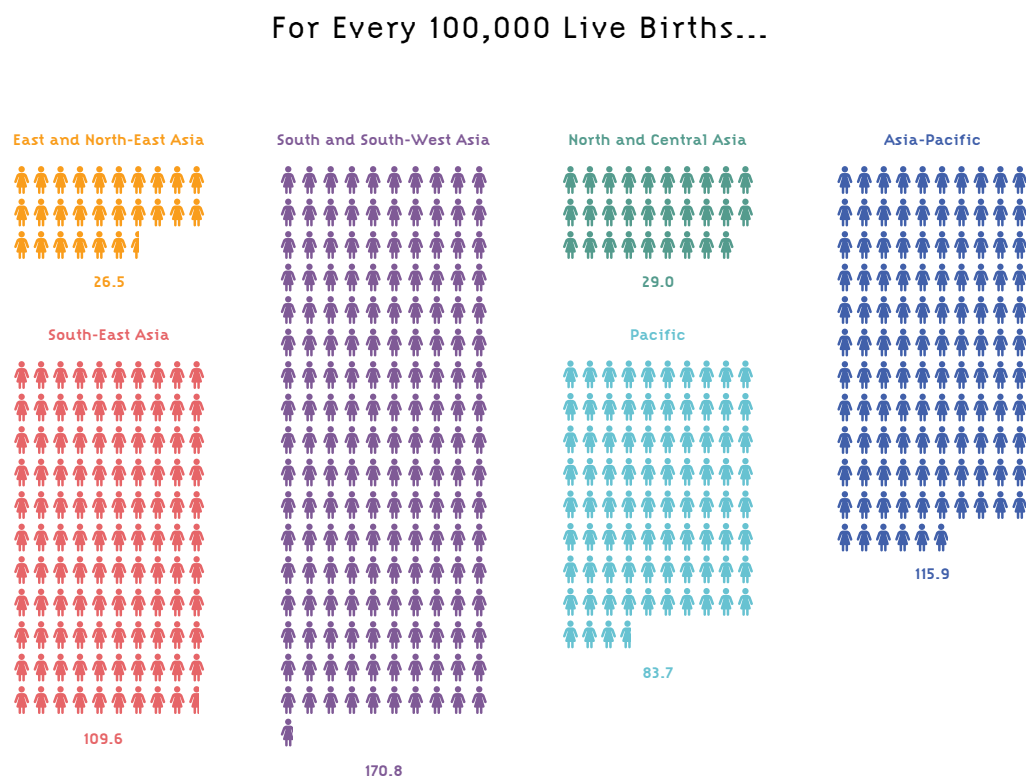
¹⁷ WHO, *Trends in Maternal Mortality: 1990 to 2015 – Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division* (Geneva, 2015).

¹⁸ According to WHO, the five leading causes of maternal mortality are: severe bleeding, infections, high blood pressure during pregnancy, complications from delivery and unsafe abortion.

¹⁹ WHO, Maternal mortality. Available from <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality> (accessed 4 March 2019).

FIGURE 4 Total fertility rate, 1990 and 2017


Source: ESCAP calculations, based on World Population Prospects: 2017 Revision.

FIGURE 5 Maternal mortality ratio, ESCAP subregions, 2015

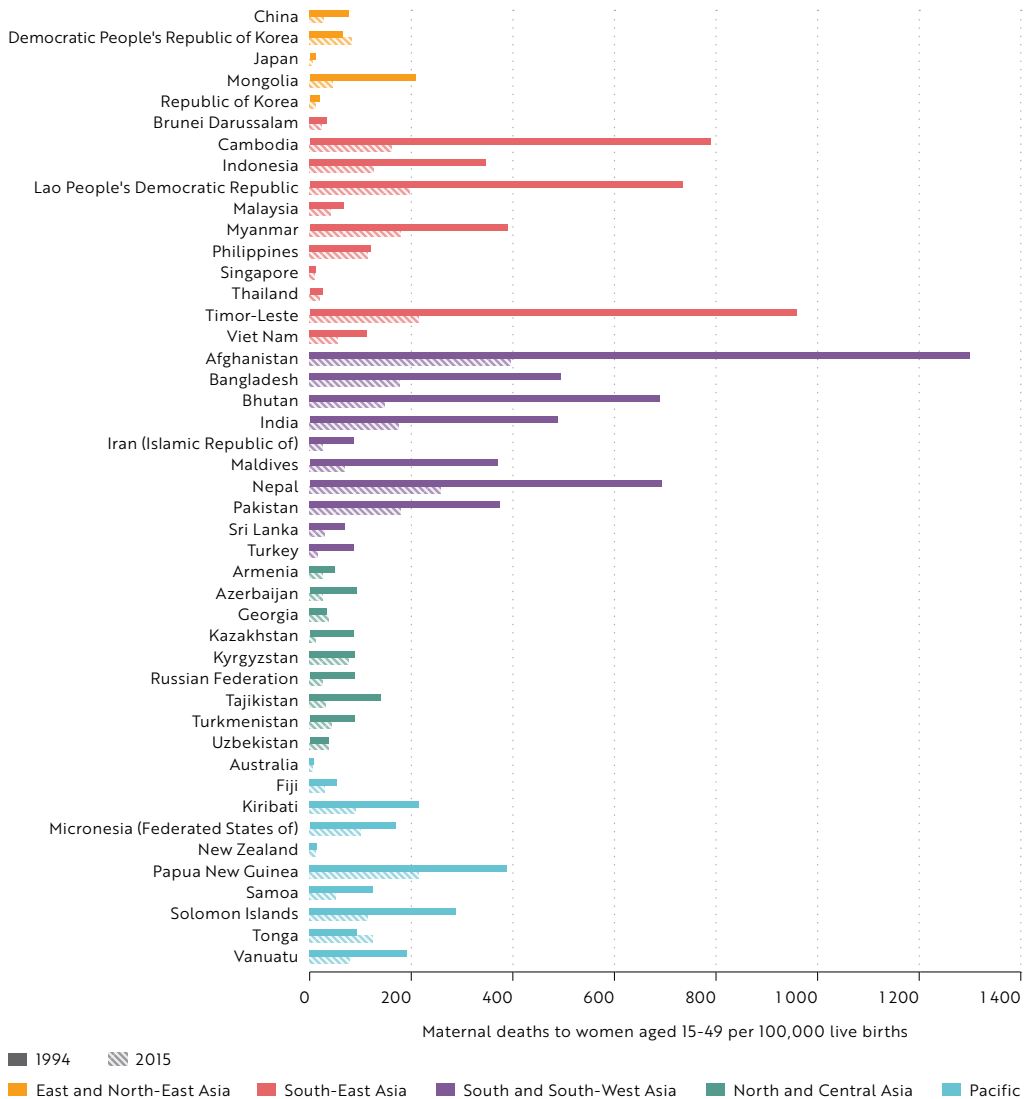
...women aged 15-49 experienced maternal deaths

Source: ESCAP Online Statistical Database. Available from http://data.unescap.org/escap_stat/ (accessed 18 June 2018).

Moving on to the country level, again there is significant variation (figure 6). Nevertheless, since 1994, in every country of the region maternal mortality has decreased or stabilized. While Kazakhstan, Maldives and Turkey have experienced the most rapid falls (by factors of over five), the countries with the highest levels have also been the ones with considerable reductions. However, more needs to be done to prevent maternal

death, especially among the disadvantaged. Targeting those living in rural areas and below the poverty line, as well as pregnancies among adolescents and girls under the age of 15, will be crucial, as maternal mortality among these groups is higher than among other groups and at other ages.²⁰ Reducing maternal mortality also requires ensuring access to voluntary family planning to avoid unintended pregnancies.

²⁰ WHO, *Maternal mortality*. Available from https://www.who.int/gho/maternal_health/mortality/maternal/en/ (accessed 3 January 2019).

FIGURE 6 Maternal mortality ratio, 1994 and 2015

Source: ESCAP Online Statistical Database. Available from <https://www.unescap.org/stat/data> (accessed 12 January 2019).

Unsafe abortion is a major and preventable cause of maternal mortality and disability. Of the estimated 53.8 million unintended pregnancies that occur each year in Asia, 35.5 million (65 per cent) end in abortion.²¹

Furthermore, in Oceania, there are 4,000 unintended pregnancies each year, of which 1,520 (38 per cent) end in abortion.²² The annual rate of abortion, in average terms over the period from 2010 to 2014, is estimated to

²¹ Guttmacher Institute, *Abortion in Asia: fact sheet* (March 2018).

²² Ibid.

be 36 per 1,000 women of reproductive age in Asia and 19 per 1,000 in Oceania.²³

Abortion is more likely to be unsafe in settings where it is highly restricted by law. Even when there is a legal framework for abortion, many women continue to face barriers to obtaining safe, legal procedures that are affordable and accessible. Obstacles include difficulty in finding providers to perform abortions, substandard conditions in health facilities and lack of awareness of the legal status of abortion. These issues are rendered more complicated by fear of stigmatization for terminating a pregnancy, which, by leading to isolation, shame and guilt, can, in turn, compromise women's health and well-being.

Further prevention could be realized in the context of conflict and disasters. Here there has been a hindering of progress in reducing maternal mortality. In Asia and the Pacific, approximately 4 per cent of women in any displaced or disaster-affected population will be pregnant, of which 15 per cent will experience pregnancy-related complications.²⁴ The breakdown of health systems and reduced access to services can cause a dramatic rise in deaths due to complications that would be easily treatable under more stable conditions. Many women also lose access to contraception, exposing them to unwanted pregnancies, HIV and other sexually transmitted infections.

The challenges stated above point to the need to increase the number of deliveries with skilled birth attendants. On a positive note, recent trends reveal significant progress in this domain; this in turn has been

a major contributor to the reduction in maternal mortality seen across the region. Figure 7 reflects these improvements, though, as noted, it does not include those countries with rates above 95 per cent, where, as can be expected, minimal change has been experienced.

Training of skilled birth attendants is also needed in the context of reducing disparities. Evidence from across the region shows that women in the highest wealth quintiles have significantly greater access to skilled attendants at the time of birth than those in the lowest wealth quintiles, with the gaps most pronounced in Afghanistan, Bangladesh, Indonesia, Myanmar, Nepal and Pakistan. These disparities, along with inequalities related to the education level of women, are shown in table 1.

With regards to the coverage of antenatal care of at least four visits during pregnancy, this too is uneven across the region. Between 1990 and 2014, South-East Asia saw an increase in coverage from 45 per cent to 84 per cent, while South Asia lagged behind, with a considerably lesser increase from 23 per cent to 36 per cent.²⁵ Coverage in North and Central Asian countries is more than 90 per cent, apart from Azerbaijan (66 per cent) and Tajikistan (52 per cent).²⁶ This is indicative of diversity among developing countries across the region, from very low levels in Afghanistan (23 per cent), Bangladesh (31 per cent) and Pakistan (37 per cent) to near universal coverage in Thailand (91 per cent) and Fiji (94 per cent).²⁷ At the subnational level, significant disparities persist between urban and rural areas and wealth quintiles. Additional concerns, including limited

²³ Ibid.

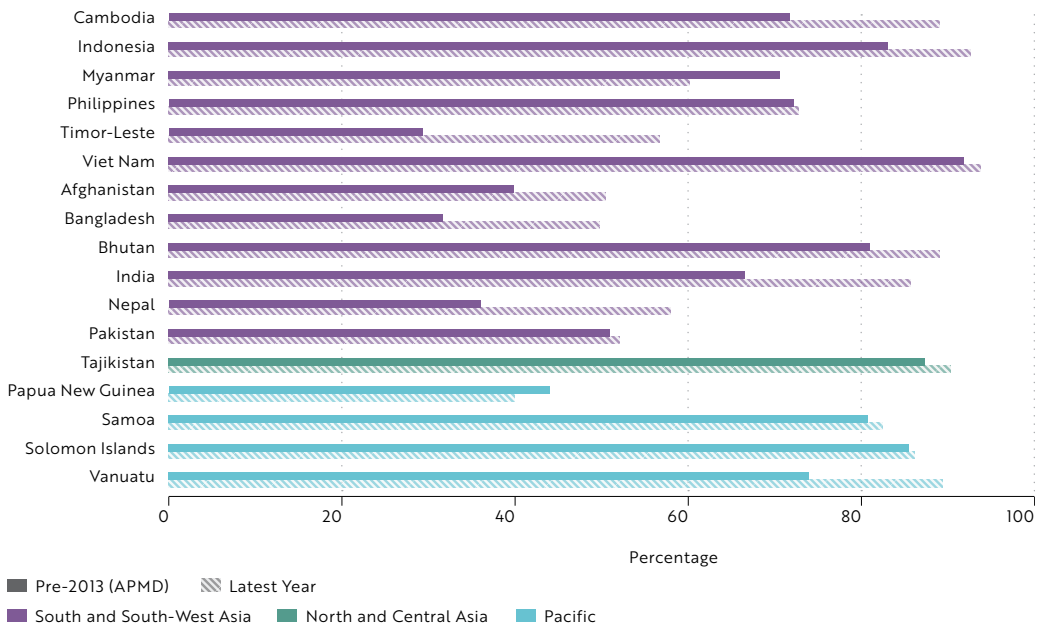
²⁴ UNFPA, *Emergency preparedness and response in the Asia-Pacific region* (February 2017). Available from https://asiapacific.unfpa.org/sites/default/files/pub-pdf/Final%20Map%20for%20Printing%20-%20Map%20%28Rev%2025%20Nov%2016%29_0.pdf (accessed 3 January 2019).

²⁵ United Nations, *The Millennium Development Goals Report 2015* (New York, 2015).

²⁶ ESCAP Online Statistical Database. Available from <https://www.unescap.org/stat/data> (accessed 12 January 2019).

²⁷ Ibid.

FIGURE 7 Percentage of births attended by skilled birth attendants, pre-2013 (APMD) and latest year



Source: ESCAP Online Statistical Database. Available from http://data.unescap.org/escap_stat/ (accessed 18 June 2018).

Note: Data for countries with levels under 95 per cent.

Note: A skilled birth attendant is someone trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns.

access to health services and a breakdown in protection systems during humanitarian emergencies, heighten existing vulnerabilities to pregnancy-related illness and deaths and gender-based violence.

Another important factor in the context of sexual and reproductive health and rights is access to contraception. Looking at the region as a whole, there has been a general uptrend in contraceptive prevalence (any modern method) among women in their reproductive ages. An estimated 494 million women were using such contraception in 2017.²⁸ Notwithstanding improvements,

unmet need remains significantly underestimated, as available data only reflect the situation among women who are married or in union. In 2017, an estimated 132 million of such women in the region still had an unmet need for contraception,²⁹ while Southern Asia, with a figure of 70 million, was home to the largest absolute number of women in the world with unmet need.³⁰ Also worthy of note is that the aggregate figure of the progress experienced by the region, as is so often the case, masks variation.

Unmet need for family planning has generally declined across the region, as seen in figure 8.

²⁸ United Nations, Department of Economic and Social Affairs, Population Division. Estimates and Projections of Family Planning Indicators (New York, 2018).

²⁹ Guttmacher Institute, *Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017 – fact sheet* (December, 2017).

³⁰ Ibid.

TABLE 1 Percentage of births attended by skilled personnel by wealth quintile and education levels, selected countries, latest year

COUNTRY (YEAR)	WEALTH QUINTILE		EDUCATION OF WOMEN		
	1 (lowest)	5 (highest)	No education	Primary	Secondary
AFGHANISTAN (2015)	24.0	85.2	45.0	73.2	79.1
ARMENIA (2015/16)	99.7	100	-	100	99.9
BANGLADESH (2011)	9.4	61.1	9.9	17.3	35.9
CAMBODIA (2014)	75.2	98.4	71.8	88.5	96.8
INDIA (2015/16)	64.1	95.5	65.9	77.2	89.4
INDONESIA (2012)	57.5	96.6	31.8	69.6	90.1
MYANMAR (2015/16)	36.3	97.0	28.0	56.0	78.7
NEPAL (2016)	33.9	88.7	37.6	50.2	71.7
PAKISTAN (2012/13)	29.8	85.2	37.7	57.0	76.0
PHILIPPINES (2017)	64.5	98.7	31.1	61.2	86.7
TAJIKISTAN (2017)	90.2	97.8	82.6	89.0	94.8
TIMOR-LESTE (2016)	26.2	90.1	32.8	44.8	66.9

Source: United States Agency for International Development, Demographic and Health Survey Program STATcompiler. Available from <http://www.statcompiler.com> (accessed 12 June 2018).

Note: Countries where data are available listed.

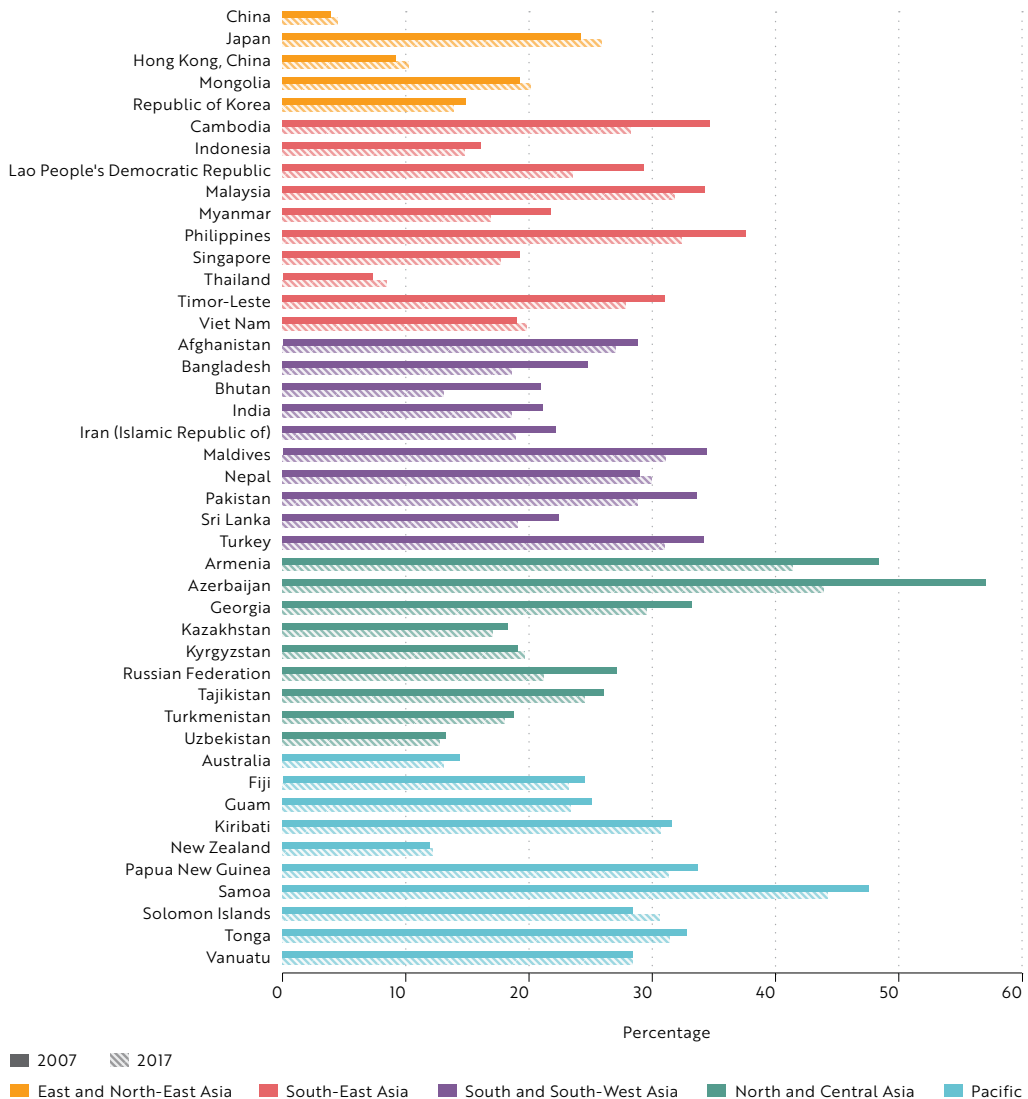
Armenia and the Lao People's Democratic Republic have experienced some of the greatest falls, while in China the rate has remained low, with only a small percentage of women of reproductive age who want to stop or delay childbearing not using any modern method of contraception.

