

# Paths to 2015

# MDG Priorities in Asia and the Pacific



**Asia-Pacific MDG Report 2010/11** 







The Economic and Social Commission for Asia and the Pacific (ESCAP) promotes regional cooperation for inclusive and sustainable economic and social development in Asia and the Pacific, a dynamic region characterized by growing wealth, diversity and change, but also challenged with persistent poverty, environmental degradation, inequality and insecurity. ESCAP supports member States with sound strategic analysis, policy options and technical cooperation activities to address key development challenges and to implement innovative solutions for region-wide economic prosperity, social progress and environmental sustainability. ESCAP, through its conference structure, assists member States in forging a stronger, coordinated regional voice on global issues by building capacities to dialogue, negotiate and shape development agenda in an age of globalization, decentralization and problems that transcend borders. A key modality for this strategy is the promotion of intraregional connectivity and regional integration.

ADB's vision is an Asia and Pacific region free of poverty. Its mission is to help its developing member countries substantially reduce poverty and improve the quality of life of their people. Despite the region's many successes, it remains home to two-thirds of the world's poor: 1.8 billion people who live on less than \$2 a day, with 947 million struggling on less than \$1.25 a day. ADB is committed to reducing poverty through inclusive economic growth, environmentally sustainable growth, and regional integration. Based in Manila, ADB is owned by 67 members, including 48 from the region. Its main instruments for helping its developing member countries are policy dialogue, loans, equity investments, guarantees, grants, and technical assistance.

UNDP is the UN's global development network, an organization advocating for change and connecting countries to knowledge, experience and resources to help people build a better life. UNDP is on the ground in 166 counties, working with them on their own solutions to global and national development challenges. UNDP's network links and coordinates global and national efforts to achieve the Millennium Development Goals, including the overarching goal of cutting poverty in half by 2015. UNDP helps developing countries in building national capacities and sharing solutions to the challenges of: Democratic Governance, Poverty Reduction, Crisis Prevention and Recovery, Environment and Energy, and HIV/AIDS. UNDP also helps developing countries attract and use aid effectively.

# Paths to 2015 MDG Priorities in Asia and the Pacific

**Asia-Pacific MDG Report 2010/11** 







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### **Foreword**

Impending deadlines tend to focus the mind. Back in 2000 the year 2015, which is the target date for the Millennium Development Goals, seemed some way off. Now two thirds of the way towards the finishing line, it is beginning to look uncomfortably close. The year 2010 is therefore an appropriate point to take stock—to assess some of the likely outcomes on present trends, identify some of the weakest areas of performance, and identify priorities for action.

Since 2004, an ESCAP/ADB/UNDP partnership has regularly produced reports carefully tracking progress of the Asia and Pacific region towards the Goals. They have developed a consistent monitoring system for judging whether countries and subregions are on-track or off-track to meet the indicators for the 2015 Goals – presenting the results in a series of distinctive colour-coded 'traffic-light' charts. Each of the reports has focused on a particular theme, such as MDG consistent national development policies or institutional reforms to make the development process fairer and more inclusive, or the impact of the food, fuel and financial crises on the likely achievement of the goals.

This 2010/11 report takes a slightly different approach. As before, it refreshes the signals to reflect the latest information from the United Nations MDG database to assess which countries and subregions are likely to miss or achieve the Goals. But rather than addressing a new theme, this more concise report attempts to encapsulate and update the discussions and recommendations of the earlier reports. While this has the merit of brevity, it also of course has the disadvantage of excluding some detailed discussion. Readers who wish to consider the issues more closely are encouraged to consult some of the previous Asia-Pacific MDG reports.

The report *Paths to 2015* emphasises the inter-relationships between MDGs by identifying some overall priorities and opportunities that countries can consider for achieving all the goals. Then it focuses specifically on three areas: hunger and food security; health and basic services – areas where the Asia-Pacific region as a whole appears to be falling short; and on improvement of basic infrastructure which is often neglected but is critical if the region is to achieve the MDGs.

The report has been prepared through wide consultations in the region and based on inputs received from staff of all the three partner organizations, UN agencies, and communities of practice. Feedback has also been received from country participants at sub-regional and regional MDG conferences held in July and August 2010.

This report is being produced to coincide with the United Nations High-level Plenary Meeting on the MDGs in September 2010 in New York. The Asia-Pacific region is home to more than 60 per cent of humanity, so what happens in the region will have a critical bearing on global MDG achievement. Asia and the Pacific has much to be proud of, but needs to redouble efforts to reduce poverty and vulnerability affecting hundreds of millions of people living in the region. We hope that this report will contribute to global and regional debates and help spur the necessary action that will enable us to accelerate towards the finishing line.

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### **Abbreviations**

ADB Asian Development Bank

ADBI Asian Development Bank Institute
AIDS acquired immunodeficiency syndrome
ASEAN Association of South-East Asian Nations

ASEAN+3 ASEAN + China, Japan and the Republic of Korea

BIMSTEC Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation

CIS Commonwealth of Independent States

CMI Chiang Mai Initiative CO<sub>2</sub> Carbon dioxide

DAC Development Assistance Committee of the OECD

EAS East Asia Summit

ESCAP Economic and Social Commission for Asia and the Pacific

FAO Food and Agriculture Organization

FDI foreign direct investment
FTA free trade agreement
GDP gross domestic product

HIV human immunodeficiency virus

ID identity

ILO International Labour OrganizationIMF International Monetary FundLAC Latin America and the Caribbean

LDCs least developed countries

LLDCs landlocked developing countries
MDB multilateral development bank
MDGs Millennium Development Goals
NGO non-governmental organization
ODA official development assistance

OECD Organisation for Economic Cooperation and Development

PPP purchasing power parity

SAARC South Asian Association for Regional Cooperation

SIDS Small island developing states

SPC Secretariat of the Pacific Community

TB Tuberculosis

UNDP United Nations Development Programme

UNESCO United Nations Educational, Scientific and Cultural Organization

UNFPA United Nations Population Fund UNICEF United Nations Children's Fund

UNIFEM United Nations Development Fund for Women

World Trade Organization

VAT value added tax

WDI World Development Indicators
WFP World Food Programme
WHO World Health Organization

WTO

# OVERVIEW

### Paths to 2015

The Asia-Pacific region has made striking progress towards achieving the Millennium Development Goals. Nevertheless, on present trends many countries are likely to miss a number of the targets. This report focuses on opportunities for making more rapid progress – identifying some of the most promising paths to 2015.

ne of the greatest MDG successes in Asia and the Pacific has been on poverty reduction. Between 1990 and 2008, the countries of the region reduced the number of people living on less than \$1.25 a day from 1.5 billion to 947 million, and the region is on track for the poverty goal. Moreover, for some other indicators the Asia-Pacific region as a whole has already achieved the targets – for reducing gender disparities in primary, secondary and tertiary education enrolment, for example, for preventing a rise in HIV prevalence, for stopping the spread of tuberculosis, for reducing consumption of ozone-depleting substances, and for halving the proportion of people without access to safe drinking water.

On the other hand, the region is still lagging in some major areas. It has been slow in reducing the extent of hunger, in ensuring that girls and boys reach the last grade of primary education, in reducing child mortality, in improving maternal health provision and in providing basic sanitation.

### Seven drivers for achieving the MDGs

Each country focusing on the MDGs has to address its own specific needs and opportunities. And each of the social sectors relevant for the MDGs, such as health and education, also has its own specific issues. But across the region and across sectors there are a number of common concerns and priorities. This report singles out seven overall opportunities to strengthen the environment for achieving the MDGs.

Strengthening growth by stimulating domestic demand and intra-regional trade – Given the importance of economic growth in MDG achievement, countries

affected by the crisis need to recover quickly and expand their economies. But in an era when western markets are likely to import fewer goods, countries in the region will also need to rebalance their growth, basing it more on domestic consumption and greater levels of intra-regional trade. Such change would also present an opportunity for accelerating MDG progress which depend on greater spending on social services and basic infrastructure.

### Making economic growth more inclusive and sustainable

-Economic growth also needs to be inclusive - derived more from economic activities such as agriculture that benefit the poor, and especially women. The fruits of growth also need to be better allocated so as to contribute to achieving the MDG targets. Governments will want to set their sights on 'green growth' that can decouple economic development from environmental pressures.

Strengthening social protection — Countries will be better placed to achieve the MDGs if they offer a minimum social floor that addresses extreme poverty and hunger and income insecurity. A comprehensive social protection programme will help minimize the risks and vulnerability from economic crises and natural calamities. It will also act as a 'circuit breaker' for vicious inter-generational cycles of poverty and hunger as well as reducing widening disparities between the rich and poor. This should involve a targeted and gender-responsive outreach to the informal sector.

Reducing persistent gender gaps – Greater investments in women and girls have multiplier effects across all the Goals. Collection and analysis of gender-specific data should be followed by the legislative and other changes needed to ensure that women have greater

control and ownership over assets, have equitable access to employment and all public services, and are fully represented in public and political life.

Ensuring financial inclusion – Most of the billion or so poor people in Asia and the Pacific have little access to financial services. Nowadays there are many more opportunities for achieving greater financial inclusion for them. Governments can play their part by improving infrastructure and the regulatory environment while encouraging better service provision by NGOs, community-based groups and the private sector.

Supporting least developed and structurally disadvantaged countries – While most of the resources for achieving the MDGs must come from within the countries, many of the poorest countries will continue to rely on overseas development assistance and South-South cooperation.

### Exploiting the potential of regional economic integration

 Regional economic integration can make the region more resilient to further crises and bolster the capacity of the poorest countries to achieve the MDGs.
 Agreements on economic integration, for example, could enable smaller countries in particular to extend their markets and reap efficiency gains. Opportunities for fruitful cooperation exist in finance and other areas.

The report also looks more closely at some of the key issues for goals on which the region is falling short: reducing hunger and building food security, improving basic services, and strengthening basic infrastructure. The report highlights the opportunities for building food security, stronger basic services and improved basic infrastructures.

# Reducing hunger and building food security

Despite rapid economic growth and falling levels of poverty, Asia and the Pacific still has widespread hunger and malnutrition. About one person in six suffers from malnourishment and one child in three is underweight. To ensure that poor people have access to the food they need to lead healthy and productive lives, experience across the region suggests five overall policy priorities.

Creating jobs and increasing incomes – The main response should be to ensure that people have the decent jobs and incomes that will enable them to buy the food they need. Despite higher economic growth, employment growth has slowed considerably. Governments will want to ensure that growth is more

employment intensive while expanding employment programmes for the poor and vulnerable.

Boosting agricultural production — Over the years there has been a decline in national public investment in — and international support for — agriculture. Consequently there has been a deceleration in the growth of agricultural output and productivity. Asian governments and the international community now need therefore to redirect their attention to agriculture which has vast unexploited potential for growth.

Maintaining stable and reasonable food prices – Food prices should be within range of poor consumers, but it is also important to have prices that offer sufficient incentives to farmers. At the same time governments may need to address imbalances in food markets that give greater power to buyers and retailers than to food producers and consumers.

Providing safety nets for the poor—Governments should ensure food security for the poor who are unable to earn their livelihoods, through subsidies, public food distribution systems, or food-for-work programmes.

*Implementing feeding programmes* – These can include school feeding programmes, for example, or programmes for pregnant women, babies, pre-school children, or the elderly, sick or infirm.

## Improving health and other basic services

If the least developed countries are to achieve the Millennium Development Goals they will need to offer reliable basic services, especially for health and education. Most governments have been determined to improve provision of services but still fall short in terms of coverage and quality, particularly in rural areas.

Investing more in basic services – Governments have been allocating more resources to education though as a proportion of GDP but this is still lower than the global average. Expenditure on health, however, has stagnated. While many governments may be concerned about deficits they probably have more fiscal policy space than they realize to invest in better services.

*Improvinggovernance*—Governments will be concerned to ensure higher quality of services. At present the quality of services is undermined by a number of issues related to governance. These indicate the need for effective decentralization, achieving greater policy coherence, reducing corruption, strengthening regulations, generating better data, increasing

accountability and stakeholder participation.

Ensuring social inclusion and equal access to social services — In principle services are available to all, but in practice certain groups tend to be excluded on gender or many other characteristics — for example, caste, creed, ethnicity, sexual identity, socio-economic standing, disability, age, HIV status, or geographical location. Exclusion must therefore need to be tackled on a broad front, including through greater community mobilisation, and in some cases, affirmative action or decriminalization where certain laws could obstruct the delivery of health services.