The national report from Viet Nam indicated a decline in unmet need from 73.1 per cent in 2011 to 69.7 per cent in 2014. The Philippines national report noted that contraceptive prevalence among married women using a modern method increased from 38 per cent in 2013 to 40 per cent in 2017. Moreover, poor women and those with low levels of education in the Philippines were reported as having higher unmet need for family planning than wealthier and more educated counterparts.

Where unmet need for family planning remains at elevated levels, key challenges

include low women's empowerment, existing cultural and traditional norms that deter women from accessing health services, and poor access to sexual and reproductive health services in remote, difficult to reach places. On the supply side, challenges include shortages of health personnel, especially to meet needs in far-away places; weak logistics systems that often lead to shortages of commodities; and a lack of fiscal space for funding of sexual and reproductive health services.

Given the above context, and in line with the recommendations of APMD, member States have addressed the subject of sexual and reproductive health and rights through various means. Foremost among these are increasing access to sexual and reproductive health services and reforming the policies informing such access to ensure they are based on human rights. Actions of this

FIGURE 8 Unmet need for family planning, modern methods, selected countries, 2007 and 2017

Source: ESCAP calculations based on United Nations, Department of Economic and Social Affairs, Population Division, Estimates and projections of family planning indicators 2018. Available from www.un.org/en/development/desa/population/theme/family-planning/cp_model.shtml (accessed 21 June 2018).

nature have contributed to the aforementioned fall in fertility, including through increased contraceptive prevalence and demand satisfied by modern contraceptive methods, as well as a reduction in unmet need for family planning.

National reports in follow up to APMD show a series of positive developments, including

from the perspective of policy formulation. The 2018 Sexual and Reproductive Health and Rights Policy of Myanmar is grounded in human rights and is premised on the strong linkages between sexual and reproductive rights and access to family planning. The policy covers eligible couples, including adolescents and young people. In Cambodia, considerable momentum has been gained

in improving the availability, accessibility and delivery of sexual and reproductive health services through its implementation of the National Strategy for Sexual and Reproductive Health, 2017–2020.

In the case of Maldives, national family planning programmes have been developed to ensure that services are within reach of all individuals who need them. A range of contraceptives is available in all islands and a coordination mechanism exists to guarantee proper management of contraceptive distribution throughout the country. In Pakistan, where fertility, although declining, remains high, Provincial Population Policies have prioritized the strengthening of health services, and the revitalization of the family planning programme through broadening its accessibility and coverage. A challenge still to be addressed is the lack of functional integration between maternal and child health services on the one hand and family planning services on the other.

Bhutan provides an example of progress in terms of skilled birth attendance availability and a significant reduction of maternal mortality. The country's national report highlights that 97 per cent of births in 2017 were attended by skilled birth attendants compared to 51 per cent in 2005, albeit with urban areas (99.0 per cent) better served by skilled birth attendants than rural areas (93.4 per cent). Institutional delivery rates had increased to 93.4 per cent in 2017. In India, the reduction in maternal mortality was reported to be due, among others, to promotion of institutional deliveries through cash incentives; strengthening of delivery points for providing comprehensive and quality reproductive, maternal, antenatal, newborn, child and adolescent health services; quality improvement to the labour room; and dietary counselling during antenatal visits.

In working to increase maternal health outreach activities, countries have carried out initiatives including greater focus on providing women in rural areas with access to skilled birth attendants. In Bangladesh, where the shortage of such attendants in rural areas means that 35.6 per cent of births are not covered, compared with 60.3 per cent in urban areas,³¹ the situation is being addressed by the Ministry of Health and Family Welfare developing a crash course for training young doctors to serve in rural areas. The country's national report noted this development, along with the training of community-based skilled birth attendants to conduct normal safe deliveries at home and to identify complicated cases for referral to nearby health facilities where comprehensive emergency obstetric services are available. Other positive developments noted in the national reports of several countries, such as Myanmar, Nepal and Pakistan, include midwifery training being accelerated so that a cadre of midwives will be available to reduce maternal mortality in the coming years.

³¹ United States Agency for International Development, Demographic and Health Survey Program STATcompiler. Available from <http://www.statcompiler.com> (accessed 19 January 2019).





EDUCATION

The Asian and Pacific Ministerial Declaration committed member States to the realization of the right to education and universal access to complete, free and compulsory high-quality primary education, along with ensuring greater access to secondary, tertiary and vocational education and skills training. The 2030 Agenda, as outlined in SDG 4, reiterated that education is fundamental to realizing population and development goals as well as preparing youth for the transition from school to the labour market.

In addition to its intrinsic value, such as acquiring knowledge and improving literacy, education plays a vital role in human capital development. It also contributes to reduced fertility, gender equality and healthy lifestyles. To exemplify the advantages of education, if a woman is educated, there is a strong chance that she will take better care of her own health as well as that of her children and family.

As a region, good progress has been achieved in education, particularly in terms of almost universal primary school enrolment in the majority of countries. Successes in this regard were noted by many countries in their national reporting as follow up to APMD. For instance, compulsory and free education was being provided for at least the first nine years of schooling in most parts of the region, while improvements in secondary school enrolment and higher completion rates were experienced.

In its national report, Afghanistan, for example, reported considerable progress over the last decade with respect to access to education; however, this is not likely to be sufficient to achieve the universal primary education goal by 2020. Net primary school and secondary school enrolment were 56 and 35 per cent, respectively, in 2016/2017. Progress in achieving universal primary education in both Papua New Guinea and Timor-Leste was reported as relatively slow. On the other hand, China's completion rate

for nine years of education was reported at 93.4 per cent in 2017, while the progression from middle to high school went from 87.5 to 93.7 per cent between 2010 and 2016. Australia also reported positive results; it has achieved universal access to primary and secondary education, as well as preschool education in the year before school.

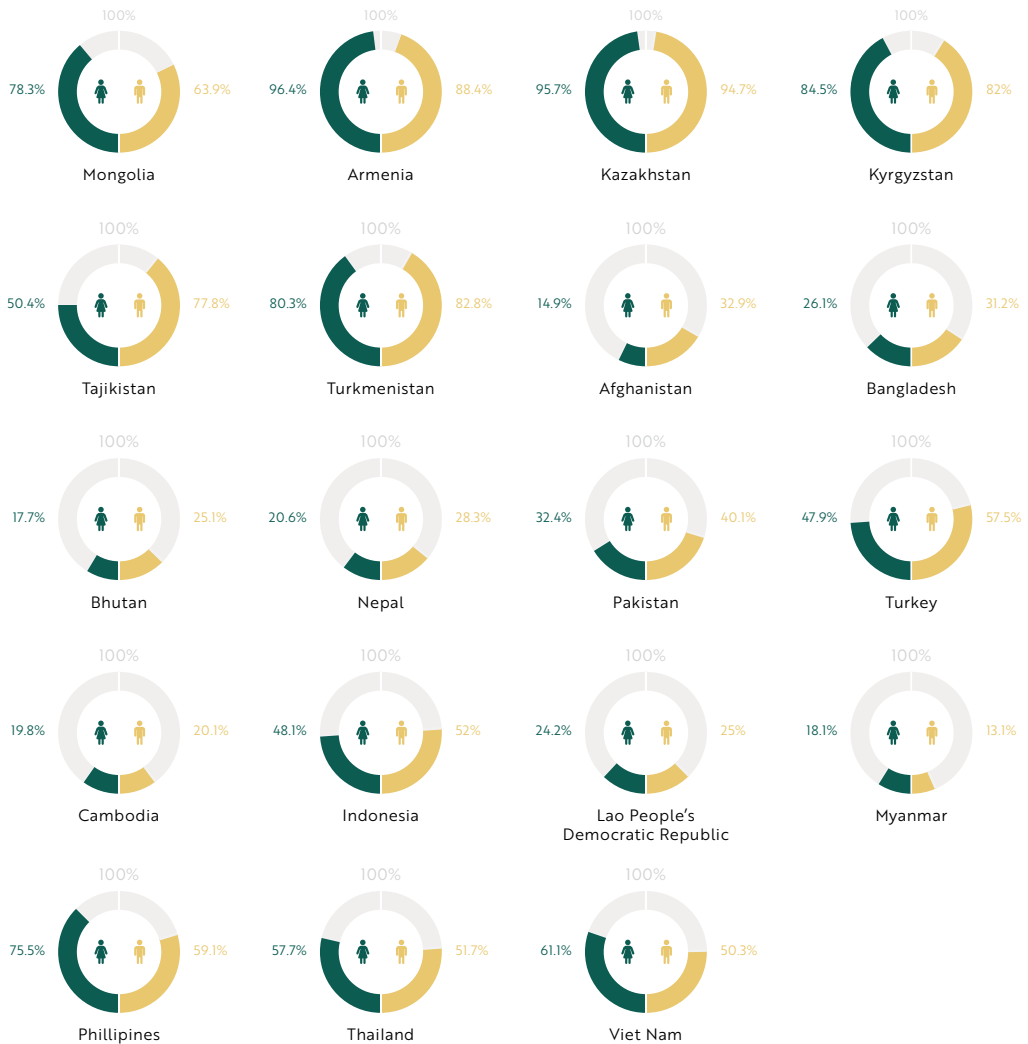
Variations regarding gender differences in secondary education completion are seen across the region (figure 9). In South and South-West Asia, more boys than girls complete secondary education; the gap is particularly significant in Afghanistan, where the secondary education completion rate of boys is more than twice that of girls. In other countries – such as Mongolia, Myanmar, the Philippines and Viet Nam – the rate of graduation for girls from secondary school is considerably greater than for boys.

Poverty, location and disability also play crucial roles in the attainment of secondary education. Less than 30 per cent of the poorest quintile attend secondary school in one third of the countries in the region, compared with an 80 per cent of children from the upper quintile.³² Similarly, residence in a rural area brings down the probability of obtaining a secondary education by 50 per cent in many of the region's developing countries. In addition, about half of children with disabilities do not make the transition from primary to secondary education.³³ Policies should address these barriers and challenges, to

³² ESCAP, *Inequality in Asia and the Pacific in the era of the 2030 Agenda for Sustainable Development* (United Nations publication, Sales No. E.18.II.F.13).

³³ ESCAP, *Population dynamics and inequality in Asia and the Pacific*, ESCAP/APPC/2018//2.

FIGURE 9 Completion among females and males 3-5 years above upper secondary graduation age, latest available year



Source: ESCAP calculations based on United Nations Children's Fund, Global databases, 2017. Available from <https://data.unicef.org/> (accessed 1 December 2017).

ensure that all youth have an equal opportunity to access quality education.

Turning to tertiary education, participation has improved in many countries in the region. Between 2010 and 2015, some of the largest increases were seen in China and Brunei Darussalam, where tertiary enrolment rates almost doubled. During this period, however, tertiary enrolment fell in some other countries, pointing to the need for greater efforts in this important area of human capital development.³⁴

In Pakistan, specific reference in the country's national report was made to policies being put in place to enhance progress in the field of education. In response to recommendations on free and compulsory education for children and given the responsibility of provinces to provide social services under the 18th Constitutional Amendment, the provinces of Sindh and Balochistan enacted the Right to Free and Compulsory Education Act in 2013, followed by the provinces of Punjab, in 2014, and Khyber Pakhtunkhwa, in 2017.

A look at conditions in schools also shows improvements in a variety of domains. There has been increased access to electricity supply and water, sanitation and hygiene facilities, as well as internet and computer facilities for pedagogical purposes. Conditions are not, however, uniform across and within countries. Overall challenges include addressing overcrowding in public schools, reducing geographic differentials in enrolments, ensuring quality, facilitating lifelong learning to meet the rapidly changing skill needs of economies and preventing school dropout. The aforementioned issue of dropout is a persistent concern and relates to poverty, education costs and the need to work to contribute to family finances. The

last factor is most noticeable in the context of secondary school, when students reach the age where they are able to work and may face family pressure to do so. The lack of a secondary education can have significant ramifications on poverty, as it has a large impact on hindering further learning and access to better employment opportunities.

Looking forward, challenges identified by countries largely related to the changing needs of the labour market and growing youth unemployment. A number of countries – including Mongolia, Myanmar, the Philippines and Viet Nam – made reference in their national reports to the importance of ensuring the relevance of schooling outcomes in this context, including by preparing students with the new skills that are expected to be required. A further specific issue raised concerned projecting school enrolment in the absence of routine data affecting decisions on how much to allocate for funding new school entrants. This and the other challenges call for concerted action in light of education being central to SDG achievement.

³⁴ ESCAP, *Progress towards the implementation of the Programme of Action of the International Conference on Population and Development, the key actions for its further implementation and the recommendations of the Asian and Pacific Ministerial Declaration on Population and Development*, ESCAP/APPC/2018/1.





GENDER EQUALITY AND WOMEN'S EMPOWERMENT

In the Ministerial Declaration, member States committed to enhance gender equality and women's empowerment through gender mainstreaming; strengthening legal frameworks to end gender discrimination; ensuring policies and programmes are set in place to eliminate violence against women and girls; encouraging women to participate in leadership and decision-making positions; and improving collection, analysis, dissemination and use of sex-disaggregated data. SDG 5 calls on Member States to achieve gender equality and empower all women and girls.

Empowering women entails improving their economic and social status and agency. This can be achieved by enhancing, for example, women's participation in the labour force, ensuring equal opportunities for economic and political leadership, and guaranteeing equal access to education, health services, economic resources, financial services, technology and natural assets. It also involves increasing women's ownership of and rights to use and control land and property. Gender equality requires the creation of safe and inclusive societies for women and girls by eradicating violence and discrimination.

Given the above and despite notable progress, women in the Asia-Pacific region continue to face socioeconomic and cultural barriers and discriminatory policies, as well as threats to their security that violate their basic rights and constrain their capacities. Largely as a result of these barriers and threats, women face numerous inequalities. Table 2 provides an insight into secondary education attainment in the region by gender, reflecting a salient form of inequality in a domain, as noted in the preceding chapter, of critical importance.

As can be seen, there are significant differentials in secondary education attainment between women and men. It should be noted, however, that at younger age cohorts the differentials are far less. In fact, several countries reported advancements in all

educational stages, with most observable progress in the context of gender parity in school enrolment, particularly in primary education. Improvement was also noted with respect to secondary schooling, including in countries like Cambodia, the Islamic Republic of Iran, Maldives and Myanmar. In addition, several member States referred to a rising tendency of higher participation of women in tertiary education.

With regard to work, gender is one of the most significant factors in determining inequality in access to full-time employment in the region, with women considerably less likely than men to work. Across 33 countries in the region, the odds of a woman being employed on a full-time basis are 21 per cent lower compared to those of a man, while for a woman with children they are 28 per cent lower.³⁵ Young women not in education, employment or training consistently outnumber men, implying widespread barriers to labour market participation. Women also have less access to social protection and systematically earn less than men for work of equal value.

Lower female participation in the labour market – for instance, in Myanmar the figures are 50 and 85 per cent, respectively, for women and men³⁶ – is due largely to sociocultural biases against women working. Also relevant are other constraints that

³⁵ ESCAP, *Inequality of Opportunity in Asia and the Pacific: Decent Work* (ST/ESCAP/2822).

³⁶ ESCAP, *Implementing the Programme of Action of the International Conference on Population and Development and the recommendations of the Asian and Pacific Ministerial Declaration on Population and Development: a regional synthesis for Asia and the Pacific*, ESCAP/APPC/2018/CRP.1.

TABLE 2 Population aged 25 and above with at least some secondary education, percentage, 2005–2014

	FEMALE	MALE
AUSTRALIA	94.3	94.6
REPUBLIC OF KOREA	77.0	89.1
MALAYSIA	65.1	71.3
IRAN (ISLAMIC REPUBLIC OF)	62.2	67.6
SRI LANKA	72.7	76.4
CHINA	58.7	71.9
FIJI	64.2	64.5
MONGOLIA	85.3	84.1
THAILAND	35.7	40.8
SAMOA	64.3	60.0
INDONESIA	39.9	49.2
PHILIPPINES	65.9	63.7
INDIA	27.0	56.8
BANGLADESH	34.1	41.3
CAMBODIA	9.9	22.9
PAKISTAN	19.3	48.1
MYANMAR	22.9	15.3
PAPUA NEW GUINEA	7.6	14.1
AFGHANISTAN	5.9	29.8

Source: UNDP, Asia-Pacific Human Development Report: Shaping the Future – How Changing Demographics Can Power Human Development (New York, 2016).
 Note: Countries where data are available listed.

particularly affect women, such as childbearing and occupational segregation, which limit women's job choices. Country reports point to female labour force participation rates falling for the region as a whole, with the exception of a few cases, such as in Malaysia. Explanations for this phenomenon include increased school attendance of girls, the shift away from agricultural employment, higher household income levels which discourage women's participation, and unpaid and non-economic work which women do and that is usually under-counted by official statistics.

Unemployment rates, on the other hand, tend to be higher among women than men; for instance, the female unemployment rate in the Philippines was reported at 4.3 per cent, as compared to 2.6 per cent for males. Moreover, women tend to be more represented in the informal economy, where pay is lower and income insecurity is higher. To address inequalities of this nature, Australia plans to reduce the gap between male and female labour force participation rates by 25 per cent by 2025 (see box 2).

Violence against women and girls represents a severe manifestation of gender inequality,

BOX 2**Boosting women's workforce participation: Australia**

Increasing women's workforce participation is an economic and social priority for the Australian Government, with the potential to contribute to significant growth of the economy, while strengthening women's economic security. In April 2018, Australia's labour force participation, at 73.2 per cent for women and 83.0 per cent for men, was slightly above the OECD average.