Diversifying the range of service providers – In the past the principal providers have been governments – particularly for health, education, water and sanitation. More services are now being provided by community organizations and the private sector, but governments still need to ensure access for the poor.

### Priorities in health

While governments need to strengthen provision across the whole range of public services, many will need to pay special attention to the health goals – where progress has been particularly slow. Maternal health needs special attention as an unacceptable number of women perish from preventable and treatable complications related to pregnancy. Despite the stabilizing of HIV prevalence in the region, access to prevention and treatment services still falls well below universal targets. This will require increasing public health expenditure, while seeking new health insurance models and increasing the number of primary health care workers. In addition, health service delivery can be improved by involving community groups of key affected populations.

### Strengthening basic infrastructure

The MDG framework has few specific goals, targets or indicators for infrastructure – thus the focus has been on development outcomes while less attention has been paid to some of the basic conditions for achieving them. Asia and the Pacific region needs stronger basic infrastructure, particularly road transport, water supplies, sanitation, electricity, information technology, telecommunications and urban low-income housing. Among the priorities for improving infrastructure are:

*Mobilizing finance* – For the period 2010-2020 the required infrastructure investment would be \$7.7 trillion or about \$700 billion per annum. For this purpose, some countries may be able to access capital markets and tap

into regional savings, though poorer countries will have to rely more on multilateral development institutions.

Stimulating the private investment – Over the past two decades, more than 70 per cent of Asia's investment in infrastructure has been made by the public sector. Now more spending will need to come from private sources. Governments could, for example, offer fiscal incentives while multilateral development institutions can help guide negotiations for public-private partnerships.

Raising standards of quality and maintenance -Except for railways, Asia also lags in the quality of infrastructure, much of which suffers from a lack of commitment to repairs and maintenance. And in a region prone to disasters another important factor is the planning and implementation of measures for risk reduction. Many of the problems are related to governance, including corruption. Governments can increase transparency by using competitive bidding rules, for example, and automated e-billing systems. They will also need to improve qualification and certification in the construction industry and enforce regulations more strictly. But one of the best ways of improving quality and accountability is to actively involve local communities, and particularly women, who can not only contribute inputs but also feel greater ownership and be committed to maintenance.

Building greener infrastructure – More attention must be given to infrastructure that maximizes equitable socio-economic benefits, while minimizing environmental impacts and the use of resources. For example, well planned and integrated public transport systems reduce costs for the urban poor while putting cities on trajectories of green growth.

Extending regional infrastructure – There is a clear gain to public welfare from regional infrastructure that helps enlarge markets, reduces the costs of trade and uses regional resources more efficiently. One estimate suggests that completing regional connectivity in energy, transport and telecommunications would boost Asia's net income by \$13 trillion over the period 2010-20 and beyond.

### Tilting the balance

As the MDG target date 2015 approaches, it seems likely that the picture across Asia and the Pacific will be mixed – with some disappointing failures, some narrow misses, and some striking successes. But the final MDG story is yet to be told. All countries still have five years to choose the most promising paths – and tilt the balance decisively on the side of success.

# CHAPTERI

# MDGs in Asia and the Pacific – where we stand

The Asia-Pacific region has made impressive gains in many MDG indicators, especially in reducing poverty. But it is lagging on some important targets, particularly on reducing hunger and in achieving higher standards of health. To reach the goals, from now to 2015, countries in Asia and the Pacific will need to step up their efforts and focus on some key priorities.

ne of the greatest MDG successes in Asia and the Pacific has been with poverty reduction. Between 1990 and 2008, countries in Asia and the Pacific reduced the number of people living on less than \$1.25 a day from 1.5 billion to 947 million – all the more impressive given that over the same period the region's population increased by some 800 million. As a result the region as a whole is on track to achieve the target of halving the proportion of people living in extreme poverty.

Moreover, for some other indicators Asia and the Pacific has already achieved the targets – for reducing gender disparities in primary, secondary and tertiary education, for example, for beginning to reduce HIV prevalence, for stopping the spread of tuberculosis, for reducing consumption of ozone-depleting substances, and for halving the proportion of people without access to safe drinking water.

On the other hand, Asia and the Pacific region is still lagging in some major areas. It has been slow, for example, in reducing the extent of hunger, in ensuring that girls and boys reach the last grade of primary education, in reducing child mortality, in improving maternal health, in providing basic sanitation.

Table I-1 summarizes for 21 indicators the overall status based on the most recent internationally comparable data set, which covers the period up to 2008. For details of the classification method, see http://www.unescap.org/stat/statpub/mdg-progress-classification/. For selected indicators, based on trends

of progress since 1990, the report places each country or country group into one of four categories:

- Early achiever Already achieved the 2015 target
- On-track Expected to meet the target by 2015
- Off-track: slow Expected to meet the target, but after 2015
- Off-track: no progress/regressing Stagnating or slipping backwards

As Table I-1 shows, the estimates for the Asia-Pacific region as a whole inevitably mask considerable variations between country groupings and subregions. The region's 14 least developed countries, for example, have made slow or no progress on most indicators – performing well only on gender equality in primary and secondary education, and stopping the spread of HIV and TB. It is a major concern that in most subregions progress is slow for reducing child mortality and improving provision for maternal health.

There are similar differences between subregions. The greatest progress has been in South-East Asia which has already achieved nine of the 21 assessed indicators and is on track for another three. The North and Central-Asian countries as a group have already achieved eight of the indicators. The same group of countries, excluding the Russian Federation, have achieved ten of the indicators – though they are progressing slowly on another three and making no progress on a further six, including those related to poverty, HIV and TB.

The Asia-Pacific region includes the world's two most

Table I-1 - Country groups on-track and off-track for the MDGs

Goal		1		2			3		4	1		5		6				- 1	7		
	\$1.25 per day poverty	Underweight children	Primary enrolment	Reaching last grade	Primary completion	Gender primary	Gender secondary	Gender tertiary	Under-5 mortality	Infant mortality	Skilled birth attendance	Antenatal care (≥ 1 visit)	HIV prevalence	TB incidence	TB prevalence	Forest cover	Protected area	CO2 emissions	ODP substance consumption	Safe drinking water	Basic sanitation
Asia-Pacific	-			4		•	•	•					•	•	•	4	•	4	•	•	
Excluding China and India				4		•	•	•					4	•	•	4	•	4	4	•	
South-East Asia		•	4	4	•	•	•	•		•			•	•	•	4	•	4	•	•	-
South Asia						•	•	-					•	4	•	•	•	4	•	•	
Excluding India	-	•				•	•	•	•			•	4	4	•	4	•	4	•		
Pacific Islands		4				4		-			4		4		•	4	•	4	•	4	4
Excluding Papua New Guinea			4	•	4	•	•	•			4			•	•	4	•	4	•		
North and Central Asia	4	•	•	•	•	•	•	•			•		4	4	•	4	•	4	4	•	-
Excluding Russia	4	•	-	•	•	•	•		•		•	•	4	4	4	4	•	4	•		-
Asia-Pacific LDCs							•	-					•	•	•	4		4			

Source: Staff calculations based on the United Nations MDG Database

populous countries – China and India – so the region's overall achievement on poverty, as on other indicators, will be swayed by their performance. To illustrate this, Table I-1 also shows the performance of different country groupings that exclude Asia's two giants. Thus 'Asia and the Pacific excluding China and India' on some indicators has performed worse than the region as a whole: it has progressed only slowly in reducing the number of people living with less than \$1.25 per day, and regressed on HIV prevalence. Starting from a low base on many MDG indicators, South Asia has made good progress on seven indicators but is progressing only slowly on many others. Given the weight of India in subregional aggregates, it is also useful to consider 'South Asia without India'. This grouping is on track for poverty, but progressing slowly on the provision of clean water supplies, and regressing in HIV prevalence and forest cover.

As a group, the Pacific Island countries have been successful in indicators related to tuberculosis, protected areas and the consumption of ozone-depleting substances. But they have been regressing or making no progress in eight indicators and advancing only slowly in another five, those for infant and under-five mortality and providing access to antenatal care. Papua New Guinea is home to almost 70 per cent of the

Pacific Island countries' population, so estimates for the subregion are inevitably affected by this country's performance. Table I-1 therefore presents estimates for the Pacific Island countries excluding Papua New Guinea. This subgroup shows better progress on gender equality in education and is also moving forward, albeit slowly, on expanding access to improved sanitation facilities and safe drinking water. However, it should be noted that the accuracy of Pacific Island aggregates for many indicators is hampered by a shortage of data.

Disparities in progress between groups of countries in the region are mirrored at the country level (Table I-2). For example, whereas South-East Asia as a whole is on track — or has achieved the target — for 12 of the 21 indicators considered in this report, Cambodia manages this for only ten indicators, and Lao PDR for only nine — a result of insufficient progress in child malnutrition and primary completion, for example. At the other end of the spectrum, while South Asia as a whole is on track for, or has achieved only nine indicators, Sri Lanka is on track, or has achieved, the targets, for 14 of the 19 indicators for which it has data. More details on the variation in progress towards achieving the MDGs are provided in the Statistical appendix.

Table I-2 – Countries on-track and off-track for the MDGs

Go	pal	-	1		2			3			4		5		6					7		
		\$1.25 per day poverty	Underweight children	Primary enrolment	Reaching last grade	Primary completion	Gender primary	Gender secondary	Gender tertiary	Under-5 mortality	Infant mortality	Skilled birth attendance	Antenatal care (≥ 1 visit)	HIV prevalence	TB incidence	TB prevalence	Forest cover	Protected area	CO2 emissions	ODP substance consumption	Safe drinking water	Basic sanitation
East & North-	China Hong Kong, China Macao, China DPR Korea Republic of Korea Mongolia	•	• • •		•			• • • •	0 0 h	. 4 . 4		<b>A</b> •							440044		• • • •	
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Source: Staff calculations based on the United Nations MDG Database.

It should be noted that these on- and off-track estimates are based on a global database compiled by the Inter-Agency Expert Group on MDG indicators led by the Department of Economic and Social Affairs of the United Nations Secretariat. Countries measuring MDG progress using different data sources, or using different indicators, may arrive at different conclusions. Take the goal of eradicating extreme poverty and hunger for example. The assessment of progress in this report uses the internationally determined income poverty line (\$1.25 a day), while many national assessments tend to be based on nationally determined poverty lines. Thus, countries such as Lao PDR, Nepal and Turkey, which are shown in the report as slow or regressing on the goal of poverty reduction, would be on track on the basis of data estimated from nationally determined poverty lines. Similarly, countries such as Mongolia and Pakistan are shown here as early achiever on income poverty, although they would be on slow or regressing on the basis of their national poverty lines data.

Moreover, even in countries where significant progress has been made towards the MDGs, there are often disparities within the country – between urban and rural areas, between rich and poor, between women and men, and girls and boys. Although many countries do not regularly report sex-disaggregated data that would help track the gender dimensions of MDG targets and

indicators, the available data on outcome indicators of poverty, such as education, nutrition, health and child mortality, and evidence from case studies suggest gender disparities (Figure I-1). Close to 100 million women in Asia are estimated to be 'missing' because of discriminatory treatment in access to health and nutrition or through pure neglect — or because they were not allowed to be born in the first place.<sup>1</sup>

### The scale of deprivation

Compared with other developing regions Asia and the Pacific is generally ahead of Africa, but behind Latin America and the Caribbean (Statistical appendix, Figure A-1). But because of its larger population size, on most indicators, the Asia-Pacific region has the greatest numbers of people affected. In the case of sanitation, for example, the region has more than 70 per cent of the developing world's people who are affected - which in 2008 amounted to almost 1.9 billion. This is illustrated in Figure I-2 for this and other selected indicators. Indeed even on indicators for which Asia and the Pacific has made significant progress, it still has a large number of people who live in deprivation. When it comes to providing people with access to clean water, for example, the region is an early achiever yet still has 469 million people deprived.