Towards 2025: An Australian Government Strategy to Boost Women's Workforce Participation and its series of annual implementation plans sets out the Government's approach to reduce the gap between male and female participation by 25 per cent by 2025. The Strategy details actions being taken by the Government to address many of the drivers of pay inequity in Australia, including measures for flexible work, paid parental leave, childcare and early education, and encouraging women into non-traditional areas such as science, technology, engineering and mathematics industries. This complements legislated entitlements and workplace policies that seek to smooth the transition for working parents, such as paid parental leave, flexible work arrangements and access to childcare. These policies respond to the dip in workforce participation for women of childbearing age and have positive impacts to ongoing workplace stability, career trajectory and financial independence and security.

Source: National Midterm Report on Implementation of the APMD, Australia.

threatening the health, safety, freedom, and at times the very survival of women and their families. Reporting on violence is constrained by stigma, shame, restricted access to justice and limited service provision. Available data from across the region show little change in the proportion of women suffering physical or sexual violence by an intimate partner in the past 12 months – with more than a quarter of women in several countries reporting such violence.³⁷ Violence has tremendous social and economic costs. The social costs cannot be quantified, while the economic costs vary from greater health-care and legal expenses to losses in productivity, which affect national budgets and overall socioeconomic

development. Women who are exposed to violence earn 35 per cent less than women who do not.³⁸ In Viet Nam, lost productivity and opportunity costs associated with such violence represent up to 3 per cent of gross domestic product.³⁹ In Cambodia, one third of women who experience violence lose an average of three paid work days per year.⁴⁰

National reports in follow up to APMD reinforce the above findings by showing that women aged 15–49 continue to be the victims of physical, emotional and sexual violence at the hands of their spouses or former intimate partners (SDG indicator 5.2.1). The proportion of women in Japan who had

³⁷ ESCAP Online Statistical Database. Available from http://data.unescap.org/escap_stat/ (accessed 4 August 2017).

³⁸ UN-Women, *The Costs of Violence: Understanding the Costs of Violence against Women and Girls and its Responses – Selected Findings and Lessons Learned from Asia and the Pacific* (Bangkok, 2013).

³⁹ Ibid.

⁴⁰ Cambodia, WHO and UN-Women, *National Survey on Women's Health and Life Experiences in Cambodia* (2015).

experienced spousal violence was reported to have increased from 8.8 per cent in 2014 to 10.3 per cent in 2017, with an increase for all age-groups except for those in their 30s. In Australia, it was reported that nearly one in three women had experienced physical violence, and one in five sexual violence, since the age of 15. In 2015, a quarter of women aged 15–49 in Nepal reported having ever experienced physical/sexual violence. This, along with percentages reported by other countries, is shown in figure 10.

There are significant links between violence against women and violence against children, including shared risk factors, commonly held social norms, co-occurrence of violence in the same family and the intergenerational cycle of abuse. Adolescence offers a crucial window of opportunity to address such violence. In this context, it is essential to prioritize prevention efforts among adolescents that challenge gender norms and build girls' agency. Young people need to be supported to form healthy relationships, while adolescent girls need to be enabled to postpone unwanted sexual debut, marriage, cohabitation and childbearing until adulthood. This includes investing in comprehensive sexuality education that addresses gender and power relations, since evidence shows that such investments help reduce the likelihood of young people falling into violent relationships.

Despite certain advancements and while most countries in the region prohibit domestic violence, many do not protect unmarried intimate partners or include protection against all forms of violence such as sexual harassment and marital rape. In 17 countries in East Asia and the Pacific, 74 per cent of women are not protected from sexual violence and

76 per cent are not protected from economic violence.⁴¹ Effective implementation of legislation is undermined by limited awareness and knowledge of existing laws, barriers to reporting violence, biased judgements, unresponsiveness or weak capacity among law enforcement officials, and legal systems and courts that are insensitive to the needs of victims/survivors. Resolving these shortcomings requires greater attention to improve awareness of laws against gender-based violence and to address barriers that prevent access to justice. Moreover, reforms are needed to ensure that laws effectively prohibit all forms of violence and provide protection for unmarried intimate partners.

Arranged and forced child marriage reflect and reinforce gender inequality and gender-based violence. These forms of marriage are serious violations of girls' human rights, with significant consequences for their health and well-being. The consequences include increased risk of early pregnancy, maternal morbidity and mortality, and a reduction in girls' educational attainment and access to employment and income-generation opportunities. Globally, the largest number of women aged 20–24 married before the age of 18 live in South Asia, where 30 per cent of those in this age group were married before the age of 18, and 8 per cent before the age of 15.⁴² The prevalence of child marriage has been declining, but owing to population growth, the total number of child brides continues to increase.

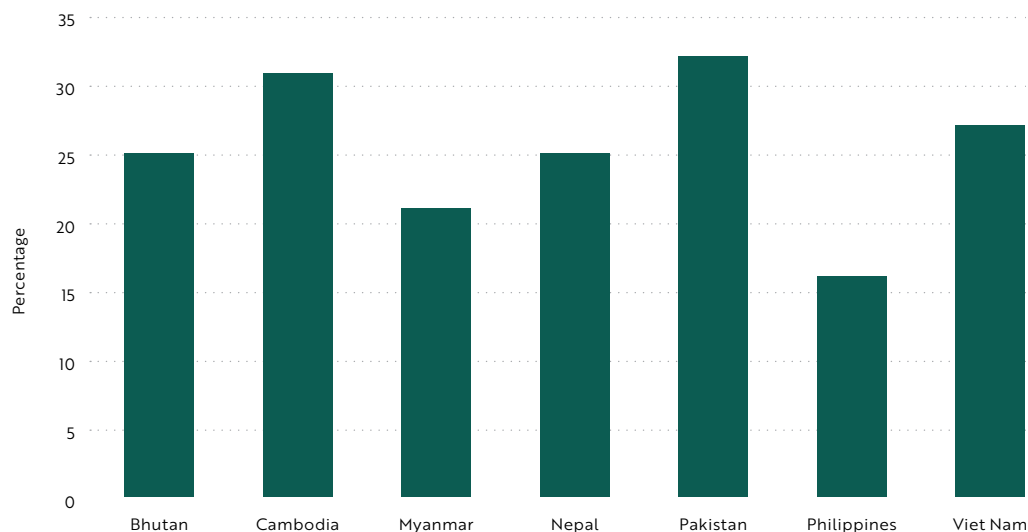
A study in Nepal found that increasing the age at first marriage could lead to economic gains equivalent to 3.9 per cent of gross domestic product in 2015.⁴³ Many countries have already adopted 18 years as the legal age

⁴¹ Barbara Rodriguez, Sofia Shakil and Adrian Morel, The Asia Foundation. *Four Things to Know About Gender-Based Violence in Asia*. March, 2018. Available from <https://asiafoundation.org/2018/03/14/four-things-know-gender-based-violence-asia/> (accessed 30 January 2019).

⁴² UNICEF Data. Available from <https://data.unicef.org> (accessed 20 May 2018).

⁴³ Amjad Rabi, "Cost of inaction: child and adolescent marriage in Nepal", UNICEF Nepal Working Paper Series, No. WP/2014/001.

FIGURE 10 Percentage of women aged 15–49 years who have ever experienced gender-based violence



Source: National midterm reports on APMD Implementation, 2018.

Note: Countries where data are available listed.

for marriage for girls, but many also allow younger girls to marry with the consent of their parents or courts.⁴⁴ A recent analysis of child marriage laws in the region found that almost 60 million girls aged 10–17 were not legally protected against child marriage in 2017.⁴⁵ Even where laws exist, they are often not sufficient to end the practice, as many girls still marry. For example, in 2017, an alarming 77 per cent of all child marriages in South Asia were illegal.

The practice of gender-biased sex selection, reflecting son preference, is another manifestation of gender inequality. It is evident in a growing number of countries in the region where the boy-to-girl sex ratio

at birth is above 1.07, the upper end of the natural range.⁴⁶ Recent data show a sex ratio at birth in favour of boys as high as 1.15 (figure 11). Where gender-based sex selection is practised, it tends to be geographically concentrated. Very high sex ratio imbalances are evident in some regions and provinces. Although the prevalence of gender-based sex selection has declined at the national level in countries such as China, India and Viet Nam, the practice appears to be spreading to areas within these countries where it was not previously prevalent.⁴⁷

Female genital mutilation is another violation of human rights and an extreme form of discrimination against women. It is

⁴⁴ Quentin Wodon and others, *Ending child marriage: child marriage laws and their limitation* (London, Save the Children; Washington, D.C., World Bank, 2017).

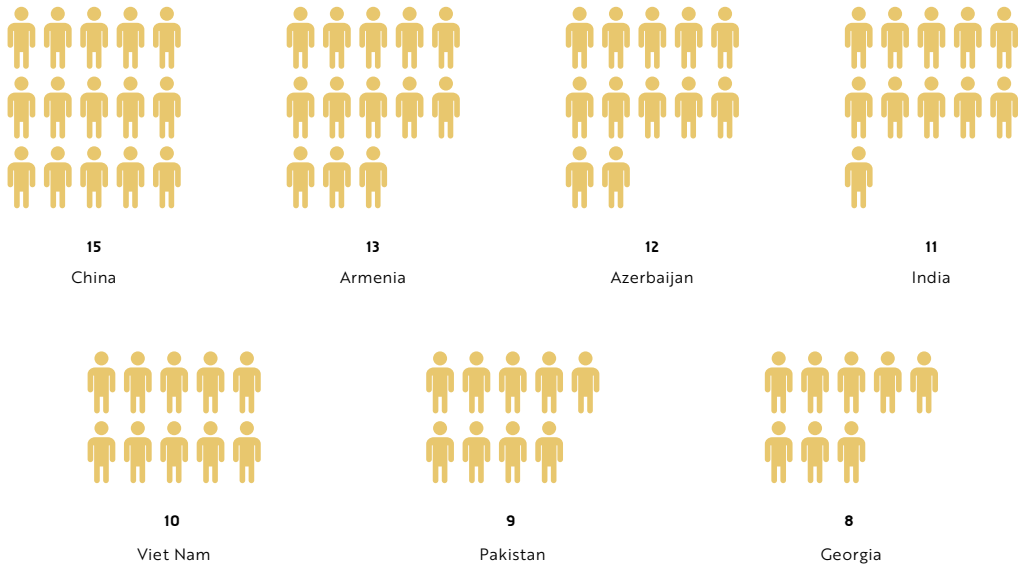
⁴⁵ Ibid.

⁴⁶ UNICEF, *Boys and Girls in the Life Cycle: Sex-disaggregated data on a selection of well-being indicators, from early childhood to young adulthood* (New York, 2011).

⁴⁷ Christophe Z. Guilmoto, "The masculinization of births: overview and current knowledge", *Population*, vol. 70, No. 2 (2015).

FIGURE 11 Sex ratio at birth in countries with levels over 1.07, 2015–2020

For every 100 girls and 100 boys born,
the following additional number of boys are born:



Source: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects: 2017 Revision. Available from <https://population.un.org/wpp/> (accessed 12 February 2019).

associated with a range of complications, including severe bleeding and infections, and complications in childbirth. While female genital mutilation is not widespread in the region, evidence suggests that it may be becoming more common, owing to a confluence of medicalization of female genital mutilation together with rising conservatism and extremism. There is a high prevalence in Indonesia and Malaysia; it is also evident in India and Sri Lanka among specific population groups.⁴⁸ In Indonesia, nearly 50 per cent of girls under the age of

12 have undergone some form of female genital mutilation, and around three in four of these girls underwent the procedure when they were less than six months old.⁴⁹ A study on a rural area in northern Malaysia found a 93 per cent prevalence rate of female genital mutilation among the study population of Muslim Malay women.⁵⁰

Even with the many challenges in the area of women empowerment, there are promising signs of progress in terms of the number of legislative and policy frameworks for action

⁴⁸ ESCAP, Advancing gender equality and universal access to sexual and reproductive health and reproductive rights, ESCAP/APPC/2018/3.

⁴⁹ UNICEF, *Statistical profile on female genital mutilation/cutting: Indonesia* (February, 2016).

⁵⁰ Abdul Khan Rashid, Sapna P. Patil and Anita S. Valimalar, "The practice of female genital mutilation among the rural Malays in north Malaysia", *Internet Journal of Third World Medicine*, vol. 9, No. 1 (2009). pp 1-8.

developed by countries. Laws and policies on matters such as gender equality, protection for women and political participation, for example, have been enacted from Azerbaijan to Papua New Guinea, and from Mongolia to Maldives, with these frameworks providing a legal basis for state and community action to achieve gender equality. The main stated goal of most of these laws and policies is the elimination of all forms of gender-based discrimination and creation of equal opportunities for both women and men in daily life.

China's anti-domestic violence law, passed in 2015 and which came into effect in 2016, marks a significant step towards changing the traditional common belief that domestic violence is a family issue. The new law has clearly defined legal interventions to protect women, children and older persons. However, institutional leadership for multi-sectoral coordination, capacity development for prevention and response to gender-based violence, and data collection and analysis all remain to be strengthened. Pakistan's Vision 2025 calls for an end to the discrimination faced by women and the provision of an enabling environment for them to realize their full potential and make their contributions to the socioeconomic growth of the country. Nepal provides psychosocial counselling to women and children who become victims of violence, while Maldives has developed its National Guidelines for Health Sector Response to Gender Based Violence.

Other positive developments include five countries in South Asia having domestic violence laws that cover physical, sexual and emotional violence. Four of these five countries also have laws covering economic violence.⁵¹ Additionally, progress has been made with respect to SDG indicator 5.1.1 on whether or not legal frameworks are in place

to promote, enforce and monitor equality and non-discrimination on the basis of sex. As reported by countries at the Midterm Review of APMD, almost all countries noted that such legislation was in place, with a few reporting work in progress. Reports reiterated, almost universally, that the national constitution or the fundamental law of the country contained provisions for equality of the sexes.

Concerning technologies for sex selection and for sex-selective terminations, several countries in the region have passed laws to restrict use. However, these laws have had limited effect in isolation from broader measures to address underlying social and gender inequalities. Key strategies include understanding what causes son preference and focusing on measures designed to increase gender equality, such as changing entrenched social and cultural biases that work against women and girls. This includes conducting campaigns to increase the value of girls, and promoting women's autonomy and economic empowerment, along with their control and decision-making over assets, property and inheritance.

Significant strides have been made considering women's participation in politics, with strong gains in a number of countries across the region. At the region-wide level, parliamentary seats held by women increased from 7.5 per cent in 1997, to 9 per cent in 2000, and to 16.8 per cent in 2015.⁵² Country reports shed light on similar progress. The proportion of seats held by women in the National Parliament of Myanmar more than tripled from 4.3 per cent in 2010 to 16 per cent in 2018. Countries such as Afghanistan, Bangladesh and Nepal have seats in Parliament that are reserved for women, which are additional to seats which women

⁵¹ ESCAP, Advancing gender equality and universal access to sexual and reproductive health and reproductive rights, ESCAP/APPC/2018/3.

⁵² Regional Parliamentary Assemblies. Available from <http://archive.ipu.org/wmn-e/arc/classif011018.htm>. (accessed 11 March 2019).

can contest. In Bhutan, a total of 127 women contested the 2018 national council elections, compared with 67 in 2013, indicating increasing women's empowerment. Viet Nam has set a goal for women's representation in the National Assembly and People's Councils to reach 35–40 per cent by 2020. The share of seats held by women in the Philippines' Parliament and in local government are 29 and 21 per cent, respectively.

In spite of the noteworthy progress stated above, inadequate resources are available for the implementation of national action plans to promote gender equality and women's economic empowerment. In this context, it will still take at least 14 years for women to constitute 30 per cent of parliamentary representatives region-wide and 30 years to achieve full gender parity in parliamentary representation. In some parts of the region, the projected time frames are even longer. For example, 60 years will be required to achieve gender parity in Pacific parliaments and 33 years in South Asian parliaments.⁵³ Moreover, there has been less progress in women's participation in management and other decision-making positions. That stated, there are robust initiatives across the region to increase women's leadership in organizations. Malaysia, for example, has set an initial target of 30 per cent for women's participation in decision-making positions.

⁵³ ESCAP, *Pathways to Influence: The SDGs and Women's Transformative Leadership in Asia and the Pacific* (forthcoming).





ADOLESCENTS AND YOUNG PEOPLE

The Asian and Pacific Ministerial Declaration on Population and Development called for respect for sexual and reproductive health and rights of adolescents and young people, and full attention to meeting their sexual and reproductive health, information and educational needs. Provision of accessible youth-friendly sustainable health and social services without discrimination were noted as essential. Moreover, calls were made to address youth unemployment and underemployment, with skills development and vocational training identified as important to meet specific labour market needs. The 2030 Agenda highlights youth and adolescents as agents of change. They are, however, vulnerable and need empowerment, along with support in gaining high-quality education, decent work and access to health services.

Young people aged 15–24 constitute close to 15 per cent of the Asia-Pacific region's population. Nevertheless, countries in the region display significant diversity regarding the age distributions of their populations. Although most countries are moving from having youthful populations, associated with relatively high levels of fertility and mortality, to having older populations, characterized by lower levels of fertility and mortality, there remain countries with large proportions of youth in their populations. At some point during this transition, there is a demographic window in which the working-age population is growing, and the cohort of young people is decreasing, while the cohort of older persons remains small. A demographic dividend can be created by the added productivity of a growing working-age population. This can be achieved by investing in the education and health of young people, as well as economic policies and governance structures which support the realization of a productive workforce that contributes to increased per capita output and overall economic growth.

The relative sizes of and changes in youth populations vary greatly across Asia and the Pacific. The region's total number of youth aged 15–19 remained almost constant between 2000 and 2015, and was approximately 60 per cent of the global youth

population. There has, however, been an increase of 14.5 per cent in those aged 20–24 in the region due to the dynamics of South and South-West Asia, where there is the most notable demographic window. The youth bulge here, and for the region as a whole, is now moving to the older age segment (20–24), and a decline in numbers is projected for the 15–19 age group.⁵⁴

By 2015, the only subregion where the cohort of youth aged 15–19 was at the 2000 levels was South and South-West Asia, where the crude birth rate remained at 20 per 1,000 population. Other subregions saw decreases. At the country level, the largest declines in youth populations were seen in Georgia and Japan, as well as the Russian Federation, where the population aged 15–19 in 2015 was 52 per cent of the figure for 2000. The highest increases occurred in Afghanistan and Timor-Leste, where youth populations rose in number by more than 80 per cent.⁵⁵

As indicated, the demographic dividend phase, in which the working-age population grows faster than the dependent population, has ended in many countries, while those still able to benefit must act quickly. In the former category, countries like Thailand and Viet Nam will require higher productivity from those entering the labour force, furthermore,

⁵⁴ World Population Prospects: *The 2017 Revision*. Available from <https://population.un.org/wpp/Download/Standard/Population/> (accessed 30 January 2018).

⁵⁵ Ibid.

labour-saving technologies and the attributes of the fourth industrial revolution, such as artificial intelligence, will need to play a significant role. This has implications on what skills need to be developed among youth. In the latter category, which includes most countries in South and South-West Asia, strategies are needed to enhance educational and skill levels to increase per capita income, while absorbing the rise in entrants to the labour market, and at the same time providing decent jobs and investing in social protection.

One common finding from country midterm reports in follow up to APMD is that young people face a number of significant challenges unique to them, in particular those related to pursuing education and finding decent work at the start of their careers. Although there have been major gains in enrolment at primary, secondary and tertiary level education, these have not always translated into employment security. Initiatives to address this growing problem include increased technical and vocational training, entrepreneurship development and improving labour market information systems to better match job seekers to job opportunities. The numbers of youth who are not in employment, education or training (NEET) also remain a concern.

As noted in country reports, the NEET rate among youth aged 15–24 is high in many settings. The figure was reported at 25.6 per cent for Myanmar, broken down to 34.9 per cent for females and 15.8 per cent for males. In Timor-Leste, similarly, one out of four youth were reported to be NEET. The proportion of youth who were NEET in Afghanistan was reported at 42 per cent for both sexes combined in 2016/17 and it was

added that the rate was especially high for women. In fact, data from across the region reveal that female NEET rates are higher than male ones in nearly all countries. Social attitudes that do not value educated women or promote their participation in the labour force contribute to the exclusion of female youth in this context.^{56, 57}

A closer look at the employment-unemployment nexus shows that entry of youth into the workforce is complex. Many individuals are underemployed, often in informal, vulnerable, low-paid jobs with little or no social protection. Especially in countries where the number of youth seeking jobs is high relative to employment opportunities, and where their skills do not match market requirements, young people often are unable to find decent jobs. This is confirmed by the share of workers in unpaid jobs in Asia being twice as high for young people aged 15–24 as for adults aged 25–29.⁵⁸ The inequality of job opportunities is further compounded by technological change, which is altering the type and number of jobs generated as well as the requisite skills.

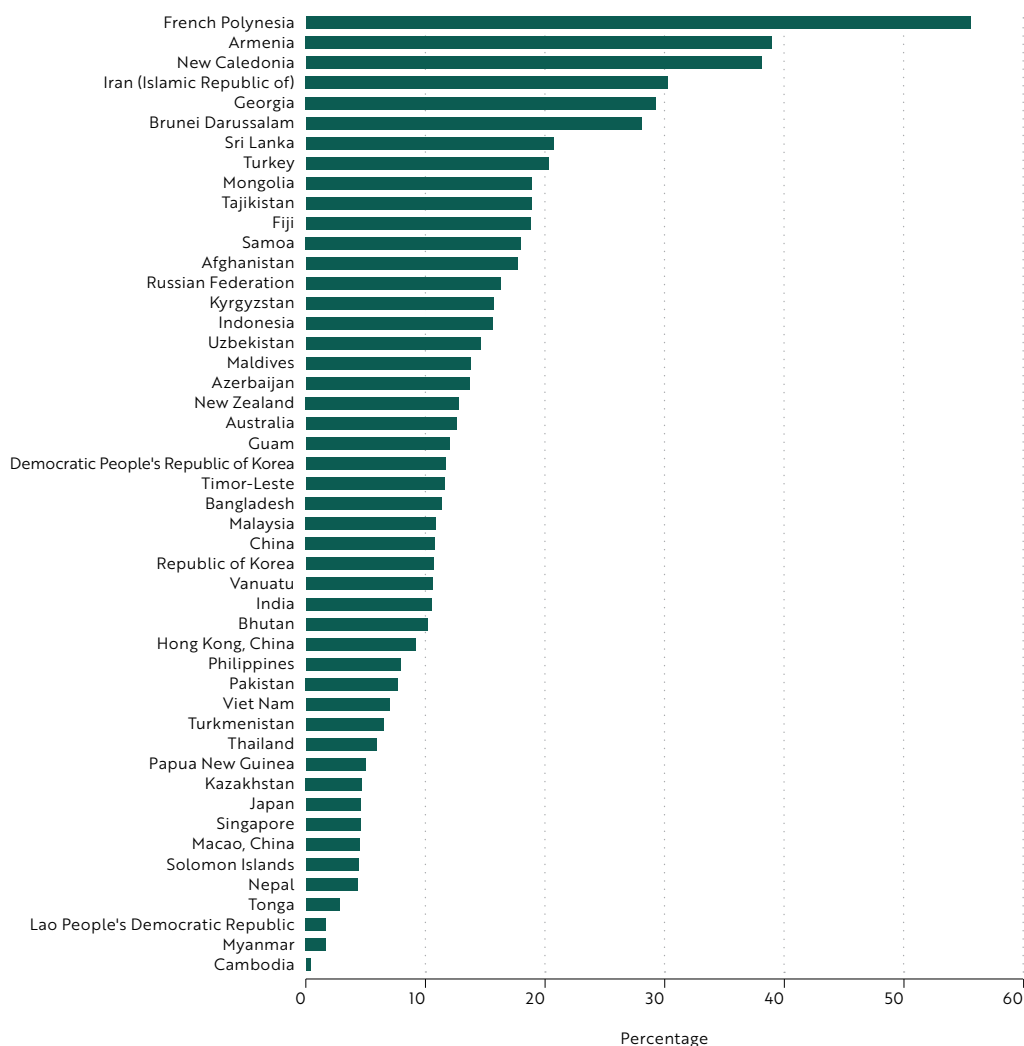
Asia and the Pacific performs well when its youth employment rate is compared to that of other regions; in 2017, its rate, at 10.8 per cent, was substantially below the world average of 12.8 per cent.⁵⁹ However, the Asia-Pacific aggregate figure masks large differences between countries, with very high youth unemployment rates experienced by a handful of countries (figure 12). Youth populations have unemployment rates up to eight times higher than those of adults, adding to the challenges they face. Looking at gender dimensions, at the regional level there is little variation. Nevertheless, at the subregional level, female youth unemployment in

⁵⁶ ILO, *Women at Work: Trends 2016* (Geneva, 2016).

⁵⁷ UNICEF, *Barriers to girls' education, strategies and interventions*. Available from https://www.unicef.org/teachers/girls_ed/BarrierstoGE.pdf (accessed 28 January 2018).

⁵⁸ World Inequality Lab, *World Inequality Report 2018* (Paris, 2018).

⁵⁹ ESCAP Online Statistical Database. Available from <https://www.unescap.org/stat/data> (accessed 12 January 2019).

FIGURE 12 Youth unemployment, 2017

Source: ESCAP calculations based on United Nations, Department of Economic and Social Affairs, Statistics Division, Global SDG Indicators Database. Available from <https://unstats.un.org/sdgs/indicators/database/?indicator=8.5.2> (accessed 6 June 2018).

East and North-East Asia is about 20 per cent less than for male youth, while in South and South-West Asia the reverse is true. Another consideration is youth unemployment in the context of population ageing; as a subregion, North and Central Asia has several countries undergoing rapid population ageing and has a higher youth unemployment rate, at 14.9 per cent, than all other subregions.⁶⁰ This

poses challenges, especially if accompanied by an economic slowdown.

National reports on the Midterm Review of APMD reinforce the aforementioned concerns of continued high levels of youth who are unemployed and those who are NEET. The reports, however, document government responses and efforts in many

⁶⁰ Ibid.

countries to meet the recommendations of the Ministerial Declaration as well as to achieve the SDGs. Where dependency ratios are declining and where there is a potential of reaping the demographic dividend, many member States are investing in young people's health, education and participation in order to take advantage of the window of opportunity provided to them.

Several countries have also developed youth policies, strategies and action plans that involve advocacy, technical assistance and the participation of youth organizations and networks, along with community-based organizations and United Nations agencies. Youth policies provide a legal context for action on issues like job creation, increased access to sexual and reproductive health and rights, and meaningful youth participation. Afghanistan, Cambodia, Myanmar, and the Provinces of Punjab and Sindh in Pakistan all have youth policies and action plans now in place. Mongolia's Law on Promotion of Youth Development was adopted by Parliament in 2017; one highlight of the Law is the creation of a mechanism for youth engagement in decision-making processes regarding their own development. Papua New Guinea has passed the National Youth Development Authority Act, 2014, to provide the legal context for youth activities and programmes. The Afghanistan Youth Parliament represents a functional platform for the country's youth to highlight their issues and advocate for solutions.

Another important matter for youth relates to access to adolescent sexual and reproductive health services. The adolescent fertility rate for the region has fallen by around 40 per cent since the year 2000; however, subregional trends have been diverse. The Pacific and South and South-West Asia have experienced large decreases, albeit with the latter subregion having a substantially higher level than the former. In South-East Asia

and North and Central Asia there has been little change since 2000, while in East and North-East Asia there has been a significant rise until recent years, largely due to such change in China. Other trends seen at the country level include considerable declines in Bhutan, India, Indonesia and Japan, but there have been increases in several others, such as Mongolia and Thailand. Close to one third of girls aged 15–19 in Bangladesh are child-bearing, and the adolescent fertility rate of 113 per 1,000 women in the same age group (15–19 years) in 2014 has not seen much change over preceding years.⁶¹ As in many countries of the region, the contraceptive prevalence rate among married adolescent girls is low, while unmarried adolescents have little or no access to sexual and reproductive health information and services.

In light of the above and as noted in their national reports, member States have begun to address the lack of access of young people to sexual and reproductive health services:

- India has started to recognize the importance of influencing health-seeking behaviour of adolescents and has increased investments in adolescent sexual and reproductive health to yield dividends in terms of delaying age at marriage, reducing teenage pregnancy, and lowering the incidence of HIV and sexually transmitted infections. The Rashtriya Kishor Swasthya Karyakram programme makes a paradigm shift away from the existing clinic-based service approach to one that is based on health promotion and prevention, and reaching adolescents in their schools, families and communities.
- Viet Nam has begun to develop youth-friendly health services, particularly for sexual and reproductive

⁶¹ ESCAP Online Statistical Database. Available from http://data.unescap.org/escap_stat/ (accessed 18 June 2018).

BOX 3**Addressing adolescent pregnancy in Thailand**

Thailand has, in the face of a notable increase in adolescent pregnancies and births, enacted the Prevention and Solution of Adolescent Pregnancy Problem Act, 2016 to reduce the rate of adolescent pregnancy. The law, which is aimed at bringing down the rate, requires all young people below the age of 20 to have access to services and information on sexual and reproductive health in school and at work. Pregnant adolescents can also have access to proper care and social support and are allowed to remain in school. In addition, the Act recognizes the rights of adolescents, including the right to make their own decisions, the right to receive information and knowledge, the right to confidentiality and privacy, and the right to receive social welfare support equally and without discrimination.

Source: National Midterm Report on Implementation of the APMD, Thailand.

health. A set of indicators were issued in 2016 for monitoring the situation of youth and adolescents in this regard; these have provided an impetus for focused attention on this matter.

- China has scaled up adolescent sexual and reproductive health education in schools during the preceding 5 years.
- In Myanmar, the introduction of comprehensive sexuality education into the schooling system is being actively discussed, given high adolescent birth rates in the country. The Government is currently providing health services for adolescents and young people in line with its National Strategic Plan for Young People. National Standards and Guidelines on Adolescent Reproductive Health have been prepared for health-care providers. Such providers have also had their capacity built with regard to adolescent reproductive health.
- Japan, where there has been a rise in adolescent abortion rates, and Mongolia, with increased adolescent birth rates, are both urgently considering the need to introduce more comprehensive sexuality education.
- In Pakistan, life skills-based education initiatives have been recognized. Although programmes have been slow to take off, they are being institutionalized in the education system especially in the province of Sindh.
- Other developments include life skills-based education being included in the curriculum of Azerbaijan's schools; standards being developed to provide adolescent-friendly health services in Maldives under its National Reproductive Health Strategy 2014–2018; and the enactment of the Prevention and Solution of Adolescent Pregnancy Problem Act, 2016 to bring down adolescent pregnancy in Thailand (box 3).

A major remaining challenge in many parts of the region is the presence of barriers to providing unmarried and young people with better access to sexual and reproductive information and services. These barriers exist even in the midst of rising awareness of the important need to provide such services to adolescents. It is essential, therefore, to increase advocacy efforts and build capacities of parents, educators, health-care providers and government policymakers concerning the rights of young people, particularly young women, to sexual and reproductive health information and services.





AGEING

The Asian and Pacific Ministerial Declaration highlighted the need to adopt policies and national plans to prepare for and respond to population ageing throughout the life course and to accord priority to addressing the rights of older persons. The Declaration also acknowledged the gender differential in life expectancy and the need to provide necessary care for female and male older persons, noting the link between ageing and disability. It further called for strengthening collection and analysis of data on older persons to increase the knowledge base on ageing. The 2030 Agenda calls for efforts by all to ensure that “no one will be left behind”, and SDG 3 aims at promoting healthy lives and well-being for all at all ages.

Driven by declining fertility and rising longevity in the region, there has been a rapid shift towards an ageing population. Currently, both youthful and ageing populations are found in the region, as indicated in figure 13. Nevertheless, over time, it can be expected that in all countries the share of the young population will slowly decline, while that of the population aged 60 or over will expand. Several countries have already transformed from ageing societies to high-ageing societies.⁶² In Japan, for example, in 2017, 33.6 per cent of the population was aged 60 years or older, a figure expected to increase to 37 per cent in 2030. In 2010, there were no other countries with an older population of more than 20 per cent; in 2015 there were 5 and in 2030 there will be 15.⁶³

Because life expectancy at birth is higher for women, the proportion of older women is also larger than that of their male counterparts. The majority of the oldest-old, those aged 80 or above, are women. Furthermore, in countries with high net immigration, the percentage of older persons increases less rapidly than in countries without immigration. Significant emigration of the working-age population, on the other hand,

contributes to rapid population ageing in countries of origin. Nevertheless, it has been well established in research that high net immigration cannot reverse trends of population ageing in the long run.⁶⁴

Behind the rise in longevity seen across the region is the significant fall in mortality brought about by improvements in economic and social development. In aggregate terms, Asia-Pacific countries have gained an additional 20 years of life expectancy since 1960. However, inequalities prevail; these can be seen between subregions and countries, as well as within them, by sex, place of residence and income group. For instance, life expectancy at birth is over 85 years in several East and North-East Asian countries, yet below 70 years in a handful of countries in South-East Asia and South and South-West Asia.⁶⁵ Mortality rates tend to reflect inequities, especially with respect to access to health services, largely compounded by poverty and gender norms.

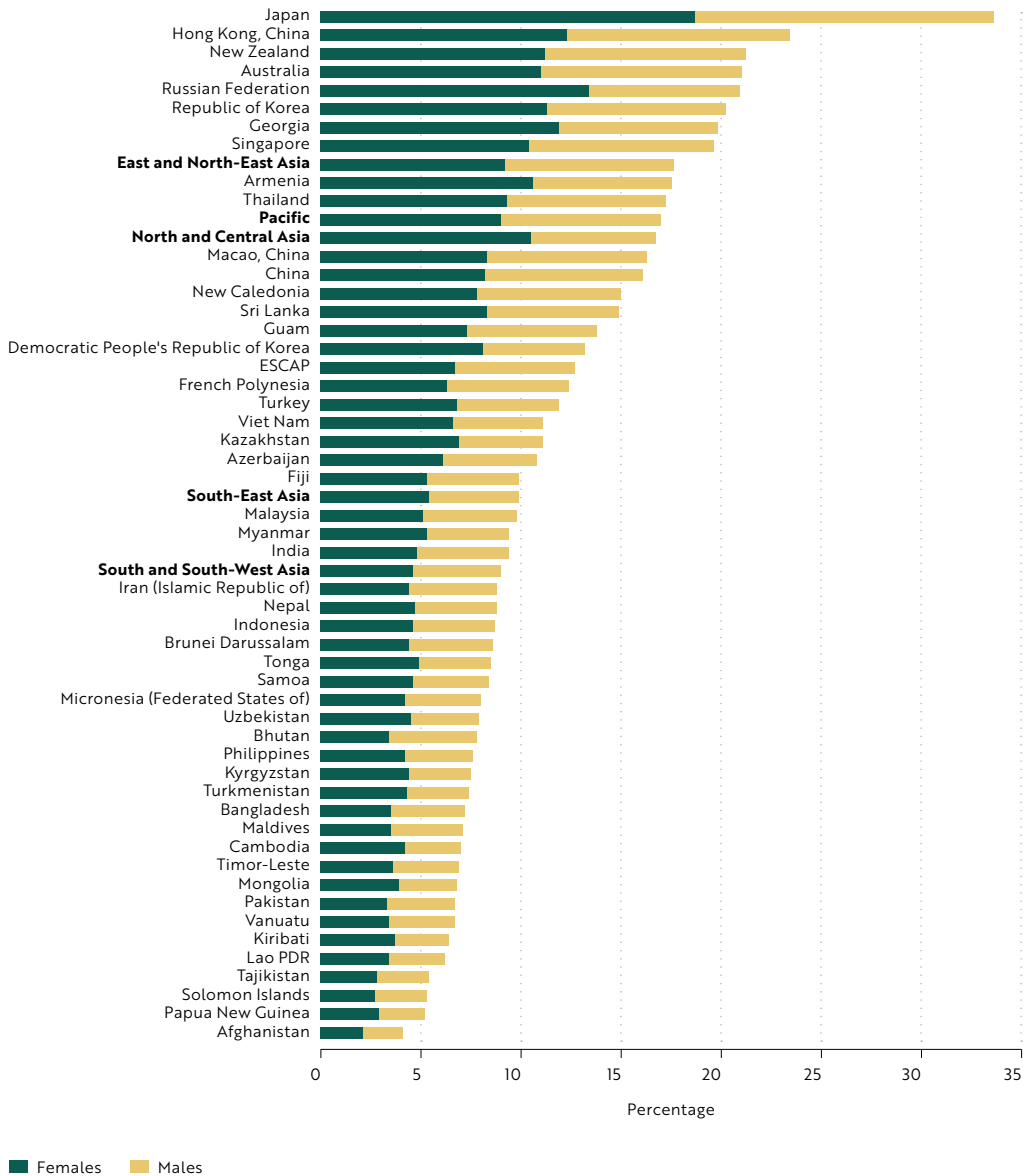
While in aggregate terms people tend to be healthier than before, as well as living longer, between the years 2000 and 2015, overall life expectancy at birth increased faster than

⁶² An ageing society is one in which 10 to 19 per cent of the population is aged 60 or older. In a high-ageing society, 20 to 29 per cent of the population is aged 60 or older, while in a hyper-ageing society, 30 per cent of the population is aged 60 or older (HelpAge International, Global Age Watch Index 2015).

⁶³ ESCAP Online Statistical Database. Available from <https://www.unescap.org/stat/data> (accessed 12 January 2019).

⁶⁴ United Nations Population Division (2001). Replacement Migration - Is it a solution to declining and ageing populations (ST/ESA/SER.A/2006).

⁶⁵ ESCAP Online Statistical Database. Available from <https://www.unescap.org/stat/data> (accessed 12 January 2019).