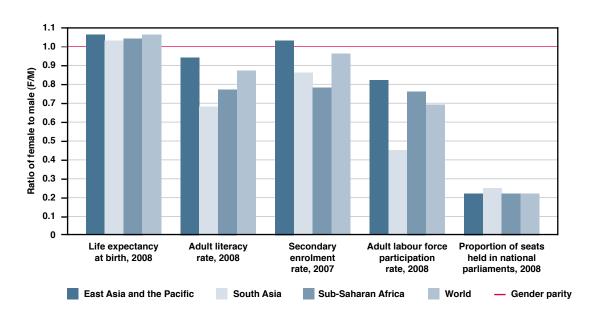
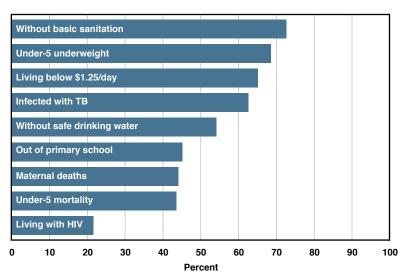


Figure I-1 – Asia-Pacific ranking on gender indicators

Source: Staff calculations based on data available at the World Bank Genderstat.

Figure I-2 – Asia-Pacific's share of the developing world's deprived people



Source: Staff calculation based on the United Nations MDG Database.

### Impact of the global economic crisis

The most recent year for which internationally comparable data are available in the United Nations MDG database is 2007 or 2008. This was prior to the global economic slowdown which started in 2008 so the data do not yet register the effect of the crisis. In the Asia-Pacific, for example, the economic, food and fuel crises are being felt through lower economic growth, lower government revenues, higher debt burdens, a decline in the value of offshore investments, increases in the cost of living, job losses and reduced remittances,<sup>2</sup> preventing some 21 million people from escaping poverty.

While there are insufficient current data, it nevertheless is possible to make a rough estimate of the effects, based on the impact of the crisis on economic growth – which is now becoming clearer. The historical relationship between economic growth and changes in MDG indicators can be used to project the likely effects in future. The methodology for this is summarized in the Statistical appendix.

Based on this model, in Asia and the Pacific the crisis would result by 2015 in:<sup>3</sup>

- Almost 35 million extra people in extreme income poverty
- A cumulative number of almost 900,000 extra children suffering from malnutrition from 2008 to 2015

- 1.7 million births not attended by skilled professionals
- 70 more million people without access to improved sanitation

Note that these numbers are in addition to those indicated in Figure I-2 for the number of people who would have been deprived in any case had the crisis not occurred. Compared with the overall levels of deprivation the impact of the crisis may appear small. But they are nevertheless significant and add to the challenge of achieving the goals.

All of these estimates assume that historical trends roughly continue. But history is not destiny. All countries in the region still have the opportunity to accelerate progress to 2015 and achieve many more of the goals. As a guide to how they might do so, the following chapters highlight some of the paths they can take.

#### **Endnotes**

- <sup>1</sup> UNDP, 2010.
- <sup>2</sup> ESCAP/ADB/UNDP 2010; Pacific Island Forum Secretariat, 2010; ESCAP (2010a).
- <sup>3</sup> Also see ESCAP (2010a) and ESCAP (2010b) for further discussion of the impact of the economic crisis.

# CHAPTERII

## Seven drivers for achieving the MDGs

Achieving the MDG would make a real difference to the lives of millions of people across Asia and the Pacific. This chapter indicates opportunities for strengthening the overall environment in which the Goals can be achieved – enabling them to accelerate progress towards 2015.

ach country has to address its own specific needs and opportunities. And each of the social sectors relevant for the MDGs, such as health and education, also has its own specific issues. But across the region there are a number of common issues and priorities. Subsequent chapters will look more closely at some of the key issues for goals on which the region is falling short: reducing hunger and building food security, improving basic services, and strengthening basic infrastructure.

All countries in the region accept their responsibilities as developmental states for achieving the MDGs. This chapter presents seven opportunities for strengthening the overall environment in which they can do so. It should be noted that this and subsequent chapters of the report draw heavily on the preceding regional MDG reports — which can be consulted for the analytical and empirical details that underpin the sections that follow.<sup>1</sup>

# Strengthening growth by stimulating domestic demand and intra-regional trade

Achieving all the MDGs will depend on accelerating growth and making a strong recovery from the economic crisis. Many countries will be aiming to do this by rebalancing their economies so as to be more resilient, based less on exports and more on boosting domestic demand and greater consumption of Asia-Pacific goods and services.<sup>2</sup> For the MDGs this policy change presents a major opportunity since many of the policies that will help achieve the MDGs will also

boost local demand. These include increasing spending on basic social services and social protection and basic infrastructure, and boosting the income of the poor, who, compared with wealthier households, are more likely to spend extra income than save it.

While increasing domestic demand, it will also be important to boost South-South and intra-regional trade and investment flows with more inclusive patterns of regional integration that benefit the LDCs. Since 1986, intra-regional exports have risen from 23 to 41 per cent of developing Asia exports, but much of this is in the form of production networking in a limited number of parts and components with the final goods being destined for western markets. In fact only around one-fifth of exports go to East and South-East Asia; the remaining four-fifths go to the rest of the world – nearly 60 per cent of which are headed for the EU, the US and Japan. So the slump in imports in these major markets, which is likely to continue for some time, will definitely affect the region. In future, a more diversified pattern of trade would have to be built up including on goods which have a ready market in the region and which are also more likely to be consumed by the poor, such as processed food.

Greater intra-regional trade would require integrated markets, lower tariff and non-tariff barriers, concerted investment in physical infrastructure, more robust transportation networks and information platforms, and better regulatory structures. Regional growth would also benefit from a balanced and development-friendly outcome of the Doha Round that corrected existing asymmetries in global trade and enhanced market access. LDC products should have duty- and quota-free market access on a lasting basis.

## Making economic growth more inclusive and sustainable

Economic growth not only needs to be derived more from the region's own consumption, it also has to be more inclusive – with the fruits shared more equally among different social and economic groups. This too would require a deliberate change in course – both in the growth pattern and in government policies. In the absence of countervailing policies, across the region the national income share of the top 20 per cent of the population has steadily increased while that of the bottom 20 per cent has decreased. Similarly, for most countries in Asia and the Pacific, the 'Gini indices', which are the standard measures of inequality, are not only high but have been increasing.<sup>3</sup>

If inequality could be reduced, or at least held constant, then the MDGs could be achieved more rapidly.<sup>4</sup> The key here is to derive more of the growth from economic activities that benefit the poor - especially women. This will require, for example, greater focus on agriculture which provides primary income to over 50 per cent of Asia's population.<sup>5</sup> It will also mean promoting productive employment in the informal sector – by ensuring that small enterprises have the support and credit they need to expand and provide decent work. Enabling greater female labour force participation and better access to economic assets has shown great benefit, especially in South Asia.<sup>6</sup>

It is also necessary that Governments act decisively to ensure that growth offers greater opportunities for the poor and deprived. This involves greater employment generation and more resources devoted to investments in education, health and other basic services. Governments must make more efforts to raise resources and reorient prioritize budgets towards the MDGs.<sup>7</sup>

It is also vital that growth be more sustainable. Even inclusive growth will eventually grind to a halt if it unduly stresses the region's natural resources. Already, unsustainable agricultural and industrial production have been liquidating the natural resource base, degrading land and water quality, reducing biodiversity, and destroying vital natural ecosystems. At the same time, the region's cities are coming under ever greater strain as a result of rural-urban migration: Asia and the Pacific already has fifteen of the world's largest cities and over the next ten years the region's urban population will grow by a further 1.1 billion.8 A shortage of available land in many small island developing states, in particular, is leading to greater density in urban areas that lack adequate infrastructure. Added to this is the potential adverse impact of climate change on human

health, on food security, on coastal infrastructure, and on the livelihoods of communities that depend on natural resources.

In response, governments across Asia and the Pacific will need to progressively set their sights on a more environmentally sustainable development that can decouple economic growth from environmental pressures - for example, by enhancing the efficiency of natural resource use, reducing energy intensity, preserving biodiversity, cutting the generation of waste and adapting to the effects of climate change. This need not, however, necessarily mean slower growth or fewer jobs, since integrating clean energy and climateresilient policies into development planning and fiscal policies will also drive the economies forward and create quality jobs. In this regard, it will be important that governments also develop sound green jobs policies as part of the shift towards a low-carbon, environmentally friendly, climate-resilient economy. Many governments have already set out on this path. Thus, while mitigating the impact of the global economic crisis, some have incorporated environment-related elements into their stimulus packages. The Republic of Korea's 'green new deal' package, for example, allocates over \$38 billion for green projects that will create close to one million green jobs over a four year period, and China has focused 20 to 30 per cent of its package on lowcarbon production. China has also earmarked \$440 billion to support wind and solar energy.9

### **Strengthening social protection**

Countries will be in a better position to achieve the MDGs if they can offer a minimum social floor that addresses extreme poverty and hunger and income insecurity. A comprehensive social protection programme will minimize the impact of economic crises and natural calamities as well as consolidating development gains, while also acting as a 'circuit breaker' for vicious inter-generational cycles of poverty and hunger.

At present, across most of Asia and the Pacific the coverage of social protection is low, typically confined to workers in government and the formal sector. This means that in most countries more than half of the workforce is left without protection, and in most countries this involves more women workers than men. According to ILO, in East Asia more than half the workforce is in unstable 'vulnerable employment' while in South-East Asia and the Pacific and South Asia, the proportion rises to 60 per cent or more. Only 30 per cent of Asia's elderly receive pensions. Only 20 per cent of the unemployed have access to

unemployment benefits or labour market programmes. And households in Asia have the world's highest rates of out-of-pocket health care expenditure. In these circumstances households try to protect themselves by building up savings. <sup>10</sup> Particular attention also needs to be paid to households impacted by HIV which are among the most vulnerable to external shocks.

To some extent social protection could be extended in the short term by improving the management and delivery of existing programmes and ensuring better targeting. But many countries will need new services. Across the region there are good examples of what can be achieved, from Thailand's universal health care scheme to conditional cash transfer schemes in Cambodia and Indonesia, to well developed school feeding programmes in India and Bangladesh.<sup>11</sup>

### Reducing persistent gender gaps

Gender inequality is neither just and sustainable, nor morally defensible. Investing in women and girls is in itself a breakthrough strategy for achieving the MDGs and almost any investment made in women and girls will have multiplier effects across all the Goals.12 Countries across Asia and the Pacific will therefore need to act on multiple fronts to ensure that women can exercise their rights and realize their full potential. This should be based on better data on critical areas such as violence against women, on how gender norms affect men and women, and on the different status of men and women in households. Analysis of these data should be accompanied by close monitoring, along with the changes in policy and legislation - as well as in attitudes, perceptions and behaviour - needed to ensure that women have greater control and ownership over assets and resources, have equitable access to employment, and have access to, and benefit from, all public services.

Although the region has progressed on some gender indicators, it - particularly South Asia, still has many disparities – in life expectancy, educational attainment and labour force participation – which are being passed relentlessly from one generation to the next. In Bangladesh, for example, women earn only 50 per cent of what men earn for similar work, and in Mongolia only 80 per cent. Similar imbalances are evident in agriculture. In most regions of the world, women head 20 per cent of farms, but in Asia and the Pacific the proportion is only 7 per cent, even though agriculture accounts for over half of the region's female employment. Furthermore, the share of women in wage employment in the non-agricultural sector in

South Asia and Western Asia is only around 20 per cent, the lowest rate among the world's regions. Women tend to be predominant in many of the informal and insecure jobs.

Girls too have historically been less likely than boys to be sent to school – in some cases because parents consider them a less worthwhile investment. And while educational disparities have been falling at the primary level, they persist in a number of countries at the secondary level. Parents may also be reluctant to send girls to school if they are worried about their security. And in households affected by the economic impact of HIV, girls are more likely than boys to drop out of school – as shown by studies from China, Cambodia and Indonesia.<sup>15</sup>

Women's persistent lack of power is also reflected in low representation in national legislatures. In Asia women occupy only 18 per cent of legislative seats and in the Pacific only 15 per cent. Similarly, they generally have less influence over local policies and plans – on food security, for example, and on health and other basic services.