FIGURE 13 Older females and males as a percentage of the total population, 2017

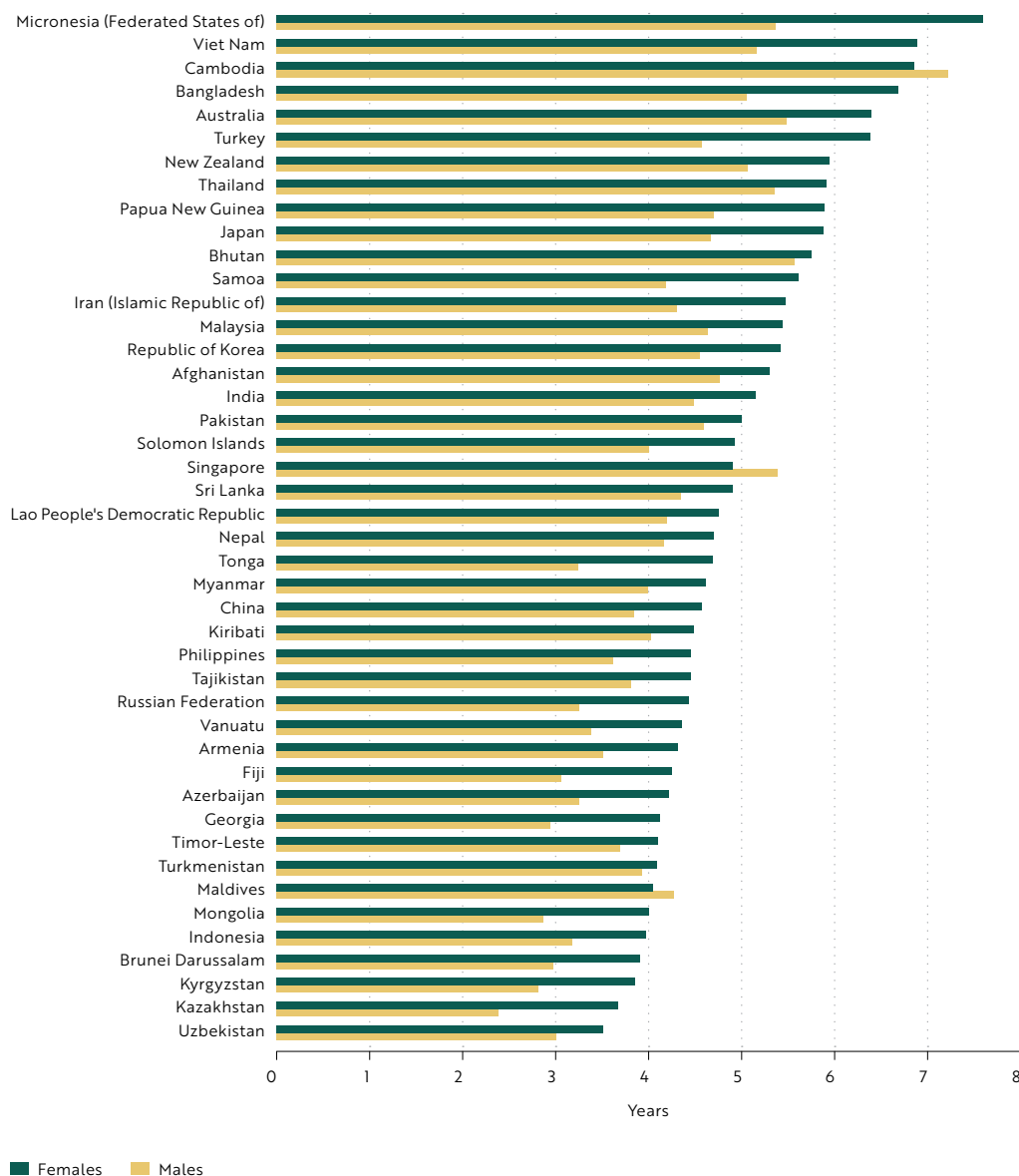
Source: ESCAP calculations, based on World Population Prospects: 2017 Revision.

healthy life expectancy. The result is that people experience longer periods of their life with disabilities. Improved health care has meant that, unlike in the past, while many diseases do not automatically lead to death, people now spend more time with chronic conditions leading to impairments. Figure 14 reflects this situation, from which Cambodia

can be taken as an example; at the age of 60, people spend seven years with a disability, on average, equating to about 40 per cent of their remaining life.

The data show that, with few exceptions, women live more years with disabilities than men. In Turkey, women at the age of 60 on

FIGURE 14 Average number of years spent with impairments after reaching age 60, females and males, 2015



Source: ESCAP calculations based on United Nations, World Population Prospects: The 2017 Revision. Available from <https://population.un.org/wpp/> (accessed 1 June 2018); and WHO, Life expectancy and healthy life expectancy: data by country. Available from <http://apps.who.int/gho/data/node.main.688> (accessed 1 June 2018)

average spend 6.4 years of their remaining life with impairments, as compared to 2.3 years for men. In many countries, women's life expectancy at the age of 60 grew faster than men's, but healthy life expectancy grew faster for men than women.

A further gender concern in the context of ageing is the close association between poverty and old age among women. Firstly, older women often have less or no access to pensions or social security given their lower participation rates in formal employment.

BOX 4**Encouraging workers to save for retirement: Maldives**

The primary objective of the Maldives Retirement Pension Scheme (MRPS) is to ensure individuals save during their years of employment to cater for their livelihood in retirement and ultimately attain financial independence. MRPS is a defined contributory pension scheme funded by contributions from both employees and employers. Presently, the Pension Act mandates a contribution of 14 per cent of the pensionable wage, comprising a minimum of 7 per cent each from the employee and the employer. The Act, however, allows the employer to make the employee's 7 per cent contribution (or part thereof) on its own.

In February 2014, the country's Pension Office was assigned to disburse a Senior Citizen Allowance – a state-funded benefit provided to Maldivians aged 65 years and over who do not receive monthly pension benefits. Every Maldivian citizen over the age of 65, therefore, receives this allowance.

Source: National Midterm Report on Implementation of the APMD Maldives.

Secondly, many of them have suffered a lifetime of inequalities and discrimination, especially in societies where son preference and male bias are pervasive. The adversities faced by such women include greater nutritional deficiencies, lower access to health and education, weaker earning capacity and employment opportunities, and a lack of decision-making power. The consequences of the inequalities experienced in earlier stages of their life course are magnified in old age. Studies have also shown that, particularly in South Asia, widowed women in rural areas are more likely to be poor, live alone and have no family support, and can thus be classified as being among the furthest behind.⁶⁶ The national reports in follow up to APMD reflect these concerns. In addition, they shed light on emergencies, such as natural and human-caused disasters, disproportionately affecting older persons, particularly women, given their increased risks of chronic illness, mobility impairments and dementia. These inequalities of impact are generally overlooked, and older persons remain largely unprotected during and after disasters.

In such contexts, national reports noted the importance of being prepared for the economic and social shifts associated with having an ageing population. Population ageing affects everyone, and national legislation, policies and plans, along with well-coordinated government structures, are needed to effectively identify, prioritize and address the needs of ageing societies. While circumstances of this nature are desired, in reality countries are facing a number of significant challenges as they implement ageing-related policies and programmes.

A major challenge concerns the future sustainability of social protection schemes and ensuring adequate support for the population of older persons, especially those who are poor or destitute. Currently, only a small proportion of the population of older persons in the region is covered by pensions. Universal health coverage schemes can play a role in providing health care, yet they will be challenged to shoulder rising health-care expenses for the growing population of older persons. Another area of concern is the

⁶⁶ Chronic Poverty Research Centre, Understanding chronic poverty in South Asia. Available from http://www.chronicpoverty.org/uploads/publication_files/CPRI_chap7.pdf (accessed 30 January 2019).

development of long-term care in countries where there are wide socioeconomic disparities between urban and rural areas, and where distances between these are large.

Working to address many of the aforementioned issues, 23 countries or areas in the Asia-Pacific region noted, in their national reports, that bodies existed which coordinated work on population ageing. These countries or areas were largely located in East and North-East Asia and in South and South-West Asia. Approximately 20 countries in the region had broad legislation on the rights of older persons. In addition, several countries recently strengthened existing legislation, such as China, or introduced legislation on older persons, such as Myanmar.

Population ageing is inevitable and must be prepared for, especially in countries with higher proportions of older persons, such as Armenia, China, Japan, Thailand and Viet Nam. The promotion of healthy ageing is therefore a crucially important social policy goal, to be achieved through required interventions and positive outcomes across the life course. Examples of relevant national policies include:

- In Armenia, a transition is being made from social protection-related care for older persons towards promoting healthy and active lifestyles; this is consistent with SDG 3 on ensuring healthy lives and promoting well-being for all ages.
- In Japan, with the largest share of older persons, long-term care systems are being promoted through the introduction of long-term health insurance.
- In China, more than 20 strategies have been introduced to address different aspects of ageing since 2013. These include integrated elderly care and medical services, and social participation of older persons.
- Viet Nam, which has a rapidly ageing population, passed its Law on People with Disabilities in 2010; moreover, an association of people living with disabilities was established to advocate for their rights. This is in recognition of the fact that disability and illness increase in old age.

Many laws, policies and programmes have also been set in place in countries in earlier stages of the transition to aged societies. Several countries with younger populations are preparing for population ageing through legislation, advocacy and policy. National policies and action plans on ageing and disability have been or are being developed in countries such as Bangladesh, Cambodia, Malaysia, Maldives, Mongolia, Myanmar, Pakistan and Papua New Guinea. The action plans cover domains including income security, healthy living and health care, natural disasters, home and institutional care, and rights of older persons.

In Cambodia, the National Ageing Policy, 2017–2030 takes on board all recommendations of APMD relating to ageing, including financial security, health and well-being, active ageing and protection from abuse. Turning to Maldives, nation-wide advocacy campaigns have been carried out since 2016 to sensitize the population to address the well-being of older persons. In other countries, including Bangladesh, Malaysia and Thailand, pension schemes or provident funds exist for formal sector employees. Returning to Maldives, such a model has been introduced to mandate employees to save for their old age (box 4).

Other examples of progress include Myanmar, which launched the National Universal Social Pension Scheme in June 2017, whereby a social pension is provided as a first step to nonagenarians, with a plan to extend it to octogenarians in the coming years. Further developments include 94.5 and 95.4 per cent of Japanese older men and women, respectively, receiving public pensions in 2016,

while Bhutan has drafted a national pension and provident policy which, among others, proposes to expand coverage to the private and informal sectors by providing various schemes, including ones that are voluntary and non-contributory.

It can be seen that notable advances have been made across the region; yet, to more comprehensively address population ageing, greater effort is needed to provide financial security in old age. This is especially the case for those in informal or vulnerable employment, in particular women, who not only live longer than men, they are less frequently covered by pension schemes. Another important area, and noted by APMD, is the strengthening of data collection on population ageing. The national reports noted that several population and housing censuses of the recent rounds have incorporated questions on demographic characteristics of older persons. These include Myanmar's 2014 Census, the 2015 Census of the Philippines and Viet Nam's 2009 Census. Additionally, concerted efforts were made by India's Central Statistics Office to collect data related to older persons, culminating in a comprehensive publication entitled *Elderly in India 2016*. Other developments include the Governments of China, Japan and the Republic of Korea all conducting regular surveys and providing reports on the status of older persons.



International migration



INTERNATIONAL MIGRATION

In the Ministerial Declaration, member States pledged to address international migration using a human rights approach through international, regional and bilateral cooperation and dialogue. The 2030 Agenda contains a call for Member States to facilitate orderly, safe, regular and responsible migration and mobility of people. Additionally, in the Global Compact for Safe, Orderly and Regular Migration, the first-ever negotiated global framework to address all aspects of migration in a holistic and comprehensive manner, concrete objectives to reinforce the benefits of migration and to address its challenges are identified.⁶⁷

Continued international migration is a megatrend, owing to its size, complexity, scale and impact. It affects all countries of Asia and the Pacific, with almost 102 million people living outside their country of birth in 2017.⁶⁸ Meanwhile, countries in the region hosted more than 62 million migrants, an increase of over 20 per cent since 1990 (figure 15).⁶⁹ The increase in the number of emigrants during the period 1990–2017 was much greater than for that for immigrants, in both absolute and percentage terms. This rise in out-migration was mostly accounted for by higher levels of labour migration. More than half of the region's migrants go to developing countries, either within the region or to neighbouring regions, especially the Middle East.⁷⁰ In addition to the volume of people moving, migration has major development implications for both countries of destination and origin. The remittances sent by Asian and Pacific migrants in 2017 were worth almost US\$284 billion.⁷¹

Labour migration remains the predominant component of international migration flows

in the region. Demand for both skilled and low-skilled labour provides better economic opportunities and is facilitated by policies, recruitment agencies, social networks and increased connectivity. Other components include differential demographic trends, and shared linguistic and historic ties between countries.

Migration often occurs as an escape from inequalities of opportunity, including lack of decent work in home countries, or a flight from persecution, conflict or poverty. Another emerging trend relates to the link between climate change and migration, especially as it affects low-lying Pacific Island States. Migration for education is a further phenomenon of relevance. This, as is the case with total numbers, has increased, with 2.0 million internationally mobile students from the region living abroad in 2016, up from 0.7 million in 2000.⁷²

Both women and men migrate, although their destinations, numbers and characteristics often vary, reflecting the highly gendered

⁶⁷ The Global Compact was formally adopted by States Members of the United Nations on 10 December 2018.

⁶⁸ UNDESA, International Migration Report: 2017 (New York, 2017). Available from http://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2017_Highlights.pdf (accessed 12 January 2019).

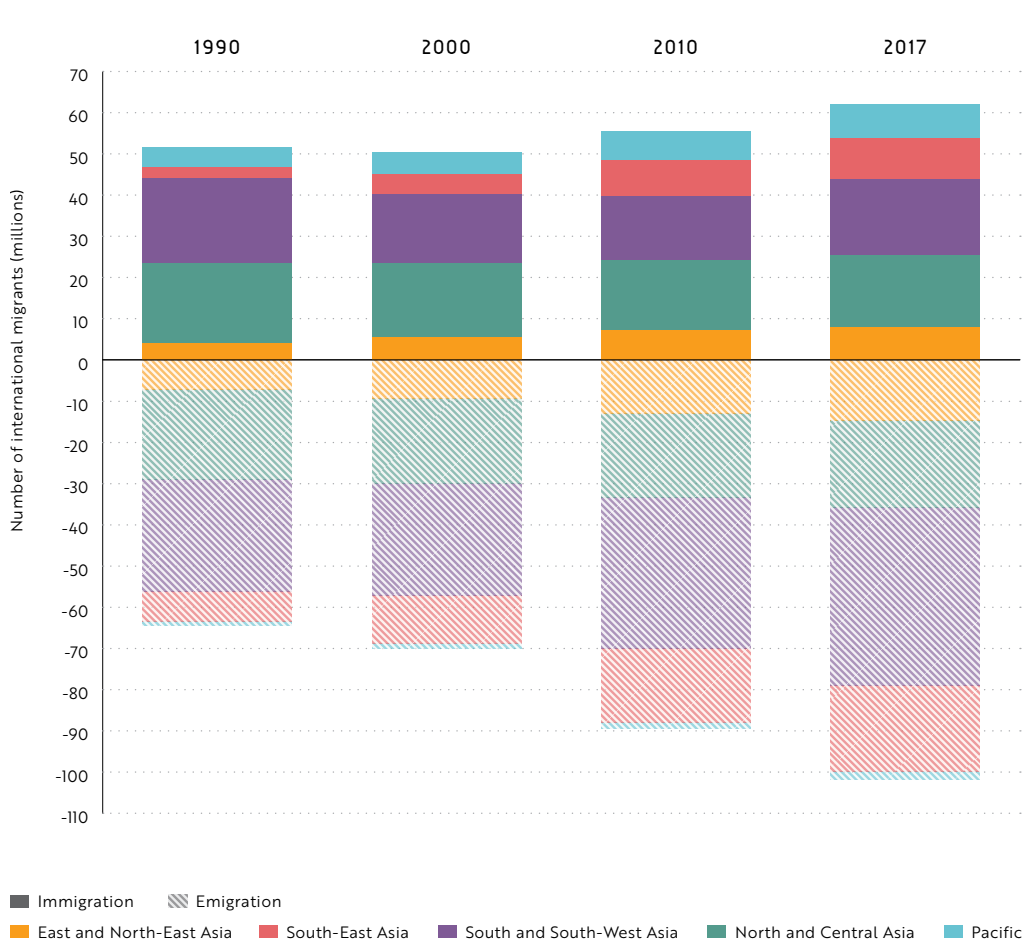
⁶⁹ ESCAP, calculations based on United Nations, Department of Economic and Social Affairs, Population Division, *Trends in International Migrant Stock: The 2017 Revision* (POP/DB/ MIG/Stock/Rev.2017).

⁷⁰ Ibid.

⁷¹ World Bank, *World Bank Migration and Remittances Data*. Available from www.worldbank.org/en/topic/migrationremittancesdiasporaissues/brief/migration-remittances-data (accessed 15 June 2018).

⁷² ESCAP calculations based on UNESCO Institute for Statistics, UIS.Stat database. Available from <http://data.uis.unesco.org/> (accessed 10 October 2017).

FIGURE 15 Number of immigrants to and emigrants from countries in the ESCAP region, summed by subregion, 1990-2017



Source: ESCAP calculations based on United Nations, Department of Economic and Social Affairs, Population Division, Trends in International Migrant Stock: The 2017 Revision (POP/DB/MIG/Stock/Rev.2017).

nature of migration. In 2017, women made up 50.6 per cent of the migrant population in the Asia-Pacific region, but only 46.0 per cent of migrants from the region, indicating that women migrants are more likely to migrate intraregionally.⁷³ Women often migrate as domestic workers; in 2013, more than 2 million female migrant domestic workers lived in South-East Asia and the Pacific.⁷⁴

Research suggests that women tend to send a higher proportion of their income home as remittances, even though they generally earn less than men. Women also tend to send money more regularly and for longer periods, which means they spend more on remittance transfer fees, illustrating the importance of reducing such fees and making alternative transfer options accessible to maximize the

⁷³ ESCAP calculations based on United Nations, Department of Economic and Social Affairs, Population Division, Trends in International Migrant Stock: The 2017 Revision.

⁷⁴ ILO, *ILO Global Estimates on Migrant Workers: Results and Methodology – Special Focus on Migrants Domestic Workers* (Geneva, 2015).

positive benefits of migration.⁷⁵ Target 10.c of SDG 10 aims to reduce the transaction costs of migrant remittances to less than 3 per cent. Thus, migration policies must include gender-responsiveness to succeed.