Gender discrimination costs lives. Close to 100 million women in Asia are estimated to be 'missing' because of discriminatory treatment in access to health and nutrition, pure neglect, or pre-birth sex selection. The region's highest girl to boy under-five mortality ratios are found in China (1.41), India (1.10), Pakistan (1.08), Micronesia, Nepal, and Tonga (1.07). And in South Asia more women die in childbirth – 500 for every 100,000 live births – than in any other part of the world except Sub-Saharan Africa. The proportion of deliveries attended by skilled staff is still as low as 18 per cent in Nepal, 20 per cent in Lao PDR, 39 per cent in Pakistan, and 46 per cent in India – compared with 97 per cent in Thailand. The proportion of the world except Sub-Saharan Africa.

Many women are also subject to domestic violence, especially when societies are under stress. <sup>18</sup> In some countries in the Pacific, for example, around two-thirds of women have been assaulted by male partners <sup>19</sup> and the proportion can also be high in a number of countries in South and South-East Asia. <sup>20</sup> Nearly half the countries in South Asia and more than 60 per cent of those in the Pacific do not have laws on domestic violence. Moreover, victims rarely report episodes since enforcement is often slow and ineffective. Gender-based violence is also associated with higher risks for HIV transmission and is a key driver of the epidemic in Papua New Guinea. In Asia, between 1990 and 2007 the female proportion of adults living with AIDS nearly doubled – to 29 per cent. <sup>21</sup>

### **Ensuring financial inclusion**

Most of the billion or so poor people in Asia and the Pacific have little access to financial services. Instead they rely largely on cash or the informal economy, and for credit look to friends, family or moneylenders. Lacking insurance, they cannot protect their meagre assets and incomes against shocks such as illness, drought or theft. And without transactional banking services, their financing is insecure and expensive and they cannot participate fully in the economy either as consumers or potential entrepreneurs.<sup>22</sup>

Nowadays, however, there are many more opportunities for widening financial inclusion. Governments can play their part by improving infrastructure and the regulatory environment. But they can also encourage service provision by NGOs, community-based groups and the private sector. This should enable micro-insurance and micro-finance institutions, for example, to tailor their programmes better to the needs of the poor.

Service providers can also take advantage of advances in information technology. They can, for example, extend mobile phone banking to enable customers in remote areas to send money, receive remittances and pay for purchases. They should also be able to use prepaid smart cards to pay for such services as electricity. The Reserve Bank of Fiji, for example, recently announced that it will be working closely with two mobile phone companies to provide 'mobile money' for all. And India is issuing a unique biometric ID that poor families can use to open bank accounts and receive cash transfers.

Offering financial services to the poor not only allow them to escape from poverty. It can also make good business sense. Companies that cater more effectively to poor consumers can be very profitable. In the Philippines, for example, a company, which provides prepaid phone services mainly to low-income consumers, has become the most profitable of the country's largest corporations.<sup>23</sup>

# Supporting least developed and structurally disadvantaged countries

Measures for faster MDG achievement should be financed as much as possible from domestic resources. However, poorer countries, particularly the least developed countries, the landlocked developing countries, and the small island developing states, will need to be assisted through external resources such as official development assistance (ODA).

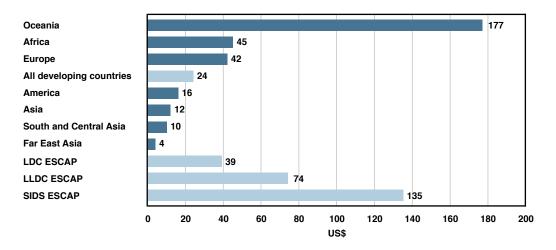
ODA, whether bilateral and multilateral, has played a key role in supporting the economic development and social progress of many developing countries in the region and it continues to make a significant contribution to achieving the MDGs. With changing circumstances, the role of ODA is also changing and it should now primarily be used for supporting the development efforts of the least developed countries (LDCs), the landlocked developing countries (LLDCs) and the small island developing States (SIDS) - which depend on external resources for financing a good part of their development process. In particular, ODA for these structurally handicapped countries should be used to build their economic and social infrastructure, especially for investing in basic services such as water, sanitation, energy, transport, shelter, health and education. ODA can also have a catalytic role - in helping these countries expand their productive capacities, promote FDI and trade, adapt technological inventions and innovations, foster gender equality, ensure food security, and reduce income poverty.

At the same time, it will be important to improve the quality of ODA and increase its development impact – by building on the fundamental principles of national ownership, harmonization, and managing for results. This includes especially aligning aid by sector with internationally agreed development goals and country priorities.

Although Asia and the Pacific has around 60 per cent of the world's deprived people, the region finds it difficult to attract aid from the traditional donors, particularly for MDG sectors. Asia receives the lowest per capita assistance of all regions – \$12 compared with \$45 for Africa – which calls for better allocation of flows according to needs (Figure II-1). Therefore there is a need to re-focus ODA flows – both in terms of regional and sectoral priorities.

Some of the greatest concerns are in the small island developing states of the Pacific. Here it can also be misleading to consider ODA on a per capita basis because of their diseconomies of scale and very small populations. Geographically isolated and with limited resources they face high development costs and rely strongly on aid to overcome vulnerabilities to external shocks. Any reduction in technical assistance is likely therefore to impede development progress. This subregion in particular should be looking to boost external assistance. In future, technical assistance will also need to re-engage more strongly with agriculture both to build longer term food security and to support the incomes of the rural poor.

Figure II-1 - Net ODA receipts per person in 2008, US\$



Source: OECD-DAC, 2010.

All these programmes would be more effective if recipient countries improved their institutions and governance structures. But there is also a need for donors to increase the predictability of their support, reduce fragmentation and invest with long-term national goals in mind. For this purpose, the development partners should enable receiving developing countries to take the lead in their own development policies and developed countries should align their technical assistance programmes with national development plans to harmonize their activities and make them more open and accountable. For example, Pacific island leaders and development partners have recently reaffirmed their commitment through the Cairns Compact and are working together to improve coordination and accountability.24

South-South economic assistance – Most ODA still comes from the DAC countries. Within the Asia-Pacific region, the largest developing country sources include China, at about \$1.4 billion, India at about \$1.0 billion, the Russian Federation with around \$0.2 billion. Southern or new sources of assistance in the region are primarily helping their neighbours. For example, China mostly helps Cambodia, DPR Korea, Indonesia, Lao PDR, Myanmar, Pakistan, Philippines and Viet Nam. Similarly, India assists Afghanistan, Bangladesh, Bhutan, Myanmar and Nepal, while Thailand provides assistance mostly to Cambodia, Lao PDR, Myanmar, Maldives and Viet Nam.

Much of this aid thus goes to LDCs where it is likely to be used in support of the MDGs – generally going into sectors such as infrastructure, energy, agriculture, health, and education. For example, China and India

have helped in building roads, bridges, hospitals, educational institutions and hydro-electric plants in Cambodia, Lao PDR, Pakistan, Nepal and Bhutan. Thailand has many cooperative programmes in the areas of agriculture and health with Malaysia, Indonesia and Timor-Leste. Malaysia has provided assistance to Viet Nam for research relating to rubber. Such flows can help establish institutions, improve capacities and ultimately boost the incomes of the poor.<sup>25</sup>

Another priority has been health. Malaysia, for example, has provided assistance for setting up clinics in Cambodia, while India has built hospitals in Afghanistan, Nepal, Maldives and Lao PDR. South-South assistance also focus on education and training – setting up educational institutions in the recipient country, funding vocational programmes to develop skills that help improve productivity and incomes, and offering scholarships for students from recipient countries to study in the assisting country. China, India, Republic of Korea, Malaysia, Singapore and Thailand all have several such programmes. These instances of cooperation, especially in social sectors, are clearly positive examples of South-South and regional cooperation.

# **Exploiting the potential of regional economic integration**

Beyond South-South cooperation in sharing development experiences and capacity building, regional economic integration offers many other opportunities – particularly for smaller economies – by enabling them to extend their markets and reap efficiency gains

from specialization and economies of scale and scope. This could make the region more resilient to future crises and bolster the capacity of many of the poorest countries to achieve the Millennium Development Goals.

When it comes to exploiting the potential of regional economic integration, Asia and the Pacific has lagged behind other regions. Thus far, for historical, political and topographical reasons, the region has been better connected with Europe and North America than with itself. Meanwhile, Europe, North America, Latin America and Africa have all moved to deeper forms of regional integration, with customs unions and even monetary unions. Asia and the Pacific which has some of the world's largest and fastest-growing economies, could be an even greater economic powerhouse if it too developed a more integrated regional market. But it would need to do so using a development paradigm that is more inclusive and sustainable.<sup>26</sup>

The process of regional cooperation in the Asia-Pacific region is led by sub-regional groupings such as ASEAN in South-East Asia, SAARC in South Asia, BIMSTEC in South and South-East Asia, and the Pacific Islands Forum in the Pacific – which have evolved regional trading and investment arrangements. The region has developed a complex network of overlapping regional and bilateral trading arrangements. The time has come to consolidate these into a unified Asia-Pacific market. With growth poles such as China and India, along with other economic powerhouses like Japan, a unified Asia-Pacific market could be the centre of gravity of the world economy.<sup>27</sup>

For this purpose the countries of the region can accelerate progress on two current proposals: the East Asia Free Trade Agreement that brings together the ASEAN+3 grouping, and the Comprehensive Economic Partnership of East Asia under East Asia Summit (EAS) frame work that, in addition to the ASEAN+3 grouping, includes Australia, India, and New Zealand.<sup>28</sup>

An integrated economic space needs to be complemented, however, by improved physical connectivity as well as by better trade and investment facilitation. Migration policy too could encourage integration if source and destination countries could arrive at bilateral agreements.

Yet another area for fruitful regional cooperation is in developing a regional financial architecture. This could provide more efficient intermediation between the region's large savings and its unmet investment needs for infrastructure and other developmental gaps.<sup>29</sup>

So far the cooperation in the area has been largely limited to the Chiang Mai Initiative that has now been multilateralized as a reserve pool of \$120 billion for meeting the temporary liquidity needs of ASEAN+3 countries.<sup>30</sup> At the 66th session held in Incheon in May 2010, the member States of ESCAP mandated the ESCAP secretariat to assist in development of the elements of a regional financial architecture.<sup>31</sup>

### **Towards 2015**

The opportunities outlined in this chapter are by no means exhaustive, but if used vigorously, they can help countries accelerate progress towards many of the goals on which they are currently falling short. The next chapter looks more closely at one of the region's most vulnerable areas – hunger – and highlights opportunities for building food security.

#### **Endnotes**

- <sup>1</sup> ESCAP/ADB/UNDP, 2010.
- <sup>2</sup> Chhibber, Ghosh and Palanivel, 2009; ADB, 2009; ESCAP (2010a).
- <sup>3</sup> ADB, 2007; ESCAP (2010b).
- <sup>4</sup> ESCAP (2010a); ESCAP (2010b).
- <sup>5</sup> World Bank, 2009; ESCAP (2010a).
- <sup>6</sup> UNDP, 2010a; ESCAP (2010b).
- <sup>7</sup> ESCAP (2010b).
- <sup>8</sup> United Nations Population Division, 2010.
- <sup>9</sup> ESCAP (2010a); ESCAP (2010b).
- <sup>10</sup> ESCAP/ADB/UNDP, 2010.
- 11 UNDP, 2008; UNDP (2010a); ESCAP/ADB/UNDP, 2010.
- <sup>12</sup> ESCAP/ADB/UNDP 2006.
- 13 UNDP, 2010.
- <sup>14</sup> FAO, 2009.
- 15 UNDP, 2010.
- <sup>16</sup> UNDP, 2010.
- <sup>17</sup> ESCAP/ADB/UNDP, 2010.
- <sup>18</sup> Heyzer and Khor, 1999.
- <sup>19</sup> SPC, 2009.
- <sup>20</sup> United Nations, 2006.
- <sup>21</sup> UNDP, 2010.
- <sup>22</sup> ESCAP (2010a); ESCAP (2010b).
- <sup>23</sup> ESCAP (2010b).
- <sup>24</sup> ESCAP/ADB/UNDP, 2010.
- <sup>25</sup> ESCAP/ADB/UNDP, 2010; Kumar (2009).
- <sup>26</sup> ESCAP (2010a).
- <sup>27</sup> ESCAP (2010a).
- <sup>28</sup> ESCAP (2010a).
- <sup>29</sup> ESCAP (2010a, 2010b).
- <sup>30</sup> ADB, 2008; ESCAP (2010a); ESCAP (2010b).
- <sup>31</sup> ESCAP Resolution 66/5.