The protection of migrants remains challenging. This is particularly so in the context of limited opportunities for regular low-skilled migration and high recruitment costs. In response to employer demand, migrants often enter or remain in countries in irregular situations, which makes exploitation and abuse of their human rights easier. Indeed, a considerable proportion of international migration within and from the Asia-Pacific region is irregular. For example, it was estimated that there were approximately 3 million irregular migrants in the Russian Federation in 2010.⁷⁶

Meanwhile, surveys of migrants from Asian and Pacific countries show that they pay significant recruitment costs, ranging from an average of US\$581 for migrants from Nepal in Malaysia to US\$803 for Indian and Filipino migrants in Saudi Arabia.⁷⁷ Forced migration, including that of refugees, also constitutes a significant problem. In 2018, Afghanistan and Myanmar were two of the five main countries of origin for refugees in the world, accounting for 3.8 million out of 25.9 million refugees globally. Turkey and Pakistan, with a total of 5.1 million refugees, were the top two hosting countries in the world.⁷⁸ Specific refugee corridors are those from Afghanistan to Pakistan and the Islamic Republic of Iran, Syrian refugees fleeing to Turkey, and refugees from Myanmar going to Bangladesh and Thailand.

In response to the aforementioned challenges, countries have been working through, among others, regional forums that serve to share experiences and promote collaboration. For instance, at the Asia-Pacific Regional Preparatory Meeting for the Global Compact for Safe, Orderly and Regular Migration, organized by ESCAP in November 2017, member States highlighted a series of priorities for safe, orderly and regular migration. These included increasing inter-State and multi-stakeholder collaboration; developing human rights-based, gender-sensitive approaches to migration; strengthening links between migration and development; addressing labour-related issues, including through increased regular pathways for labour migration at all skill levels; and reducing the factors inducing unsafe, disorderly and irregular migration, such as conflicts, insecurity and climate change. Major objectives that need to be addressed are ensuring that migration is voluntary and has further reaching benefits.

National reports in follow up to APMD shed light on areas of progress. In this regard, significant efforts have been made by several countries to fulfil their regional commitments. In Azerbaijan, between 2013 and the first half of 2017, legal residence status was accorded to close to 15,000 undocumented workers, while in Armenia, an action plan for the effective implementation of its Migration Strategy 2017–2021 was developed. The plan outlines directions for regulating migration processes aimed at maximizing the positive impact of migration on the development of the Armenian economy, and on migrants and their families. Actions also include

⁷⁵ IOM, *Information sheet: gender, migration and remittances* (2004). Available from <https://www.iom.int/sites/default/files/about-iom/Gender-migration-remittances-infosheet.pdf> (accessed 12 January 2019).

⁷⁶ Sergey V. Ryazantsev, *The Role of Labour Migration in the Development of the Economy of the Russian Federation, Facilitating Migration Management in North and Central Asia, Working Paper*, No. 1 (Bangkok, ESCAP, 2016).

⁷⁷ ESCAP calculations based on World Bank, "World – KNOMAD – ILO Migration Costs Surveys 2015". Available from <http://microdata.worldbank.org/index.php/catalog/2938> (accessed 15 June 2018).

⁷⁸ UNHCR, *Global Trends – Forced Displacement in 2018* (Geneva, 2019).

reintegrating returning migrants, addressing irregular migration, and expanding cooperation at bilateral, regional and global levels to facilitate orderly migration flows.

Myanmar noted that drafting of the Foreign Workers Law that aims at protecting the rights of Myanmar workers abroad was taking place. The Government also reported bilateral dialogue with the Governments of Thailand and Malaysia, as these two countries host most of Myanmar's unskilled labour. To ensure safe, orderly and regular migration for all workers, including women, the Bangladesh Government has enacted the Overseas Employment and Migrants Act 2013, and the Overseas Employment Policy 2016. In Nepal, the Foreign Employment Welfare Fund provides welfare support to migrants and their families in distress. Thailand, on the other hand, promotes migrant worker access to various protection systems. The Royal Ordinance on the Management of Employment of Migrant Workers 2017 is an example of efforts to systematically and effectively manage migrant workers as well as improve and ensure that Thai labour standards are in line with international ones. It is also aimed at preventing human trafficking.

Human trafficking is in fact considered a critical issue in many countries of the region and work is being undertaken to address it. The Cambodian Government has, with support of the international community, built a comprehensive legal and institutional framework to address such trafficking. Pakistan has taken steps to curtail trafficking in persons and smuggling of migrants through stricter enforcement by its Federal Investigation Authority. Viet Nam's National Action Plan for the Prevention and Combat of Human Trafficking, 2016–2020 is focused on resolving implementation issues, including raising awareness about human trafficking, strengthening detection and prosecution of traffickers, helping survivors reintegrate into their communities, issuing guiding decrees and circulars to implement the law, and strengthening international cooperation and

implementing international commitments. The Government has stepped up prosecutions and strengthened cross-border cooperation on sex trafficking with Cambodia, China and Thailand in order to rescue survivors and arrest traffickers.

Further concerns raised in national reports include those of countries of origin, which indicate that any slowdown in economic activities in destination countries could reduce emigration and registered labour migration flows, which could in turn have a negative impact on remittances in the near future. Countries also highlighted that there are limited timely, accurate and publicly available data on international migration, which could have implications on country reporting for the SDGs.



Urbanization and internal migration



URBANIZATION AND INTERNAL MIGRATION

In the Asian and Pacific Ministerial Declaration, member States agreed on increasing efforts to ensure effective and sustainable urban planning, as well as better manage cities, especially with respect to provision of public services, housing, basic infrastructure, and sanitary and waste management services for the urban poor. At the same time, it was noted that infrastructure development and employment opportunities needed to be enhanced in rural areas in order to upgrade the quality of life there. In this context, the promotion of the growth of small and medium-sized urban centres, and decentralization was put forward as a strategy to address balanced rural-urban development. SDG 11 specifically calls for making cities and human settlements inclusive, safe, resilient and sustainable.

The scale of urbanization in the Asian and Pacific region is exceptional. The number of urban residents increased from 1.5 billion in 2000 to 2.1 billion in 2017.⁷⁹ For the first time in history, in 2018, the global number of urban dwellers exceeded that of rural dwellers.⁸⁰ Although the number of megacities has grown, with 7 of the world's 10 largest cities in the region,⁸¹ most growth is concentrated in small to medium-sized cities. This unprecedented urbanization results from a combination of natural population increase, rural-to-urban migration and reclassification. When considering the Asia-Pacific subregions, all are experiencing growth in the share of their urban populations (figure 16). By 2050, two in three people are expected to live in urban areas, with about 10 per cent of the urban population living in megacities, and the rest living in small and medium-sized cities.⁸²

With smart policy interventions and regulations, urbanization can contribute to development through agglomeration and specialization effects, along with efficient service delivery and greater productivity of

labour. Indeed, cities in Asia and the Pacific have become vibrant hubs of economic growth and wage employment. Urban dwellers enjoy, on average, better schooling opportunities and access to health care and other services than rural residents. At the same time, the region has witnessed a growing urban middle class fuelled by rising economic opportunities in urban centres. However, in cities vulnerabilities and inequalities are masked, these include high levels of pollution and vulnerability to disasters and the possible impact of climate change, as well as exclusion from essential services for those who are disadvantaged. Income and wealth in urban areas are more unequal than in rural areas. This divide is often a result of poor urban planning and management.

When urbanization is not well managed, urban slums and informal settlements, as well as poverty and inequality, become part of the urban landscape. Approximately half of all urban dwellers in South Asia live in slums.⁸³ In populous countries such as Bangladesh, China, India, Indonesia,

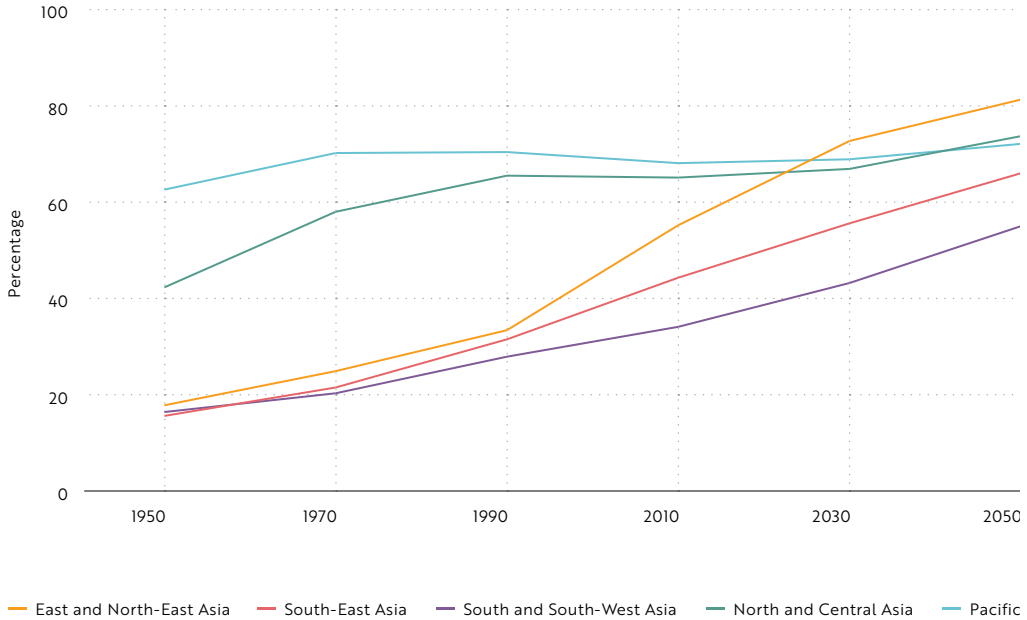
⁷⁹ ECOSOC, *Urbanization and sustainable development in Asia and the Pacific: Linkages and policy implications*. Available from https://www.unescap.org/commission/73/document/E73_16E.pdf (accessed 30 January 2019).

⁸⁰ DESA, Population Division, *World Urbanization Prospects: the 2018 Revision, Online Edition*. Available from <https://esa.un.org/unpd/wup/Download/> (accessed 15 July 2018).

⁸¹ DESA, *The World's Cities in 2018*. Available from http://www.un.org/en/events/citiesday/assets/pdf/the_worlds_cities_in_2018_data_booklet.pdf (accessed 12 March 2019).

⁸² ESCAP and UNHABITAT, *The State of Asian and Pacific Cities 2015: Urban Transformations – Shifting from Quantity to Quality* (Bangkok and Nairobi, 2015).

⁸³ UNHABITAT Statistical database. Available from <https://data.worldbank.org/indicator/EN.POP.SLUM.UR.ZS?locations=8S&view=chart> (accessed 30 January 2019).

FIGURE 16 Population living in urban areas, ESCAP subregions, 1950–2050

Source: ESCAP Online Statistical Database. Available from http://data.unescap.org/escap_stat (accessed 4 September 2018).

Pakistan, the Philippines and Viet Nam, 30 to 60 per cent of the urban population lives in slums.⁸⁴ Furthermore, the proportion of the urban population in informal settlements remains significant across the region, ranging from 11.9 per cent in Turkey to 62.7 per cent in Afghanistan, as of 2014.⁸⁵ Many internal migrants in urban settings work in the informal sector, face social exclusion and poor housing conditions, and are, therefore, disproportionately affected by natural disasters.

In this context and with a view to reaping the benefits of urbanization, while minimizing its environmental and other adverse impacts, comprehensive strategies have to be in place for future urban growth. Urban expansion needs to be inclusive to address urban poverty and other inequalities. In support of

this process, the promotion of the growth of small and medium-sized urban centres and decentralization can act as a strategy to promote balanced rural-urban development in line with SDG 11.

The Ministerial Declaration reflects many of the above concerns. Member States agreed on increasing efforts to ensure effective and sustainable urban planning, as well as better managed cities, especially with respect to provision of public services, basic infrastructure, and sanitary and waste management services for the urban poor. Furthermore, it was noted that infrastructure development opportunities must be enhanced in rural areas to upgrade the quality of life. Migration to urban areas also has implications for the people remaining in rural areas. Remittances may be offset by social costs in

⁸⁴ David E. Bloom and Tarun Khanna, "The urban revolution", *Finance and Development*, vol. 44, No. 3 (September 2007).

⁸⁵ United Nations, Statistics Division, Millennium Development Goals Indicators database. Available from <http://mdgs.un.org/unsd/mdg/Data.aspx> (accessed 15 July 2018).

rural communities of origin, including fragmentation of families and adverse impacts of male migration on women left behind, such as increased work burden, balancing work and family responsibilities all by themselves, and security risks. Moreover, the absence of parents may affect children's psychosocial development, health and education. With regard to climate change, poor and female-headed households in rural areas are expected to be most affected, especially those who do not have family members remitting money from elsewhere. People in rural areas with limited access to land, formal labour markets, social finance, resilient agricultural methods, infrastructure and education are also highly vulnerable to disaster risks.

The national reports submitted in follow up to APMD noted areas of progress in addressing the challenges of delivering better quality of life and services and in coping with pressures on infrastructure in cities, with their high-density populations. A majority of countries reported developing urban policy frameworks and more effective urban plans as initial steps to strengthen urban management. Examples include Myanmar's recent National Urban Policy Framework, which encompasses urban priorities of municipal governance and finance, urban and regional legislation, land governance, housing and environment, and climate change issues related to urban development. Cambodia's urban policy, on the other hand, focuses attention to the rights of internal migrants. In Afghanistan, despite the country being predominantly rural, the high levels of displacement of the local population and those returning from abroad has led to the growth of urban slums and informal settlements that strain urban resources. A priority and challenge for urban planning is therefore the provision of affordable housing. Other country examples include, Papua New Guinea's National Capital District City-wide Settlement Upgrading and Prevention Strategy 2016–2026, designed to manage the urbanization process in the capital, and the Democratic People's Republic

of Korea's policy of developing small and middle-sized cities to ensure balanced and even distribution of spatial growth.

Further key challenges experienced by several countries include resource constraints in the face of rapid urbanization and difficulties in enforcement of municipal laws. In addition, a dearth of data, which hinders planning for the effective provision of services, and a lack of awareness of migrants on their rights to services, were identified as areas which require greater attention.



Population and sustainable development



POPULATION AND SUSTAINABLE DEVELOPMENT

The Asian and Pacific Ministerial Declaration called for more responsive policies and interventions to address shifts in population dynamics taking place in the region, affirming that they needed to be inclusive and dynamic, taking into account environmental changes and increasing socioeconomic disparities. Building resilience to climate change, addressing the effects of environmental degradation and developing sustainable resource management policies were all noted as critical. Policymakers further noted the importance of responding to emerging issues related to demographic change and providing increased access to food, along with more equitable access to energy. Acknowledging such issues, the 2030 Agenda, in SDG 7, highlights the need for universal access to affordable, reliable, sustainable and modern energy.

Reliable and affordable energy services are fundamental to everyday life in the twenty-first century. Universal access to clean energy increases productivity, reduces health disparities, bolsters gender equality and promotes the inclusion of marginalized people. Eliminating the use of unclean fuels has a positive impact on environmental quality, in both urban and rural settings. Despite progress – in 2014, the regional rate of access to fuels and technology for clean cooking reached 51.2 per cent, up from 39.8 per cent in 2000⁸⁶ – much more is needed to improve the lives of nearly half of the region's population that relies on solid fuels, such as dung or wood, to cook and heat their homes. Burning fuels for cooking and heating negatively affects air quality, and, in the Asia-Pacific region, there is a direct negative correlation between access to clean fuels and deaths caused by indoor air pollution.⁸⁷ These health consequences from unequal access to clean energy constitute a major challenge for member States.

Other phenomena, more recently being experienced with increased severity, relate to disasters, conflicts, complex emergencies, climate change and loss of biodiversity. Under the Paris Agreement, Asia-Pacific countries committed to put forward their best efforts through nationally determined contributions and by regularly reporting on their emissions and implementation changes.⁸⁸ This is significant as this region is the most vulnerable in the world to the impacts of climate change, and home to 6 of the top 10 global emitters of greenhouse gases.⁸⁹ Moreover, the region covers several countries that are highly susceptible to seismic-related disasters. In seeking to move forward, at the last Asian and Pacific Population Conference, Ministers and senior officials from 47 countries in Asia and the Pacific acknowledged that these processes adversely affect development gains through increasing vulnerability and inequality.

Vulnerability to climate change is not determined by external climatic conditions alone,

⁸⁶ ESCAP, High-level political forum on Sustainable Development, Policy Brief No. 19. Available from [https://www.unescap.org/sites/default/files/Policy%20Brief%20on%20Achieving%20SDG7%20in%20Asia%20and%20the%20Pacific_19.pdf%20\(385.57%20KB\).pdf](https://www.unescap.org/sites/default/files/Policy%20Brief%20on%20Achieving%20SDG7%20in%20Asia%20and%20the%20Pacific_19.pdf%20(385.57%20KB).pdf) (accessed 30 January 2019).

⁸⁷ WHO, *Household air pollution and health*. Available from <https://www.who.int/news-room/fact-sheets/detail/household-air-pollution-and-health> (accessed 4 March 2019).

⁸⁸ United Nations Framework Convention on Climate Change, *What is the Paris Agreement?* Available from <https://unfccc.int/process-and-meetings/the-paris-agreement/what-is-the-paris-agreement> (accessed 27 July 2018).

⁸⁹ Johannes Friedrich, Mengpin Ge and Andrew Pickens, World Resources Institute, *The Interactive Chart*, Available from <https://www.wri.org/blog/2017/04/interactive-chart-explains-worlds-top-10-emitters-and-how-theyve-changed> (accessed 30 January 2019).

but rather through the interaction between ecosystems, climate-related hazards, the built environment, governments, communities, individuals and many other factors. Those most susceptible to the adverse effects of climate change in Asia and the Pacific are people who already face marginalization. Yet, these population groups have contributed the least to the production of greenhouse gas emissions, which cause climate change. The serious threat posed by climate change to societies has various social, economic and political dimensions. For example, climate change increases hydrometeorological disasters (such as flooding, storms, heat waves and extreme weather events) and climatological disasters (including drought and wildfires), but not geophysical ones (such as earthquakes and volcanoes).⁹⁰ Increasing intensity of natural disasters, as expected, has severe social, economic and political implications.

Like with climate change, Asia and the Pacific is the most disaster-prone region in the world, with women and girls disproportionately affected, including through heightened vulnerability to gender-based violence in emergencies. Compared to previous years, there were fewer disasters in the region in 2016; however, disasters still killed 4,987 people and affected another 35 million, causing estimated damages of approximately US\$77 billion. Between 1970 and 2016, countries in the region lost 2 million people and approximately US\$1.3 trillion in assets due to natural disasters.⁹¹ Looking ahead, the risk of damage increasing is likely, given that between 2015 and 2030, the population in extreme-risk areas is estimated to grow by more than 50 per cent in 26 cities

and by 35 to 50 per cent in 72 cities in the Asia-Pacific region.⁹²

Flooding, particularly in coastal and urban areas, as well as rivers and mountainous areas, not only damages assets, infrastructure and livelihoods, it leads to increased internal population displacement (box 5). Impacts on agricultural productivity are expected to result from hydrological changes in major river basins, where currently 1.5 billion people live (especially the Indus, Ganges, Brahmaputra, Mekong, Yellow, Yangtze, Tarim, Amu and Syr Darya rivers).⁹³ Shifting precipitation patterns and temperatures in mountainous and low-lying areas are also expected to affect agricultural productivity, contributing to food insecurity and economic instability. Droughts are similarly predicted to result in water scarcity, livelihood stress and food shortages, in turn contributing to increased malnutrition.