# **CHAPTER III**

# Reducing hunger and building food security

Despite rapid economic growth and falling levels of poverty, Asia and the Pacific still suffers from widespread hunger and malnutrition. In future, countries across the region will have to pay greater attention to food security, and ensure that poor people have access to the food they need to lead healthy and productive lives.

Shortfalls concern hunger. Around one person in six suffers from malnourishment, and one child in three is underweight. Asia and the Pacific has about two-thirds of the world's hungry people. This failure has a huge cost, primarily in lives lost and in sickness and disease, but also in stifling both human and economic potential. Lack of progress on child nutrition, which is slowing children's physical and mental development, is crippling other critical development efforts to control disease, boost education and spur economic progress.<sup>1</sup>

The two main MDG indicators on hunger and malnutrition are the proportion of the population undernourished and the proportion of under-five children who are underweight. For the region as a whole, between 1990-92 and 2004-06, the proportion of undernourished - those consuming less than the daily minimum energy requirement – fell only slightly. Between 1990-92 and 1995-07 it fell from 20 to 17 per cent but by 2004-06 had dropped by only one percentage point, to 16 per cent (Table III-1). Even this reduction was largely offset by population increase, so the total number of hungry people barely changed. FAO's most recent estimates put the number of hungry people in Asia and the Pacific at 642 million in 2009 an increase of about 75 million during 2006-09. This is the highest number in the recent decades. For children who are malnourished - weighing less than they should for their age – the drop in the proportion was somewhat greater, from 40 to 31 per cent, nevertheless this still left almost 100 million children malnourished.

Table III-1 – Undernourishment in Asia and the Pacific and other global regions

	% of po	pulation	Mill	ions
	1990-92	2004-06	1990-92	2004-06
Asia and the Pacific	20	16	585.7	566.2
East Asia	15	10	183.3	136.3
South-East Asia	24	15	105.7	84.7
South Asia	25	23	286.1	336.6
Central Asia	8	10	4.0	5.8
Western Asia	38	13	6.1	2.1
Pacific Islands (a)	12	13	0.5	0.7
Latin America and the Caribbean	12	8	52.6	45.3
Near East and North Africa	6	8	19.1	33.8
Sub-Saharan Africa	34	30	168.8	212.3
Developing World	20	16	826.2	857.7
World	16	13	845.3	872.9

Note: (a) Due to limited data, the Pacific Islands includes Papua New Guinea only.

Source: FAO. http://www.fao.org/economic/ess/food-security-statistics/en/ and Chatterjee, S., A. Mukherjee and R. Jha (2010).

For undernourishment the greatest advance was in East and South-East Asia. South Asia, on the other hand made scarcely any progress, and the number of hungry people increased substantially, from 286 million to 337 million. In several countries in South Asia, more than one-fifth of the population are undernourished. In the Pacific Island states the level of hunger varies from 5 per cent in Kiribati to 9 per cent in the Solomon Islands.<sup>2</sup>

The subregional pattern is similar for child malnutrition. The worst-performing subregion is South Asia which has an underweight prevalence of 41 per cent and is home to half the world's underweight children. Several countries in the subregion have the world's highest national underweight prevalence – worse than countries such as Ethiopia at 35 per cent.<sup>3</sup> In this region, the problem is less a lack of food than poor food quality and food safety, along with inadequate sanitation causing energy-draining diarrhoeal diseases and women's low social status and early marriage which leads to low birth weights. But it is striking that despite rapid economic growth, South-East Asia still has one-quarter of its children malnourished.

Children in rural areas are nearly twice as likely to be underweight as those in urban areas. In some cases this ratio has risen sharply: in East Asia, for instance, the rural to urban ratio rose between 1990 and 2008 from 2.1 to 4.8. The 2008 ratios for South Asia and South-East Asia in 2008 were 1.4 and 1.2 respectively. The incidence of underweight children is also dramatically higher among the poor: in South Asia, for example, among the poor over 60 per cent of children are underweight.<sup>4</sup>

Achieving the MDG child nutrition goal would bring significant dividends. If countries that are currently off track were to meet the target by 2015, the number of underweight children would fall by more than one-third, from 74 million, on present trends, to 47 million. India and Nepal are among the countries facing the greatest challenge: to meet the target, both countries need to accelerate progress about five-fold to over 2 percentage points per year. In response, India, for example, has been introducing universal mid-day meals for children. The challenge is even greater for Timor-Leste which would need to reduce the prevalence by 3.4 percentage points per year (Table III-3).

Hunger is a multidimensional problem encompassing many aspects of human development, including poverty, health, education, rights, voice, security, dignity and decent work. In the longer term, as most developed countries have shown, hunger falls with rising levels of economic development. Experience across the region suggests five overall policy priorities for tackling hunger: i) creating jobs and increasing incomes; ii) boosting agricultural production; iii) maintaining stable and reasonable prices; iv) providing safety nets for the poor; and v) implementing feeding programmes.

## **Creating jobs and increasing incomes**

The main hunger response should be to ensure that poor people have the jobs and incomes that will enable them to buy the food they need. In recent years, however, employment growth has been slower than economic growth and most of the poor have been

Table III-2 - Underweight children under five

	•	rtion %	Millions				
	1990-94	2003-07	1990-94	2003-07			
Asia and the Pacific	40.0	31.0	127.0	98.0			
East Asia	19.0	7.0	17.0	6.0			
South-East Asia	34.0	24.0	17.0	12.0			
South Asia	53.0	41.0	92.0	79.0			
Central and West Asia	19.0	7.0	1.3	0.5			
Pacific Islands (a)	29.0	26.0	0.3	0.2			
Latin America and the Caribbean		4.5					
Middle East and North Africa		12.2					
Sub-Saharan Africa		25.3					
World		22.4					

Note: (a) Due to limited data, the Pacific Islands includes Papua New Guinea only.

Source: FAO. http://www.fao.org/economic/ess/food-security-statistics/en/ and Chatterjee, S., A. Mukherjee and R. Jha (2010).

Table III-3 – Progress required for off-track countries to meet the underweight children target

Country	Affected population in 2015 on current trend (thousands)	Average annual change needed to reach target (percentage points)	Affected population in 2015 if target reached (thousands)
India	51,987	-2.11	33,054
Pakistan	9,811	-1.35	5,265
Philippines	2,752	-0.90	1,846
Myanmar	1,569	-1.30	746
Nepal	1,551	-2.29	867
Cambodia	598	-1.57	360
Indonesia	3,542	-0.93	3,320
Afghanistan	1,596	-1.39	1,433
Lao PDR	284	-1.68	185
Timor-Leste	136	-3.41	51
Azerbaijan	67	-0.49	42
Turkmenistan	48	-0.50	32
Armenia	11	-0.20	5
Total	73,952		47,206

Source: Staff calculations based on the United Nations MDG database.

unable to gain from the more dynamic sectors of the region's economies. To counter this trend and foster decent employment governments can try to ensure that growth is more employment intensive, particularly where the poor work. This will mean, for example, promoting employment-intensive sectors such as agriculture and small and medium enterprises.

At the same time they can establish or expand employment creation programmes specifically for the poor and the vulnerable. Fortunately in recent years many Asian governments have been adopting such strategies. India, for example, as well as directing investment into high employment sectors has also implemented targeted employment programmes for the poor and vulnerable such as the National Employment Guarantee Scheme, which provided employment to 46 million households in 2009.<sup>5</sup> Close to half of those employed were women and more than half were from marginalized groups.<sup>6</sup> Other ways of raising incomes of the poorest, currently being developed in a number of countries in the region, are conditional cash transfer programmes along with other poverty alleviation schemes.

Reducing poverty will make a vital contribution to reducing hunger. But it will not be sufficient on its own. Except in the Pacific Island group of countries, the fall in poverty has generally been greater than the fall in hunger. This underlines the importance of tackling hunger on a broad front with additional interventions specifically related to food production and consumption.

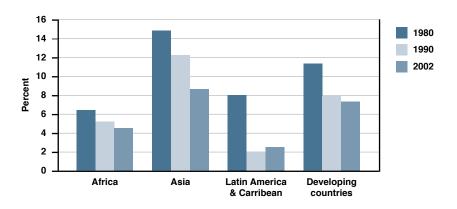
### **Boosting agricultural production**

Food insecurity depends to a large extent on food production and availability. A worrying trend is that over the last decade, while food output has increased, there has been a deceleration in the growth of agricultural output and productivity. To some extent this reflects declining levels of investment.

Most capital investment in agriculture comes from the private sector, especially from farmers themselves. Nevertheless public investment in agriculture is important for attracting private-sector investment. Governments can invest in irrigation, research and rural infrastructure, technology generation and dissemination, natural resource conservation and standard setting and monitoring – which can help increase productivity, reduce transaction costs and improve the competitiveness of agriculture.<sup>7</sup>

In recent years, however, governments have been spending less on agriculture and have directed more investment to the main growth sectors – manufacturing and services (Figure III-1). The share of total government expenditure in agriculture dropped in almost all developing regions. The decline was, however, very significant in Asia, from over 14 per cent in the 1980s to less than 9 per cent in 2002.<sup>8</sup>

Figure III-1 - Agriculture's share of public expenditure, percentage



Source: Fan and Saurkar, 2006.

Similarly, the attention to agriculture has been declining from international donors. Agriculture's share of ODA declined from 18 per cent in 1979 to 3.5 per cent in 2004. It also declined in absolute terms falling between 1984 and 2004 from \$8 billion to \$3.4 billion (in 2004 dollars). In the late 1970s and early 1980s, the bulk of agricultural ODA went to Asia, especially India, in support of the green revolution. It could be argued that declining aid flows are limiting agricultural growth and productivity.

The first priority is therefore to redirect attention to agriculture, since many Asian countries have vast unexploited potential for agricultural growth. One of the easiest ways of raising farm yields and accelerating growth is to adopt already available improved technologies. Both public and private investments in agricultural research and extension are necessary to provide a continuous stream of yield-enhancing technologies that can be profitably adopted by farmers. The green revolution has run its course; new scientific breakthroughs, such as those in biotechnology, are now required to raise yield potentials. This is especially important because land and water are increasingly scarce in Asia and future agricultural growth will increasingly have to come from sustainable agriculture technology.

Addressing the supply-side factors requires more investment in irrigation and farm-to-market roads, crop diversification, improved marketing, policies to encourage larger farm sizes and mechanization, increased market access and trade in agriculture, and greater incentives for food production. At the same time it will be important that women are supported fully to develop their capacities since more than half the region's women work in agriculture.<sup>10</sup>

It will also be important to offer sufficient incentives to farmers. This not only benefits farming households but also other rural households by encouraging investment in agriculture and creating additional employment in rural economies. For this purpose, governments in the region have used a variety of instruments - such as fixing minimum support prices for food grains, providing subsidies on key farm inputs such as irrigation water, fertilizers, seeds, and credit. They have also held buffer stocks of food grains and regulated the foodgrains trade. Some argue that these measures distort incentives, but they are nevertheless critical for ensuring food security in Asia and the Pacific. Indonesia, for example, returned to self-sufficiency in 2009 as a result of active support to agriculture in recent years.

# Maintaining stable and reasonable food prices

Countries need to strike a balance. While food prices should be at such a level as to encourage production, they also need to be within the range of the poor. High prices hurt the vast majority of urban and rural households who purchase most of their food. The people hit hardest are poor people who on average spend about two thirds of their budget on food. Rich households, on the other hand, spend only about one third of their income on food so they can afford to pay more.

To some extent domestic food prices will reflect international prices, especially in countries that are net food exporters. In Asia and the Pacific while 13 countries are net exporters of cereals, pulses, meat, dairy, vegetables and fruits, 31 countries are net importers

Table III-4 – Net importers and exporters of food

	Net importers	Net exporters
East Asia	DPR Korea, Republic of Korea, Mongolia	China
South-West Asia	Afghanistan, Bangladesh, Maldives, Nepal, India, Sri Lanka, Bhutan, Iran (Islamic Rep of)	Pakistan, Turkey
South-East Asia	Indonesia, Malaysia, Singapore, Lao PDR, Cambodia	Viet Nam, Thailand, Myanmar, Philippines
Central and North Asia	Armenia, Azerbaijan, Georgia, Tajikistan, Turkmenistan, Russia	Kazakhstan, Kyrgyzstan, Uzbekistan
Pacific	Kiribati, Micronesia, Cook Islands, Samoa, Nauru, Papua New Guinea, Palau, Fiji, Solomon Islands, Tonga, Marshall Islands	Vanuatu, Tuvalu

Note: The authors use the definition of food in a flexible manner. Source: Francis and Akoy, 2008.

(Table III 4). FAO has estimated that, as a result of the food and energy crises, the total undernourished population in the region increased from 566 million in 2004-06 to 642 million in 2009.<sup>11</sup>

During 2006-08, soaring cereal prices increased household food costs substantially. On average, in Asia and the Pacific, food costs for poor households increased by 43 per cent, but for rich households only by 18 per cent. As a result, the purchasing power of poor households decreased by 24 per cent, in Asia and the Pacific, while for rich households it decreased only by 4 per cent. In the Philippines and Pakistan, for example, it has been estimated that a 30 per cent increase in food prices led to increases in the number of people living below the national poverty lines of about 9 million and 22 million respectively.<sup>12</sup>

Keeping food prices low and stable requires a reliable and consistent supply of food grains. For food-deficient countries, this will mean making efforts where possible to increase domestic production which can be supplemented with imports to build adequate stocks. To guard against food price volatility and sudden shortfalls, some governments in Asia and the Pacific have traditionally held national stocks of rice and other staple foods.

It is also important to ensure that food markets work efficiently. Many countries, particularly geographically large ones with insufficiently developed infrastructure, can face considerable variability in food prices. In India, while the average monthly price of rice in October 2009 was Rs. 21 per kilogram, the price across 78 consumption centres ranged from Rs. 10 to Rs. 31.<sup>13</sup>

Another concern is that much of the power in food markets rests with buyers and retailers who can pay low prices while charging high prices to consumers. Policy makers will therefore need to promote competitive yet equitable market mechanisms such as improving transport, storage, and other necessary infrastructure, and encouraging the private sector to develop efficient food markets.

Regional cooperation can help promote food security, for example through food reserves. One option to deal with such a risk is a regional rice bank. A permanent East Asian emergency rice reserve is being discussed by the 13 countries of ASEAN+3 as a follow-up to its ongoing East Asia Emergency Rice Reserve Pilot Project – a system for sharing rice stocks. Another positive initiative is the agreement, since 2007, to establish the South Asian Association for Regional Cooperation (SAARC) Food Bank which needs to be strengthened and operationalized on an optimal scale and could also foster inter-country partnerships and regional integration. Regional agreements to avoid export restrictions and cooperation to build up production capacities can also help.<sup>14</sup>

### Providing safety nets for the poor

When the market fails to provide food of sufficient quantity or quality for the poor, governments can take responsibility to ensure food security for the poor through subsidies or public food distribution systems. In India, for example, the public distribution system reaches 160 million families who can buy around 10 kilograms of grain per month at about half the market price. These subsidies have made important contributions but have often proved difficult to operate successfully due to suffering from selection bias, leakages and poor food quality. They are also expensive to maintain and operate. Between the early 1990s and the 2000s the cost of the public distribution system in India rose from 2.5 to almost 6.0 per cent of government expenditure.<sup>15</sup>

Costs for such programmes and the price of food for the poor can be reduced, for example, by only offering nutritious but lower cost cereals that the poor can afford. When resources are very limited, however, it may also be necessary to have more precise targeting – while taking care not to exclude the homeless and illiterate. Measures also need to be in place to ensure well managed storage and distribution and to reduce leakage, fraud and corruption. In addition, the government has to handle its relationship with farmers carefully by setting a purchase price that is fair for producers as well as consumers.

Direct distribution of food is sometimes combined with other programmes involving nutrition, education, and health services. For example, the Vulnerable Group Development Programme in Bangladesh seeks to integrate food and nutrition security with development and income generation. Participants receive a monthly allocation of wheat in exchange for attending training on income-generating activities, participating in basic literacy, numeracy, and nutrition training, and making savings deposits.

An alternative to distributing food is to offer subsidies through 'food stamps' – a term that can cover a range of food-linked income-transfer schemes. These include tokens or discount cards or electronic transfer cards. Food stamp programmes have lower costs than food distribution systems. They can also be more efficient in addressing hunger than cash transfers, as they can only be spent on food items. However, these programmes also require strong supporting architecture within both the government and the private sector.

Many governments also have targeted interventions through food-for-work programmes. These schemes too are self-selecting since only the poor are usually willing to undertake the manual labour required. Drought and conflict have led to shortages of food and water in many parts of Afghanistan and in recent years, the World Food Programme (WFP) has been providing food to people in rural areas in exchange for work on rural infrastructure. In 2009 alone, WFP assisted more than 4.4 million people in this way, thus

providing food to vulnerable Afghans as they built or repaired community assets, including roads, bridges, reservoirs and irrigation systems. These projects are agreed upon in consultation with the government and local communities. <sup>16</sup> Food-for-work programmes suffer, however, from many of the same problems associated with public distribution systems, including leakage through corruption, and wastage from poor storage, and can be even more expensive.

### Implementing feeding programmes

One reason why poverty reduction may not translate into better levels of nutrition is that the poor do not necessarily spend any extra income on food. One study of 13 countries found that the extreme poor also spend significant amounts on other items.<sup>17</sup> Moreover, as incomes increase, people buy greater varieties of food that do not necessarily offer more calories or nutritional benefits. Another issue is that, even if the household overall has sufficient food, it may not be reaching the family members in greatest need, particularly women and children.

In addition to policies on production, prices and distribution, governments also have to consider targeted interventions for especially vulnerable population of society. These usually involve direct feeding programmes for three specific groups: women of childbearing age, young infants and children, and populations in need of emergency food assistance, such as refugees.

In general, these programmes hinge on the delivery of a basic package of services for enhancing nutrition supported by necessary primary health care. The essential nutrition components are breastfeeding, growth monitoring, oral rehydration, immunization, nutrition education, micronutrient supplementation, and treatment and rehabilitation of the severely malnourished. In addition to supplements for children, such as Vitamin A, for example, governments have also introduced food fortification programmes like salt iodization.

School feeding programmes distribute prepared food to children in school. Food-for education programmes distribute free foodgrains to low-income families if their children attend primary school. The grain can be used to feed all family members or be sold to meet other expenses. Both school feeding and food-for-education programmes provide immediate sustenance for the hungry while empowering future generations by educating today's children.

As well as improving nutrition such programmes bring many secondary benefits. School feeding programmes can improve attendance, especially for girls, reduce drop-out rates and even improve children's performance and behaviour. And programmes for pregnant and lactating mothers can reduce the number of low birthweight babies and maternal mortality rates and, along with pre-school feeding programmes, help children develop normally both mentally and physically.

Another vital contribution to good child nutrition is exclusive breastfeeding along with other basic health services like disease control, and safe water. These programmes can also incorporate strong communications components to empower families – especially women with the information they need to make best use of the available food.

One of the best ways of addressing these issues is through education, especially for women, since better educated women are in a stronger position not only to understand nutrition issues but will also have more power within the household to ensure that everyone is fed adequately.<sup>19</sup>

### Released from hunger

Releasing people from hunger not only fulfils a basic human right but also contributes towards the achievement of all the other MDGs. Well nourished adults will, for example, be more productive and better able to work their own way out of poverty. And well nourished children will grow up healthier and take greater advantage of opportunities to learn at school and fulfil their aspirations.

At the same time, reducing hunger also depends to a large extent on simultaneously addressing most of the other Goals. Educated women, for example, will get better employment that will allow them to buy more nutritious food. And children who grow up with better water supplies and sanitation will be less vulnerable to diarrhoeal and other diseases that prevent them from absorbing vital nutrients.

This underlines the importance of taking an integrated approach that considers the MDGs both individually and as a whole. The next chapter therefore broadens the discussion to consider how all the goals, and particularly those related to health, can be supported by stronger basic services.

#### **Endnotes**

- <sup>1</sup> See ESCAP (2009) for a detailed discussion.
- <sup>2</sup> Chatteriee, Mukherjee and Jha, 2010.
- <sup>3</sup> World Bank, 2010.
- 4 UN, 2010.
- <sup>5</sup> ESCAP (2010a).
- 6 ESCAP (2010a).
- <sup>7</sup> ESCAP (2009).
- 8 ESCAP (2009).
- 9 World Bank, 2008.
- 10 FAO, 2009b.
- <sup>11</sup> FAO, 2009a.
- <sup>12</sup> ADB 2008.
- <sup>13</sup> India, G.O., 2009.
- <sup>14</sup> ESCAP/ADB/UNDP, 2010.
- <sup>15</sup> India, G. O., 2002.
- <sup>16</sup> WFP, 2010.
- <sup>17</sup> Banerjee and Duflo, 2006.
- <sup>18</sup> Singh, 2008.
- <sup>19</sup> Miller and Rodgers, 2009; Mostue and Huttley, 2007.

# **CHAPTER IV**

### Improving health and other basic services

If the developing countries of Asia and the Pacific are to achieve the MDGs they will need to offer reliable basic services such as health and education to the people. Most have been determined to improve their provision but many still fall short in terms of coverage and quality, especially in rural areas.

he Asia-Pacific region has made striking advances in a number of social indicators but has been making slow progress towards the health goals. The region as a whole is on track to achieve the goal of stopping the spread of HIV and tuberculosis by 2015, but is off track for many of the other health targets – notably reducing infant and child mortality and improving provision for maternal health. Although HIV prevalence is stabilizing, the region is not on track to achieve universal access to prevention and treatment for HIV infection for those who need it.

In education, the performance has been somewhat better and many countries are close to achieving universal primary enrolment (Table IV-1). Many are also close to gender parity at the primary level, and at the secondary level girls may well be ahead of boys. But while the quantity of education has increased, the quality is less impressive. School buildings are often inadequate, books are scarce, teachers can frequently absent, class sizes may be large and the curricula may fail to meet children's needs. Discouraged, and under

pressure to work, many children attend irregularly or drop out of school, and Asian students often get low scores in international standardized tests.

Despite advances in expanding access to primary schooling, as many as 14 per cent of primary school age children in South and West Asia – 18 million – were not in school in 2007. In the Pacific the proportion was 16 per cent – over half a million in the Pacific. Girls were at a disadvantage in both cases, but particularly in South and West Asia. (Table IV-1)

### **Investing more in basic services**

Addressing shortfalls in social indicators will mean investing more in public services. Figure IV-1 compares spending on education and health in Asia and the Pacific with that in other global regions. Despite budget pressures, governments should have the funds to increase investment. Indeed countries have largely maintained or increased expenditure on health and

Table IV-1 – Net enrolment ratio in primary education, percentage, 2007

	Total	Male	Female
Central Asia	92	93	91
East Asia and the Pacific	94	94	93
East Asia	94	94	94
Pacific	84	85	83
South and West Asia	86	87	84

Source: UNESCO, 2010.

Education Asia-Pacific Health **Excluding China & India** South-East Asia South Asia **Excluding India Pacific Islands Excluding Papua New Guinea** North and Central Asia **Excluding Russia** Asia-Pacific LDCs Latin America & Caribbean Sub-Saharan Africa 5 1 2 3 % of GDP

Figure IV-1 – Spending on health and education as a percentage of GDP

Note: All health data – 2007; Education data: Excluding China and India – 2006, South-East Asia – 2007, South Asia – 2006, Excluding India – 2008, North and Central Asia – 2006, Excluding Russia – 2007, LDCs Asia-Pacific – 2004, Latin America & Caribbean – 2007, Sub-Saharan Africa – 2007.

Source: Staff calculations based on education data available at the website of UNESCO Institute for Statistics and health data available at the website of the World Development Indicators of the World Bank.

education. Nevertheless, given that many countries are falling short on MDG achievement, they will clearly need to invest more.

When public expenditure is low, households try to make up the difference through private spending. For health services, for example, while people in richer countries are able to arrange health insurance or other forms of pre-paid plan, in developing countries in Asia and the Pacific a high proportion of private expenditure is 'out-of-pocket': around 90 per cent in India, Nepal and China. About 78 million people in Asia and the Pacific end up with less than \$1 a day after they have paid for health care — and can suffer catastrophic expenditure during pregnancy and childbirth.<sup>1</sup>

One reason why government expenditure on the MDGs might fall short is a concern about fiscal deficits. As fiscal prudence is essential, the necessary response to this is maximizing revenues through improved tax collection by imposing new innovative taxes and then by increasing allocations to the social sectors that are essential for achieving the MDGs.<sup>2</sup> For many countries in the region, tax to GDP ratio is rather low and may be increased.