Over 230 million indigenous people in Asia and the Pacific are highly exposed to the impacts of disasters, especially when they are not adequately included in disaster risk reduction planning, in particular evacuation planning. Exclusion can occur through discrimination by local authorities and through living in remote locations. Indigenous people also have different health-care needs and preferences and face additional language and cultural barriers, making health services less appropriate and accessible for them.

Stateless populations, of which there were 1.7 million in the region in 2017,⁹⁴ are also at greater risk of experiencing the impacts

⁹⁰ Vinod Thomas and Ramón López, *Global increase in climate-related disasters*, ADB Economics Working Paper Series, No. 466 (Manila, Asian Development Bank, 2015).

⁹¹ ESCAP, *Asia-Pacific Disaster Report 2017: Leave No One Behind – Disaster Resilience for Sustainable Development* (United Nations publication, Sales No. E.17.II.F.16).

⁹² Ibid.

⁹³ Asian Development Bank (ADB), *A Region at Risk: The Human Dimensions of Climate Change in Asia and the Pacific* (Manila, 2017).

⁹⁴ UNHCR, *Mid-Year Trends 2017* (Geneva, 2018).

BOX 5**Climate change and displacement**

Since 2010, over 190 million people have been displaced by sudden-onset disasters, more than three times those affected in this way by conflict. In 2017 alone, sudden-onset disasters displaced 18.8 million people. Most of these disasters were climate and weather-related and occurred in East Asia and the Pacific. Future projections of climate-related displacement are difficult to quantify. Estimates reported by the Intergovernmental Panel on Climate Change predict that a sea level rise of 2 metres would result in significant land loss by 2100, displacing an estimated 187 million people, mostly in Asia.

The majority of this displacement is expected to be in response to climate change and disasters; however, people also pre-emptively move to new areas in anticipation of environmental impacts. Factors that influence migration decisions include considerations such as resources to adapt in situ; availability of hazard mapping; and disaster risk reduction advice, recovery assistance and options for local livelihood diversification. Whether people attempt internal or international migration is determined by variables such as income, assets, affordability of migration pathways, porosity and proximity of borders, receptivity of host populations, networks and information about migration opportunities.

Source: Migration and climate change in Asia and the Pacific. Available from https://www.unescap.org/sites/default/files/GCMPREP_5E.PDF (accessed 30 January 2019).

of disasters and are less likely to receive assistance. Stateless people were among the most affected by the 2004 Indian Ocean Tsunami and their status as non-citizens often made them ineligible for assistance.⁹⁵ In Bangladesh, in June 2017, Cyclone Mora displaced more than 500,000 people, affecting stateless populations, such as the Rohingya, most intensely.⁹⁶ Since August 2017, over 720,000 Rohingya have fled Myanmar to Bangladesh and are living in overcrowded and disaster-prone settlements in low-lying coastal areas.⁹⁷

On the positive side, governments have started taking action to address the diverse challenges associated with population and sustainable development. For example, in Indonesia, the access to clean energy rate rose by more than 17 per cent between 2010 and 2016, mainly due to the government-supported kerosene-to-liquefied petroleum gas conversion programme which started in 2007 and converted more than 50 million households and microbusinesses in the country to using cleaner stoves.⁹⁸

⁹⁵ Jessie Connell, "Statelessness and environmental displacement", *Forced Migration Review*, No. 49 (May 2015), pp. 46-47.

⁹⁶ "Rohingya camps in Bangladesh destroyed by Cyclone Mora", Al Jazeera (Doha), 1 June 2017. Available from <https://www.aljazeera.com/news/2017/05/cyclone-mora-adds-rohingya-plight-bangladesh-170531152048820.html> (accessed 12 January 2019).

⁹⁷ USA for UNHCR, *Rohingya refugee crisis* (2018). Available from www.unrefugees.org/emergencies/rohingya/?SF_monthly=70141000001AZLUAA4 (accessed 12 January 2019).

⁹⁸ Asia Sustainable and Alternative Energy Program, Indonesia, Toward Universal Access to Clean Cooking, East Asia and Pacific Clean Stove, *Initiative Series*, No. 79279 (Washington, D.C., World Bank, 2013).

Cognizant of the adverse consequences and risks of natural disasters, Asia-Pacific countries have begun to collect and use, where available, data on population dynamics and climate change to plan for sustainable development within national development frameworks or policy and strategic action plans. In Bhutan, where sustainable development is rooted in the Gross National Happiness philosophy, efforts are being made to address sustainable development issues – such as environmental degradation, over-utilization of natural resources and poverty, and in the context of population dynamics and consumption and production patterns – in their policy framework. In several member States, such as Bangladesh, Malaysia, Nepal and Viet Nam, work has been carried out to integrate concepts of sustainable development, consumption and production into the formal education syllabus to inculcate a sustainable lifestyle among the younger generation.

Most countries have established national plans for disaster management that incorporate the key targets identified in the Sendai Framework for Disaster Risk Reduction 2015–2030, as well as set up national disaster management authorities to plan for and manage disasters when they occur. Mongolia, for example, adopted a law on disaster protection in February 2017 to better organize disaster risk reduction by establishing the legal environment for national and local disaster risk reduction platforms and clarifying the roles and duties of multiple stakeholders in the field of disaster risk reduction.

Turning to the Pacific, numerous countries have developed national development strategies which link labour mobility, climate change adaptation and sustainable development outcomes, including Kiribati, the Federated States of Micronesia and Tuvalu. Other national policies in the Pacific focus on addressing internal displacement and planned relocation, especially in Fiji and Vanuatu. Regional labour mobility is also being supported through New Zealand's

Regional Seasonal Employment scheme and Australia's Seasonal Worker Programme. Furthermore, the Australian Government has announced a new Pacific Labour Scheme, which from 2018 will give Pacific Islanders from countries highly vulnerable to climate change (Kiribati, Nauru and Tuvalu) the opportunity to work in rural and regional Australia for up to three years.

Critical remaining challenges in the region include a dearth of reliable and timely data on social and environmental issues and a lack of capacity in utilization of comprehensive population data and information for planning long range sustainable development. It is important to note that, while national plans and structures to manage disasters and other elements of sustainable development are significant, local capacities need to also be developed for the mitigation of disasters and resilience building of communities.





DATA AND STATISTICS

The Asian and Pacific Ministerial Declaration recommended strengthening national statistical systems at all levels to produce reliable, disaggregated and internationally comparable statistics on population, and social and economic development. Tracking progress in implementation of the 2030 Agenda and its 17 SDGs is dependent on the availability of reliable, timely and disaggregated data.

In Asia and the Pacific, at the aggregate level, there has been a significant increase in the availability and utilization of data relevant for tracking progress of the implementation of objectives of the Programme of Action of ICPD and the goals and objective of the outcome documents of related follow-up conferences at the global and regional levels. In addition, progress has been attained in collecting age- and sex-disaggregated data, and in the context of its use in national development planning. While gains have been made, the monitoring of social indicators still lags behind the monitoring of economic indicators. In this regard, there are concerns that some countries may not be able to produce the data required for measuring progress in all thematic areas of the Programme of Action or APMD, as well as several SDGs.

Going beyond Asia-Pacific aggregates, data availability on social SDG indicators varies considerably across the region, with availability in many parts of the Pacific often too limited to allow for trend analysis.⁹⁹ Other limitations include a dearth of disaggregation by a variety of characteristics, data from different sources not always being consistent and challenges related to scaling up statistics collected at the subnational level through pilots to arrive at national aggregates. In Malaysia, for example, despite the country having a well-developed civil registration and statistical system, data for

some SDG indicators are lacking. Similarly, in Bangladesh the digitalization of management information systems from the central to field levels still needs to be developed before health outcome data can be captured for evidence-informed decision-making. As a subregion, the Pacific has the lowest share of SDG indicators with sufficient data (22 per cent).¹⁰⁰

Given the need to strengthen and develop vital civil registration systems, many countries have focused their attention on birth and death registration. In the region, such registration is complete or almost complete in countries such as the Islamic Republic of Iran, Japan and Malaysia. With specific reference to birth registration of children under age 5, rates are no less than 90 per cent in at least 22 countries in the region.¹⁰¹ Notwithstanding these successes, in other countries, such as Afghanistan, Bangladesh and Pakistan, well under half of children below the age of 5 have had their births registered. Moreover, wealth differentials are stark; in Pakistan, only 5 per cent of births are registered among those in the poorest quintile, while for the richest the figure is 71 per cent.¹⁰² Therefore, much work is required to strengthen the registration system in these countries, especially concerning the poor. Similarly, cause of death information in death certificates in some countries is missing or not useable for estimating the burden of disease.

⁹⁹ ESCAP, Statistical Yearbook for Asia and the Pacific 2017, *Measuring SDG Progress in Asia and the Pacific – Is There Enough Data?* (United Nations publication, Sales No. E.18.II.F.1).

¹⁰⁰ Ibid.

¹⁰¹ Ibid.

¹⁰² UNICEF, Birth registration. Available from <https://data.unicef.org/topic/child-protection/birth-registration/> (accessed 18 July 2018).

With these challenges in mind, national reports in follow up to APMD noted the enactment of data- and statistics-related policies and strategies. Many countries in the region have stayed faithful to the Ministerial Declaration's pledge "to Get Everyone in the Picture" and committed to reach specific goals regarding civil registration by the year 2024. Achievements in this area include:

- Cambodia's Statistical Master Plan, which sets out a long-term vision of a national statistical system.
- The 2013 Statistics Act of Bangladesh, which provides a legal framework for data collection and management.
- The National Statistical Law in Myanmar, promulgated in early 2018, which is aimed at establishing a statistical system in support of accurate, quality, timely and relevant statistics.

A significant opportunity for member States to enumerate all people in a country at a particular time is presented by the decennial round of population and housing censuses. These act as the cornerstone of national data and statistics efforts and allow for the collection of data on small groups and small areas that other data mechanisms cannot attain. Censuses are, therefore, essential to assess whether any group is being left behind. The 2020 round of censuses, which covers the period 2015–2024, is being implemented by most countries and territories in Asia and the Pacific. Some countries, such as Myanmar and Pakistan, have already completed their population and housing census after many decades without the benefit of population census information, while in others work is underway.

Overall, the 2020 round is characterized by a commitment to modernize traditional census processes. This is grounded in the motivation to address the cost of population censuses, and the increasing need for updated and disaggregated census-type data, in particular

in the context of the implementation of the 2030 Agenda and the availability of new technologies. Harnessing the opportunities presented by the 2020 round of censuses, will allow for development of better-informed innovations in census-taking, such as the collection of geospatial information or the use of handheld electronic devices. Further important ways to improve data collection for policy planning and programme purposes include increased investments in developing national strategies and legislative frameworks on data and statistics.

Appendix

2019 ESCAP Population Data sheet



REGION, SUBREGION, COUNTRY, TERRITORY OR AREA	1	2	3	4	5	6	
	Population at mid-year	Population growth rate	Crude birth rate	Crude death rate	Total fertility rate	Adolescent fertility rate	
	Thousands	Percentage change per annum	Births per 1,000 population	Deaths per 1,000 population	Live births per woman (aged 15-49)	Births per 1,000 adolescent women (aged 15-19)	
	2019	2050	2019	2019	2019	2020	
ESCAP	4,614,466	5,215,489	0.8	15.7	7.2	2.1	23.9
EAST AND NORTH-EAST ASIA	1,672,611	1,617,342	0.3	11.1	7.5	1.7	7.1
CHINA	1,433,784	1,402,405	0.4	11.5	7.3	1.7	7.6
DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA	25,666	26,562	0.4	13.8	9.2	1.9	0.3
HONG KONG, CHINA	7,436	8,041	0.8	11.1	6.8	1.4	2.7
JAPAN	126,860	105,804	-0.3	7.3	10.7	1.4	3.8
MACAO, CHINA	640	838	1.4	10.9	4.0	1.2	2.4
MONGOLIA	3,225	4,449	1.7	23.4	6.3	2.9	31.0
REPUBLIC OF KOREA	51,225	46,830	0.1	7.2	6.2	1.1	1.4
OTHER NON-SPECIFIED AREAS	23,774	22,413	0.2	..	..	..	..
SOUTH-EAST ASIA	662,012	794,002	1.0	17.2	6.6	2.2	43.1
BRUNEI DARUSSALAM	433	492	1.0	14.5	4.5	1.8	10.3
CAMBODIA	16,487	21,861	1.4	22.0	6.0	2.5	50.2
INDONESIA	270,626	330,905	1.1	17.7	6.5	2.3	47.4
LAO PEOPLE'S DEMOCRATIC REPUBLIC	7,169	9,480	1.5	23.1	6.4	2.6	65.4
MALAYSIA	31,950	40,550	1.3	16.6	5.2	2.0	13.4
MYANMAR	54,045	62,253	0.6	17.4	8.2	2.1	28.5
PHILIPPINES	108,117	144,488	1.4	20.2	5.9	2.5	54.2
SINGAPORE	5,804	6,408	0.8	8.6	4.6	1.2	3.5
THAILAND	69,626	65,940	0.3	10.2	7.8	1.5	44.9
TIMOR-LESTE	1,293	2,019	2.0	29.3	5.9	3.9	33.8
VIET NAM	96,462	109,605	0.9	16.5	6.4	2.1	30.9
SOUTH AND SOUTH-WEST ASIA	2,001,641	2,493,306	1.2	19.0	6.9	2.3	26.0
AFGHANISTAN	38,042	64,683	2.3	31.8	6.3	4.3	69.0
BANGLADESH	163,046	192,568	1.0	17.9	5.5	2.0	83.0
BHUTAN	763	905	1.1	17.0	6.3	2.0	20.2
INDIA	1,366,418	1,639,176	1.0	17.6	7.3	2.2	13.2
IRAN (ISLAMIC REPUBLIC OF)	82,914	103,098	1.3	18.4	4.8	2.1	40.6
MALDIVES	531	586	2.4	13.6	2.8	1.8	7.8
NEPAL	28,609	35,324	1.8	19.6	6.3	1.9	65.1
PAKISTAN	216,565	338,013	2.0	27.8	6.9	3.5	38.8
SRI LANKA	21,324	21,814	0.4	15.5	6.8	2.2	20.9
TURKEY	83,430	97,140	1.2	15.8	5.4	2.1	26.6
NORTH AND CENTRAL ASIA	236,087	253,473	0.6	15.7	10.4	2.1	26.8
ARMENIA	2,958	2,816	0.2	13.6	9.8	1.8	21.5
AZERBAIJAN	10,048	11,065	0.9	16.2	6.8	2.1	55.8
GEORGIA	3,997	3,517	-0.2	13.2	12.8	2.1	46.4
KAZAKHSTAN	18,551	24,024	1.2	20.3	7.1	2.7	29.8
KYRGYZSTAN	6,416	9,126	1.7	23.9	5.9	3.0	32.8
RUSSIAN FEDERATION	145,872	135,824	0.1	12.4	12.8	1.8	20.7
TAJIKISTAN	9,321	16,208	2.3	30.0	4.8	3.6	57.1
TURKMENISTAN	5,942	7,949	1.5	23.1	7.0	2.7	24.4
UZBEKISTAN	32,982	42,942	1.5	20.9	5.8	2.4	23.8
PACIFIC	42,115	57,366	1.3	16.4	6.8	2.3	28.1
AMERICAN SAMOA	55	54	-0.2	..	..	..	..
AUSTRALIA	25,203	32,814	1.2	12.7	6.6	1.8	11.7
COOK ISLANDS	18	17	0.1	..	..	..	..
FIJI	890	1,071	0.7	21.0	8.3	2.8	49.4
FRENCH POLYNESIA	279	311	0.6	14.4	5.7	1.9	38.7
GUAM	167	193	0.9	16.5	5.3	2.3	31.7
KIRIBATI	118	177	1.5	27.5	6.3	3.5	16.2
MARSHALL ISLANDS	59	75	0.7	..	..	..	..
MICRONESIA (FEDERATED STATES OF)	114	139	1.0	22.7	6.6	3.0	13.9
NAURU	11	11	0.6	..	..	..	..
NEW CALEDONIA	283	347	1.0	14.0	5.8	1.9	14.8
NEW ZEALAND	4,783	5,608	0.8	12.5	7.0	1.9	19.3
NIUE	2	2	0.7	..	..	..	..
NORTHERN MARIANA ISLANDS	57	62	0.6	..	..	..	..
PALAU	18	18	0.5	..	..	..	..
PAPUA NEW GUINEA	8,776	14,204	1.9	26.8	7.4	3.5	52.7
SAMOA	197	267	0.6	24.1	5.2	3.8	23.9
SOLOMON ISLANDS	670	1,290	2.5	32.0	4.2	4.4	78.0
TONGA	104	134	1.2	24.0	7.1	3.5	14.7
TUVALU	12	16	1.3	..	..	..	..
VANUATU	300	557	2.4	29.2	5.2	3.7	49.4