### **Improving governance**

If they are to increase expenditure, however, governments will be concerned about achieving higher service quality. At present the quality of services is undermined by a number of issues, some related to governance. These could be addressed by:

Improving efficiency – Governments can allocate budgets wisely so as to spend more where services are more urgently needed, such as on teachers in rural areas, and on high productivity inputs such as medicines and textbooks.<sup>3</sup> They may also be able to ensure that services better match demand, especially from the poor, by moving away from overly-centralized systems of both financing and service provision, and decentralizing more functions to local administration.

Achieving greater policy coherence – MDG outcomes depend not just on expenditure through sectoral ministries, such as health or education, but also on broader policies on poverty alleviation, on infrastructure, and on other services such as water and sanitation with which several other ministries and levels of government may be involved. Governments

Myanmar China Bangladesh India Pakistan Nepal **Philippines** Sri Lanka Indonesia Singapore Kazakhstan Thailand Georgia Republic of Korea Fiji Australia Bhutan **Russian Federation** Japan Iran (Islamic Rep. of) Maldives

20

30

Percent

40

Figure IV-2 – Total government revenue as a percentage of GDP

Source: ESCAP, 2010(b).

0

will therefore want to consider ways of improving coordination across sectors and ensuring policy coherence at different levels of government.

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Reducing corruption — At present a significant proportion of social investment drains away in corruption. Health and education personnel often have high absentee rates, especially in rural areas and there can be kickbacks and bribes to public officials in procurement processes whether for new construction or supplies.

Setting standards, strengthening regulations and enforcement — Standards of delivery of services such as in education, health and water supply can fall if standards are not set and enforced. Government bodies often have weak authority and poor procedures for regulating the quality of private services and supplies such as of pharmaceuticals, for example, or of medical practices. Weaknesses in legal systems also make it difficult to enforce contracts or pursue cases of medical negligence.

*Increasing voice and accountability* – In principle, people in many countries in the region are entitled to free primary education and primary health care. In practice the services are usually much better for the privileged, particularly in the urban areas. This is because health

policies, for example, are typically conceived, directed and implemented by a small group of professionals in ministries of health – with inadequate involvement of civil society including people living with HIV and key affected populations, professional bodies, consumer organizations, or members of parliament. In addition teachers, doctors and health workers are often discouraged by poor rural services for transport, housing, electricity and water, and may not wish to live and work in remote areas.<sup>4</sup>

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#### Ensuring better provision of decentralized services

– Basic services are generally provided by local and provincial governments who often lack capacities. While capacity development is essential, national governments also need to ensure that quality standards are maintained and set up adequate monitoring and evaluation systems. Regular feedback from beneficiaries can help identify deficiencies and spur better service provision by encouraging such measures as the Bangalore Citizen Report cards system.<sup>5</sup>

Generating better data – Improving services will also mean gathering data for evidence-based policy making. National data may not be disaggregated by region or by gender or by coverage of vulnerable groups. And some sensitive data related to issues such as violence against women may not be collected at all.

# Ensuring social inclusion and equal access to social services

One reason why achievement is low is that, while in principle services are available to all, in practice certain groups are excluded. Discrimination may be based on gender or many other characteristics — caste, creed, sexual identity, ethnicity, disability, age, socio-economic standing, geographical location, or even membership of stigmatized groups such as sex workers or drug users. And if the poor fail to register births their children may find it more difficult to access basic services.

**Poor households** – Even when basic services such as education and health are free, poor households can face out-of-pocket expenses, for schoolbooks for example, or for medicines, or family members may not be able to afford to take time off work to attend distant facilities. Bangladesh, for example, has been addressing this issue through a stipend programme for girls that has improved their enrolment in schooling and reduced drop-out rates. Demand-led approaches can also offset the exclusionary impacts of user charges – as is evident from the experience of health equity funds in Cambodia. Poor families are also generally excluded from formal banking and financial transactions because they lack collateral.

*Migrants* – Faced with massive rural-urban migration some countries in Asia and the Pacific region are struggling to maintain basic services in urban areas, especially for migrants who are particularly vulnerable. While some countries strictly regulate such migration, others do not have any policy to manage migration or properly provide for migrants.<sup>6</sup>

*Physically challenged people* – They may be considered economically unproductive and face discrimination in employment.

**People living with HIV** – People living with HIV and key affected populations – such as sex workers, people who use drugs or men having sex with men – may not have access to prevention and care services. Or they may fear police harassment or be discouraged because they believe that health-care workers will not respect their rights and will discriminate against them.

Moreover, each form of exclusion compounds the others and tends to sustain intergenerational cycles of poverty. Poorer groups, for example, usually get lower than average returns from education as a result of discrimination in the job market. And unhealthy workers are likely to be less productive and will earn less. On the other hand, even creating more jobs will

not boost people's incomes if they lack the necessary education, strength or skills.

Exclusion needs therefore to be tackled on a broad front, addressing multiple deprivations and barriers, whether in access to public services, or the distribution of assets or of political power.<sup>7</sup> These problems will not be solved by markets alone, but will demand government responses and community mobilization, including in some cases affirmative action and changes in laws that hamper access. The development of effective partnerships between government and civil society organizations is also crucial.

One problem is that some social inequalities go unobserved officially because of a lack of relevant data and analysis. Good data can stimulate action. India, for example established a commission on the social, economic and educational status of the Muslim community. The government has now published the commission's data and is implementing its recommendations. Analysis should also respond to qualitative findings – such as the need for poor women in rural areas to consult female doctors.

# Diversifying the range of service providers

Users of services are also likely to have stronger influence if they can choose from a range of providers. In the past the principal providers in many countries have been governments – particularly for health, education, water and sanitation. But increasingly, as government budgets have become stretched, more services are being provided by NGOs which, along with the private sector and other civil society organizations, have acquired greater knowledge and expertise. However governments should ensure that the poor have access to services from these providers. 9

Community based organizations can be better placed to deliver basic health and education services to poor and vulnerable groups. Often they use microcredit to link income-generating activities with health, education and sanitation services. One of the best-known models is that of the Grameen Bank in Bangladesh which has been widely replicated. Another innovation is public-private partnerships such as that of Chiranjeevi Yojanain in Gujarat, India which offers poor and socially excluded women free maternity services at private hospitals. There are also good examples of how peer-led community groups such as those involving sex workers in Sonagachi, West Bengal, India, or drug user groups such as Mit Samphan in

Thailand, which have been able to organise themselves to do outreach and deliver health services to their constituencies. Programmes are also being supported by many international funders – including the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Bill and Melinda Gates Foundation, the Global Fund for Children, and the Turner Foundation. For these kinds of collaboration, governments have important roles to play to ensure collaboration and harmonization, set standards and establish appropriate incentives and legal environments.

### **Priorities in health**

While governments need to strengthen provision across the whole range of public services, many will need to pay close attention to the health goals – where progress has been particularly slow. Asia has a large share of global deaths and illnesses – more than 40 per cent of the world's under-five deaths and maternal deaths, and 52 per cent of stunted children. Asia is also responsible for 55 per cent of unmet needs for family planning, 56 per cent of newborn deaths and 15 per cent of the number of people living with HIV.

Of the health targets one of the priority areas is child mortality. South-East Asia is on track for this, but all the other subregions are progressing too slowly. This is mirrored at the country level: out of the 47 countries for which trend data are available, 34 are off track. The recent financial crisis will have had an impact and it is proving difficult to reduce neonatal mortality, which is intrinsically linked to maternal survival and health. Still, the picture is not all bleak since most countries are making some progress. Of the countries with under-5 mortality rates in the early 1990s of around 100 per 1,000 live births or higher, quite a number, including Azerbaijan, Bangladesh, Lao PDR, Mongolia and Nepal, have made impressive progress, and are close to their targets, while the Maldives has, in the meantime, reached its target.

A significant problem in the Pacific region is the increase in incidence of non-communicable diseases, such as diabetes, high blood pressure and cardiovascular diseases. Many of these health problems are due to preventable factors such as poor diet, physical inactivity and alcohol and tobacco use. Pacific Island countries have carried out awareness-raising programmes but still have much work ahead if they are to encourage widespread change towards healthier choices. In addition to education, governments need to ensure adequate treatment programmes and facilities without cutting services to meet other health care needs.

With respect to HIV, the picture is mixed. There has been some success in bringing down incidence and prevalence – as in Cambodia, Thailand and parts of India. But the incidence is increasing in some countries in South-East Asia as well as across the region among men who have sex with men. Some countries have scaled up anti-retroviral treatment but regional coverage is still lagging behind the global average. And even when HIV medicine is free, people may still face high fees for diagnostic tests, medication for opportunistic infections, and nutritional supplements.<sup>12</sup>

Another major health concern is maternal mortality. When mothers die during childbirth, their newborns are unlikely to survive and their young children will also be at risk. Measuring maternal mortality is challenging as it is often under reported or misreported. Nevertheless it is clear that many countries in Asia and the Pacific are unlikely to reach the target of reducing the maternal mortality ratio by three quarters between 1990 and 2015 unless they can accelerate progress. As indicated in Figure IV-3, the problems are most severe in the least developed countries where levels of maternal mortality are close to those in Sub-Saharan Africa. A study of maternal mortality rates published in The Lancet in 2010 suggested that progress had been somewhat more rapid than suggested by the MDG database, but nevertheless even these numbers are unacceptably high (Box IV-1).

Reflecting the urgency of the problem in April 2010 the UN Secretary-General announced a Joint Action Plan for accelerating progress on maternal and newborn health.

A major determinant of a mother surviving is whether or not the birth is attended by a skilled health professional – doctor, nurse or midwife – who can avert a significant proportion of maternal deaths. All the women should have access to life saving emergency obstetric care, including Caesarean sections though poor mothers are less likely to have this option.

In 11 countries out of the 43 in the region for which data are available, less than half of all births were attended by trained health professionals. The situation was particularly stark in countries such as Lao PDR, Timor-Leste, Nepal, Bangladesh and Afghanistan, where less than one birth in five was attended by a skilled professional. In addition to a shortage of such workers they are also poorly distributed.

Reducing maternal mortality will also need adequate antenatal care, which is particularly weak in South Asia. Moreover the risks of dying during pregnancy and

Table IV-2 - Progress required for off-track countries to meet the under-5 mortality target

	Affected population in 2015 on current trend (thousands)*	Average annual change needed to reach target (per 1,000 live births)	Affected population in 2015 if target reached (thousands)*
India	11,644	-4.33	9,310
Afghanistan	2,527	-24.33	1,435
Pakistan	3,195	-6.52	2,337
Myanmar	653	-8.29	427
China	2,424	-0.81	2,295
Cambodia	230	-7.29	153
DPR Korea	127	-5.24	71
Papua New Guinea	96	-5.52	66
Indonesia	973	-1.76	948
Philippines	415	-1.67	394
Uzbekistan	142	-1.90	120
Russian Federation	137	-0.57	116
Tajikistan	82	-3.57	69
Kazakhstan	56	-1.43	51
Sri Lanka	33	-0.76	29
Republic of Korea	14	-0.29	12
Kyrgyzstan	28	-1.86	26
Timor-Leste	28	-4.52	26
Georgia	9	-2.05	7
Turkmenistan	32	-2.14	30
Solomon Islands	4	-3.33	2
Bhutan	7	-4.52	7
Vanuatu	2	-3.43	1
Fiji	2	-1.52	1
Micronesia (Federated States o	f) 1	-2.81	0
Tonga	0	-1.62	0
Brunei Darussalam	0	-0.48	0
Samoa	1	-1.33	1
Cook Islands	0	-1.29	0
Kiribati	0	-2.62	0
Nauru	0	-5.43	0
Marshall Islands	0	-2.81	0
Palau	0	-1.14	0
Tuvalu	0	-2.62	0
Total	22,862		17,934

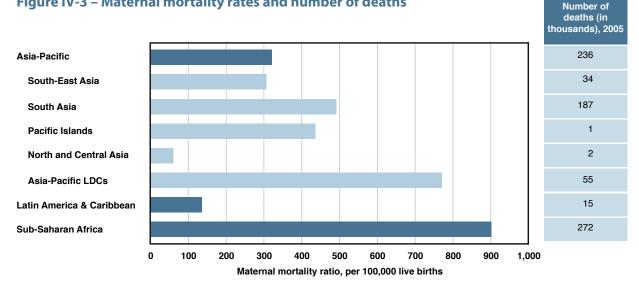
Note: \*Cumulative number of deaths from 2009 to 2015. Source: Staff calculations based on the United Nations MDG database.

childbirth are higher among adolescent mothers so it will be important to improve adolescent reproductive health. There are also high unmet needs for family planning in countries such as Afghanistan, Timor-Leste, and Papua New Guinea that have very high fertility rates.