REGION, SUBREGION, COUNTRY, TERRITORY OR AREA	7	8	9	10	
	Life expectancy at birth	Maternal mortality ratio	Infant mortality rate	Under-five mortality rate	
	Males	Females	Maternal deaths per 100,000 live births (women aged 15-49)	Infant deaths per 1,000 live births	Deaths of children and infants under age 5 per 1,000 live births
	Years				
	2019		2015	2019	2019
ESCAP	71.3	75.9	114.8	23.5	29.0
EAST AND NORTH-EAST ASIA	75.6	80.6	26.6	8.9	10.4
CHINA	74.8	79.2	27.0	9.3	10.9
DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA	68.6	75.7	82.0	12.9	17.1
HONG KONG, CHINA	82.0	87.7	..	1.3	2.0
JAPAN	81.5	87.7	5.0	1.7	2.4
MACAO, CHINA	81.3	87.2	..	2.5	3.4
MONGOLIA	65.8	74.1	44.0	16.9	20.9
REPUBLIC OF KOREA	79.9	86.0	11.0	2.0	2.5
OTHER NON-SPECIFIED AREAS	..	..	..	..	..
SOUTH-EAST ASIA	69.8	75.8	109.3	18.6	24.2
BRUNEI DARUSSALAM	74.7	77.1	23.0	7.6	9.8
CAMBODIA	67.5	71.9	161.0	22.1	25.6
INDONESIA	69.6	74.0	126.0	17.8	23.6
LAO PEOPLE'S DEMOCRATIC REPUBLIC	66.1	69.7	197.0	36.8	45.5
MALAYSIA	74.2	78.3	40.0	5.7	6.7
MYANMAR	64.0	70.1	178.0	36.8	46.0
PHILIPPINES	67.3	75.5	114.0	18.9	26.8
SINGAPORE	81.5	85.7	10.0	1.5	1.9
THAILAND	73.5	80.9	20.0	7.3	8.5
TIMOR-LESTE	67.5	71.6	215.0	35.4	44.3
VIET NAM	71.3	79.5	54.0	16.3	20.5
SOUTH AND SOUTH-WEST ASIA	68.7	71.6	170.3	33.3	40.9
AFGHANISTAN	63.4	66.4	396.0	49.4	64.2
BANGLADESH	70.9	74.6	176.0	25.1	30.2
BHUTAN	71.4	72.2	148.0	22.5	27.6
INDIA	68.5	71.0	174.0	30.2	37.1
IRAN (ISLAMIC REPUBLIC OF)	75.6	77.9	25.0	12.1	14.0
MALDIVES	77.5	80.8	68.0	6.2	7.3
NEPAL	69.3	72.2	258.0	26.4	31.6
PAKISTAN	66.3	68.3	178.0	59.6	72.7
SRI LANKA	73.6	80.3	30.0	7.2	8.2
TURKEY	74.7	80.6	16.0	8.3	12.4
NORTH AND CENTRAL ASIA	67.7	77.0	29.1	12.4	14.9
ARMENIA	71.3	78.5	25.0	10.2	12.5
AZERBAIJAN	70.5	75.5	25.0	19.7	24.0
GEORGIA	69.3	78.1	36.0	8.8	9.5
KAZAKHSTAN	69.2	77.7	12.0	7.0	9.1
KYRGYZSTAN	67.4	75.6	76.0	14.6	17.3
RUSSIAN FEDERATION	67.1	77.8	25.0	5.4	6.6
TAJIKISTAN	68.9	73.4	32.0	27.7	30.4
TURKMENISTAN	64.7	71.7	42.0	42.1	50.0
UZBEKISTAN	69.6	73.8	36.0	19.9	24.5
PACIFIC	76.8	80.7	84.5	17.3	21.7
AMERICAN SAMOA	..	..	..	..	..
AUSTRALIA	81.5	85.4	6.0	3.0	3.5
COOK ISLANDS	..	..	..	..	..
FIJI	65.7	69.3	30.0	19.8	24.0
FRENCH POLYNESIA	75.6	79.9	..	6.4	6.9
GUAM	76.8	83.6	..	8.4	9.7
KIRIBATI	64.2	72.3	90.0	41.2	52.1
MARSHALL ISLANDS	..	..	..	..	..
MICRONESIA (FEDERATED STATES OF)	66.2	69.6	100.0	22.5	30.7
NAURU	..	..	..	..	..
NEW CALEDONIA	75.0	80.4	..	11.1	12.9
NEW ZEALAND	80.6	84.0	11.0	3.7	4.5
NIUE	..	..	..	..	..
NORTHERN MARIANA ISLANDS	..	..	..	..	..
PALAU	..	..	..	..	..
PAPUA NEW GUINEA	63.3	65.8	215.0	40.2	50.8
SAMOA	71.3	75.5	51.0	12.9	15.5
SOLOMON ISLANDS	71.3	74.9	114.0	14.8	19.4
TONGA	69.0	72.9	124.0	12.0	15.1
TUVALU	..	..	..	..	..
VANUATU	69.0	72.2	78.0	21.4	25.5

11		12		13		14		15	
Median age of total population		Child population		Youth population		Working-age population		Population of older adults	
Years		Percentage of population aged 0-14		Percentage of population aged 15-24		Percentage of population aged 15-64		Percentage of population aged 65 or over	
2020	2050	2019	2050	2019	2050	2019	2050	2019	2050
32.5	40.3	23.3	17.6	15.3	12.4	67.7	63.9	9.0	18.4
..	..	17.3	13.9	11.8	9.7	69.9	59.0	12.8	27.1
38.4	47.6	17.8	14.1	12.0	9.9	70.7	59.8	11.5	26.1
35.3	42.1	20.0	16.3	15.0	12.2	70.7	64.0	9.3	19.7
44.8	53.4	12.3	11.7	9.1	9.8	70.2	53.6	17.5	34.7
48.4	54.7	12.6	11.6	9.3	8.1	59.4	50.7	28.0	37.7
39.3	50.5	14.0	12.6	9.7	8.8	74.8	58.4	11.2	28.9
28.2	32.7	30.8	23.5	14.0	14.4	65.0	64.5	4.2	12.0
43.7	56.5	12.7	9.9	11.6	7.5	72.2	52.0	15.1	38.1
..
..	..	25.4	18.8	16.6	13.1	67.7	64.6	6.9	16.7
32.3	43.9	22.6	15.1	16.0	10.9	72.2	63.1	5.2	21.7
25.6	34.0	31.1	22.1	18.3	14.7	64.2	66.2	4.7	11.7
29.7	37.4	26.2	19.4	16.9	13.4	67.7	64.7	6.1	15.9
24.4	34.5	32.3	21.0	19.5	14.8	63.5	68.6	4.2	10.4
30.3	40.5	23.7	16.7	17.5	12.5	69.4	66.3	6.9	17.0
29.0	37.3	25.9	19.2	18.1	13.8	68.1	67.7	6.0	13.2
25.7	34.7	30.5	21.4	18.9	14.8	64.2	66.8	5.3	11.8
42.2	53.4	12.3	10.2	11.9	8.5	75.3	56.6	12.4	33.3
40.1	49.7	16.8	12.3	13.4	9.2	70.8	58.0	12.4	29.6
20.8	28.3	37.3	26.6	21.5	17.8	58.4	66.9	4.3	6.5
32.5	41.2	23.2	17.2	14.1	11.9	69.2	62.4	7.6	20.4
..	..	27.7	19.4	18.2	13.8	66.2	67.1	6.1	13.5
18.4	28.4	42.5	26.6	21.9	17.6	54.9	68.0	2.6	5.4
27.6	40.0	27.2	16.8	18.9	12.6	67.6	67.4	5.2	15.8
28.1	42.1	25.3	14.8	19.2	11.7	68.6	69.3	6.1	15.8
28.4	38.1	26.6	18.5	18.1	13.6	67.0	67.8	6.4	13.8
32.0	40.2	24.7	17.7	13.5	11.7	69.0	62.2	6.4	20.2
29.9	45.7	19.9	14.0	15.8	9.2	76.4	65.1	3.6	20.9
24.6	40.1	29.6	16.0	22.3	12.8	64.6	71.1	5.8	12.8
22.8	30.0	35.1	25.6	19.5	16.3	60.6	66.6	4.3	7.9
34.0	41.2	24.0	18.0	14.7	12.4	65.2	59.4	10.8	22.6
31.5	41.7	24.3	16.9	16.2	11.9	67.0	62.3	8.7	20.9
..	..	22.2	19.6	11.5	12.2	66.2	62.3	11.6	18.1
35.4	43.2	20.8	16.3	12.0	10.4	67.8	62.3	11.5	21.4
32.3	40.3	23.4	16.9	13.9	11.5	70.1	65.6	6.4	17.5
38.3	40.9	20.0	17.7	11.5	11.6	64.9	60.5	15.1	21.8
30.7	34.2	28.9	22.8	12.0	13.6	63.5	63.1	7.7	14.1
26.0	31.5	32.5	25.1	15.9	15.1	62.9	64.8	4.6	10.1
39.6	41.7	18.2	17.1	9.4	10.8	66.8	60.0	15.1	22.9
22.4	26.9	37.1	30.4	17.7	16.7	59.8	62.1	3.1	7.5
26.9	33.0	30.8	23.3	16.0	14.4	64.6	66.1	4.6	10.6
27.8	35.4	28.8	20.9	16.4	13.6	66.6	67.0	4.6	12.2
..	..	23.5	20.1	14.3	13.3	64.0	62.0	12.5	17.8
..
37.9	41.8	19.3	16.8	12.3	11.7	64.8	60.5	15.9	22.8
..
27.9	32.7	29.3	23.2	16.4	15.3	65.1	65.6	5.6	11.2
33.6	43.0	22.6	15.9	15.2	11.5	68.8	62.2	8.7	21.9
31.4	39.9	24.1	18.2	16.6	12.9	65.7	62.6	10.2	19.2
23.0	28.6	35.8	28.0	18.0	16.3	60.1	63.3	4.1	8.7
..
24.4	31.5	31.5	23.4	20.5	16.6	64.4	68.5	4.2	8.1
..
33.6	41.8	22.4	16.9	15.8	11.8	68.1	62.6	9.4	20.5
38.0	43.7	19.6	16.1	13.2	11.3	64.4	60.1	16.0	23.9
..
..
..
22.4	28.0	35.5	27.9	19.7	17.2	61.0	65.5	3.5	6.6
21.8	27.9	37.9	29.4	17.9	16.6	57.2	61.5	4.9	9.1
19.9	24.6	40.1	32.6	19.1	18.0	56.2	60.3	3.6	7.0
22.4	28.2	35.1	28.1	19.8	17.2	59.0	63.0	5.9	8.9
..
21.1	26.5	38.7	30.2	18.1	17.4	57.7	63.3	3.6	6.5

REGION, SUBREGION, COUNTRY, TERRITORY OR AREA	16	17		18		19		20	
	Urban population	International migrants		International migrants as percentage of the population		Women as proportion of international migrants		Remittance inflows	
	Percentage of population	In country or area	From country or area	In country or area	From country or area	In country or area	From country or area	Millions of USD	As percentage of GDP
	2019	2019	2019	2019	2019	2019	2019	2019e	2019
ESCAP	50.2	64,890,524	105,915,637	1.4	2.3	49.4	45.6	327,834	..
EAST AND NORTH-EAST ASIA	63.1	8,105,764	15,206,607	0.5	0.9	52.4	52.8	83,002	..
CHINA	59.7	1,030,871	10,732,281	0.1	0.7	38.6	53.7	70,266	0.5
DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA	62.3	49,393	113,118	0.2	0.4	50.2	47.7	..	..
HONG KONG, CHINA	100	2,942,254	1,110,358	39.6	14.9	61.1	48.0	440	0.1
JAPAN	91.7	2,498,891	838,852	2.0	0.7	51.7	54.8	4,541	0.1
MACAO, CHINA	100.0	399,572	161,930	62.4	25.3	53.6	55.6	27	0.1
MONGOLIA	67.3	21,128	73,488	0.7	2.3	33.2	52.2	689	5.0
REPUBLIC OF KOREA	81.6	1,163,655	2,176,580	2.3	4.2	43.9	50.0	7,039	0.4
OTHER NON-SPECIFIED AREAS	..	..	..	..	..	..	..	..	..
SOUTH-EAST ASIA	49.5	10,190,867	21,874,944	3.3	3.3	46.8	49.5	77,035	..
BRUNEI DARUSSALAM	79.0	110,641	46,977	25.5	10.8	43.4	41.2	..	..
CAMBODIA	23.8	78,649	1,097,884	0.5	6.7	46.1	53.6	1,517	5.6
INDONESIA	55.8	353,135	4,532,992	0.1	1.7	41.8	45.0	11,679	1.1
LAO PEOPLE'S DEMOCRATIC REPUBLIC	35.1	48,275	1,347,034	0.7	18.8	35.6	55.7	254	1.3
MALAYSIA	77.8	3,430,380	1,689,222	10.7	5.3	38.9	56.6	1,721	0.5
MYANMAR	31.0	75,998	3,699,472	0.1	6.8	45.2	37.2	3,035	4.6
PHILIPPINES	47.1	218,530	5,377,337	0.2	5.0	48.2	53.6	35,071	9.8
SINGAPORE	100.0	2,155,653	340,751	37.1	5.9	55.9	52.3	..	..
THAILAND	50.5	3,635,085	1,020,119	5.2	1.5	49.8	64.4	7,038	1.4
TIMOR-LESTE	32.4	8,417	39,202	0.7	3.0	39.6	44.7	41	1.3
VIET NAM	37.0	76,104	2,683,954	0.1	2.8	42.1	51.0	16,679	6.4
SOUTH AND SOUTH-WEST ASIA	37.7	19,960,456	45,678,572	2.3	2.3	47.4	37.6	141,152	..
AFGHANISTAN	25.2	149,762	5,120,756	0.4	13.5	49.9	46.7	884	4.4
BANGLADESH	38.6	2,185,613	7,835,152	1.3	4.8	48.6	33.4	17,539	5.5
BHUTAN	45.1	53,254	49,216	7.0	6.4	15.1	48.7	61	2.2
INDIA	34.5	5,154,737	17,510,931	0.4	1.3	48.8	34.7	82,203	2.8
IRAN (ISLAMIC REPUBLIC OF)	75.3	2,682,214	1,301,975	3.2	1.6	47.0	46.1	1,367	0.3
MALDIVES	34.2	69,249	3,053	13.0	0.6	12.3	53.5	4	0.1
NEPAL	21.1	490,802	2,285,364	1.7	8.0	69.7	38.8	8,643	29.9
PAKISTAN	34.9	3,257,978	6,303,286	1.5	2.9	47.4	34.5	21,905	7.9
SRI LANKA	18.3	40,018	1,775,768	0.2	8.3	47.8	41.3	7,681	9.1
TURKEY	75.2	5,876,829	3,493,071	7.0	4.2	44.6	47.9	865	0.1
NORTH AND CENTRAL ASIA	64.5	17,707,038	21,064,101	7.5	8.9	51.3	53.2	22,298	..
ARMENIA	62.8	190,159	964,848	6.4	32.6	59.0	46.4	1,558	11.9
AZERBAIJAN	55.8	253,887	1,155,852	2.5	11.5	52.1	46.2	1,277	2.8
GEORGIA	57.7	79,035	852,816	2.0	21.3	56.2	50.2	2,126	12.3
KAZAKHSTAN	57.7	3,705,556	4,005,587	20.0	21.6	50.4	53.4	645	0.4
KYRGYZSTAN	35.5	200,260	754,969	3.1	11.8	59.6	52.0	2,409	29.6
RUSSIAN FEDERATION	73.6	11,640,559	10,491,715	8.0	7.2	50.9	56.5	9,064	0.6
TAJIKISTAN	27.2	274,071	597,959	2.9	6.4	56.9	42.5	2,287	29.7
TURKMENISTAN	52.1	195,127	260,832	3.3	4.4	52.7	51.4	1	0.0
UZBEKISTAN	50.2	1,168,384	1,979,523	3.5	6.0	53.4	48.4	2,931	6.0
PACIFIC	67.7	8,926,399	2,091,413	21.2	5.0	50.4	50.6	4,347	..
AMERICAN SAMOA	87.8	23,539	1,817	42.6	3.3	49.0	49.8	..	..
AUSTRALIA	85.7	7,549,270	577,255	30.0	2.3	50.4	51.9	1,908	0.1
COOK ISLANDS	74.9	3,491	22,488	19.9	128.2	49.9	50.6	..	..
FIJI	58.6	14,038	222,633	1.6	25.0	46.0	52.6	294	5.5
FRENCH POLYNESIA	63.9	31,205	1,982	11.2	0.7	43.0	44.3	606	..
GUAM	94.8	79,846	2,197	47.7	1.3	48.4	54.5	..	..
KIRIBATI	56.2	3,022	4,370	2.6	3.7	47.3	51.1	19	9.9
MARSHALL ISLANDS	70.1	3,296	8,205	5.6	14.0	38.7	51.2	30	13.5
MICRONESIA (FEDERATED STATES OF)	21.4	2,819	21,819	2.5	19.2	46.5	50.3	24	6.3
NAURU	100.0	2,114	2,421	19.7	22.5	43.0	50.3	..	..
NEW CALEDONIA	71.3	72,537	5,098	25.7	1.8	47.6	51.9	636	..
NEW ZEALAND	86.8	1,068,739	777,303	22.3	16.3	51.6	49.5	418	0.2
NIUE	45.9	588	5,593	36.4	346.3	45.7	50.8	..	..
NORTHERN MARIANA ISLANDS	88.6	21,815	2,764	38.1	4.8	58.0	48.7	..	..
PALAU	99.2	5,066	2,650	28.1	14.7	43.2	47.8	2	0.7
PAPUA NEW GUINEA	13.0	31,212	219,126	0.4	2.5	39.3	49.0	3	0.0
SAMOA	18.2	4,035	124,403	2.0	63.1	49.5	50.8	166	18.4
SOLOMON ISLANDS	23.0	2,532	4,234	0.4	0.6	43.9	51.4	20	1.3
TONGA	24.3	3,752	74,433	3.6	71.2	45.4	50.8	190	38.5
TUVALU	61.8	238	3,276	2.0	28.1	45.0	50.7	4	8.4
VANUATU	24.4	3,245	7,346	1.1	2.4	50.3	52.7	27	2.9

SOURCES

Indicators 1–8 and 12–16: ESCAP calculations based on: United Nations, Department of Economic and Social Affairs, Population Division (2019). *World Population Prospects 2019, Online Edition*. United Nations, Department of Economic and Social Affairs, Population Division (2018). *World Urbanization Prospects: The 2018 Revision, Online Edition*.

Indicators 9–11: United Nations, Department of Economic and Social Affairs, Population Division (2019). *World Population Prospects 2019, Online Edition*.

Indicators 17–19: United Nations, Department of Economic and Social Affairs, Population Division (2019). *International Migrant Stock 2019* (United Nations database, POP/DB/MIG/Stock/Rev.2019).

Indicator 20: World Bank staff calculation based on data from IMF Balance of Payments Statistics database and data releases from central banks, national statistical agencies, and World Bank country desks. See Migration and Development Brief 28, Appendix A for details. October 2019 update.

TECHNICAL NOTES

Maternal Mortality: Maternal death refers to the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Median Age: Age that divides the population in two parts of equal size; that is, there are as many persons with ages above the median as there are with ages below it.

International migrants: The midyear estimate of the number of people living in a country or area other than that in which they were born. Where the number of foreign-born was not available, the estimate refers to the number of people living in a country other than that of their citizenship.

Remittances: Personal remittances comprise personal transfers and compensation of employees. Personal transfers consist of all current transfers in cash or in kind made or received by resident households to or from nonresident households. Personal transfers thus include all current transfers between resident and nonresident individuals.

Compensation of employees refers to the income of border, seasonal, and other short-term workers who are employed in an economy where they are not resident and of residents employed by nonresident entities. Data are the sum of two items defined in the sixth edition of the IMF Balance of Payments Manual: personal transfers and compensation of employees. Data are in current U.S. dollars.

Regional and subregional aggregates are ESCAP calculations.

.. indicates not available.

0 indicates that the magnitude is not zero, but less than half of the unit employed.

GENERAL NOTES

Single year interpolations calculated by ESCAP.

Data for 2015, 2019: estimates.

Data for 2050 and 2015–2020: projections.

For indicator 6: see also SDG indicator 3.7.2; for indicator 8: see also SDG indicator: 3.1.1; for indicators 9 and 10: see also SDG indicator 3.2.2; for indicator 11: see also SDG indicator 3.2.1; for indicator 20: see also SDG indicator 17.3.2.

Regional and subregional figures represent population-weighted averages calculated by ESCAP. Missing values are not imputed.

This publication does not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

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