Health outcomes are a function of many factors, economic and political, social and cultural. Generally

speaking, the richer countries will have higher standards of health as a result of improved housing and overall living conditions. Many of the deaths of young children, for example, can be prevented by having better access to clean water and sanitation. And better road infrastructure and public transport would make health facilities more accessible. Indeed economic growth might be expected to improve all the MDG indicators. This has been analyzed for Asia and

Figure IV-3 – Maternal mortality rates and number of deaths



#### **Box IV-1 – New estimates on maternal mortality**

A study of maternal mortality rates in 181 countries published in The Lancet in April 2010 indicated that significant progress had been made towards MDG 5. Between 1980 and 2008, worldwide maternal deaths fell by nearly 35 per cent, from 526,300 to 342,900. Globally, however, only 23 countries are on track to achieve a 75 per cent decrease in maternal mortality rate by 2015. In Asia and the Pacific the progress has been uneven. A number of countries including China have made rapid progress, and in the Maldives between 1980 and 2008 the decline in the rate was 8.8 per cent per year.

Nevertheless according to these estimations, unless they can accelerate progress it is clear that many countries in Asia and the Pacific are unlikely to reach the 2015 target. If the same methodology of classification were applied to the data from this study, of the 41 countries for which trend data are available, 4 would be regressing or making no progress, 32 would be slow and only 3 would be on track - though 2 would be early achievers.

Three out of the six countries that accounted for more than 50 per cent of all maternal deaths in 2008 were in Asia and the Pacific.

Source: Hogan M. et al. (2010) "Maternal Mortality for 181 countries 1980 – 2008" in The Lancet, April 12.

the Pacific by calculating the percentage change in each MDG indicator for each 1 per cent increase in growth. The beneficial effect appears to be greatest for poverty, with more than 1 per cent decrease in the incidence of poverty. But the growth effect is slower for health with a 1 per cent increase in growth only improves health indicators by around half of a per cent.<sup>13</sup> If governments use the additional resources generated by growth to prioritize spending on urgently needed sectors such as health, rising growth levels can bring about better health outcomes in the future.

While overall growth can thus lead to better health outcomes, it is clear that relying on growth alone will not do. Countries across the region will need to pay particular attention to improving health service delivery. This will involve establishing a balance between state and private-sector provision. In some cases, particularly for primary health care, the government will be the main provider, but in others the government should serve moreasthepolicycoordinatorandregulator-establishing a framework within which the government services, the private sector and NGOs can operate efficiently.

### *Increasing public health expenditure and* staffing levels

Generally health expenditure is higher in richer countries - both as a proportion of GDP and of total government expenditure. But national wealth is clearly

**Table IV-3 – Health personnel** 

	Physicians per 10,000 population	% of births attended by skilled personnel
South and South- West Asia		
Bangladesh	3	18
Bhutan	<0.5	51
India	6	47
Iran (Islamic Republic of)	9	97
Nepal	2	19
Pakistan	8	39
Sri Lanka	6	99
Turkey	15	83
South-East Asia		
Cambodia	2	44
Indonesia	1	73
Lao PDR	3	20
Malaysia	7	100
Myanmar	4	57
Philippines	12	62
Singapore	15	100
Thailand	3	99
Viet Nam	6	88
East and North-East Asia		
China	14	98
Japan	21	100
Mongolia	26	99
Republic of Korea	17	100
Developed countries		
USA	27	99

not the only factor since within Asia and the Pacific there are wide differences even among the least developed countries. Bhutan and Cambodia, for example, devote more than 10 per cent of GDP to health, while others may devote 4 per cent or less. Clearly, much depends on the priorities and commitment of governments.

Low public investment in health combined with a high incidence of disease means that too few staff are having to cope with the expanding needs – resulting in overcrowded government hospitals with long queues, and extended waiting times for specific treatments. Countries such as Bangladesh, Bhutan, Cambodia, Indonesia, Lao PDR and Nepal still have limited physicians, and skilled health personnel to attend births (Table IV-3). In the Pacific, the Philippines and South Asia in particular, these shortages are exacerbated by the emigration of skilled health workers to developed countries.

Nevertheless the priority may not only be to increase the number of doctors – who often gravitate to urban areas. More immediate problems may derive from shortages of nurses, paramedics or skilled birth attendants. Ensuring that staff, and particularly female staff, can work in rural areas and in difficult locations will therefore require appropriate systems of incentives.

### Achieving universal health care

More countries in the region are now considering ways of offering universal health care. This can be achieved in a variety of ways and in multiple combinations. The most basic requirement is to guarantee health treatment for the poorest through different forms of social safety net that can be funded entirely out of general taxation – as in Thailand's universal health care scheme.

At the same time countries can also move towards universal health schemes that are based at least partly on the pooling of risk across the population through the purchase of insurance. Thus while some European countries provide health care based on residence rights, others have much more pluralistic delivery systems based on obligatory health insurance, with contribution rates related to salaries or incomes, and usually funded by employers and beneficiaries jointly.

In Asia, some countries have attempted to provide such a universal health scheme:

**Public health insurance** – In the more advanced countries where a high proportion of workers are in the formal sector, users of health services can pool risks through public health insurance.

Private health insurance — Even in countries with basic universal provision people with high incomes often prefer to use the private sector in the hope of getting faster or better quality care. Private schemes are becoming more popular in Asia and the Pacific — particularly among middle- and high-income households. A variant on this is a public-private partnership where the government subsidizes private health insurance premiums for the poor.

Community-based health insurance — Rather than having a national system there can also be community-based health insurance schemes in which premiums for the poor might be paid by the local authority. In 2009, the State Government of Tamil Nadu (India) introduced the Insurance Scheme called "Chief Minister Kalaignar's Insurance Scheme for Life Saving Treatments" for the poor and children. In the first half of 2010, over 88,000 people had benefitted from this scheme and the state government had released a sum of Rs 2500 million as claim amount. <sup>14</sup> On top of insurance and subsidies, however, users are still likely to be paying for some services, and particularly drugs, from out-of-pocket expenditure.

China for example, in 2005 introduced a New Rural Co-operative Medical Care System which by 2007 covered around 80 per cent of the rural population. Of the annual cost of 50 yuan (\$7) per person, 20 yuan is provided by the central government, 20 yuan by the provincial government and 10 yuan comes in the form of a patient contribution.

Universal coverage for health care is usually attained in countries where public investment in health is at least 5 per cent of GDP. In 2007, 17 developing countries in Asia were spending less than this. WHO has suggested appropriate percentages for the Asia-Pacific region: total public health expenditure should be at least 4 per cent of GDP; for private expenditure, it recommends that over 90 per cent of the population should be covered by some form of prepayment; and out-of-pocket spending should not exceed 40 per cent of total health expenditure. In addition, the vulnerable sections of the population should be provided with health safety nets.

One estimate suggests that the essential interventions should cost about \$34 per person per year. <sup>16</sup> While some of this can come from general taxation it might also be possible to earmark some tax collection for health to ensure that the funds are used for this purpose. Assuming that the Asian LDCs could mobilize about 5 per cent of per capita income for health spending, this would amount to \$25.7, leaving a gap of \$8.3 per person per year, or a total of \$2.4 billion, that might need to be met from overseas development assistance or south-south cooperation within countries of the region.

The 2008 Report of the Commission on AIDS in Asia stated that a comprehensive response to AIDS in the region would cost about \$6.4 billion per year. But a targeted response which can halt and reverse the spread of the HIV epidemic might need only \$3.1 billion – an investment of \$0.50 to \$1.00 per capita per year.<sup>17</sup>

While increasing expenditure on public health services governments will also want to minimize costs, particularly for drugs, which should as much as possible come in cheaper generic forms. Some countries like India have been able to develop capability to produce highly affordable generic drugs through adapting intellectual property right regimes and price regulations.

The responsibility for these and other measures rests with national governments, but they should also be able to take advantage of regional cooperation. In some cases, this might involve transferring resources from richer to poorer countries, but countries across the region can also learn from one another through the exchange of best practices which reduce costs and improve delivery of health services.

### A new era for public services

Improving public services will thus require a greater commitment not just to spend more but to spend wisely – to increase both efficiency and equity. This will mean opening up services to a wider range of providers – and to greater public participation and scrutiny.

However, another important constraint on service provision, particularly in the rural areas, is the lack of adequate infrastructure, particularly transport communications and power supplies. The final chapter turns therefore to this often neglected subject whose development underpins the achievement of the MDGs.

#### **Endnotes**

- <sup>1</sup> WHO, 2009.
- <sup>2</sup> ESCAP (2010b).
- <sup>3</sup> ESCAP/ADB/UNDP, 2005.
- <sup>4</sup> Wan and Francisco, 2009.
- <sup>5</sup> Ravindra, 2004.
- <sup>6</sup> IOM, 2005.
- <sup>7</sup> Wan and Francisco, 2009.
- <sup>8</sup> Government of India, 2008.
- 9 ESCAP/ADB/UNDP, 2005.
- <sup>10</sup> UNICEF and WHO, 2010.
- 11 WHO, 2009.
- 12 UNDP (2010b).
- <sup>13</sup> ESCAP/ADB/UNDP, 2010.
- $^{14}\,\mathrm{See}\;\mathrm{http://www.newkerala.com/news/fullnews-}104256.html$
- <sup>15</sup> WHO, 2010.
- <sup>16</sup> Jung and Tran, 2008.
- <sup>17</sup> Commission on AIDS in Asia, 2008.

# CHAPTER V

# Strengthening basic infrastructure

Achieving the MDGs in Asia and the Pacific will require stronger basic infrastructure, particularly betterroad transport, water supplies, sanitation, electricity, information technology, telecommunications and urban low-income housing.

he MDG framework only has a few indicators for infrastructure – for water and sanitation which are part of MDG 7 and for information and communications technology in MDG8. It thus tends to focus on development outcomes rather than on some of the basic conditions for achieving them. Even when governments responded to the global economic crisis with stimulus packages that invested in infrastructure they did not generally link these specifically with the MDGs.

Economic analysis has established a close relationship between investment in infrastructure and economic growth but has not examined the impact on poverty or other MDG outcomes. However the linkage has been explored in a number of empirical studies. One worldwide study, for example, shows that growth and investment are associated with reductions in poverty, infant mortality, income inequality, illiteracy and water pollution. But this and similar studies do not prove the direction of causality. Does infrastructure investment generate economic growth and reduce poverty or do higher growth and lower poverty create a larger resource space for infrastructure investment? It seems likely that the causality runs both ways.

Indeed the linkage between the two is intuitive. Although all infrastructure would in some way help in achieving the MDGs, some forms are more directly connected, and these may be considered as 'basic' infrastructure. Better rural road transport, for example, should expand access to markets for marginal and small farmers and thus reduce rural poverty, while also allowing better access to schools and health centres. Better power supplies would mean that households would not need to rely so much on unhealthy wood burning stoves (Box V-1). Similar MDG benefits can

be expected from other forms of infrastructure, as summarized in Table V-1.

Which investments will be the more effective, however, will depend on local circumstances. For remote rural areas the priority might be roads or telecom services, while in urban areas it might be water supply and sanitation.

It is, however, clear that there is huge room for improvement. For many forms of infrastructure, Asia and the Pacific as a whole lags behind Latin America (Table V-2). Some 930 million Asians are without electricity, only 3 Asians in 10 have access to a telephone, and half the region's roads are unpaved.<sup>3</sup>

Even within Asia and the Pacific there are marked disparities. Among the subregions, North-East Asia is the most advanced while the landlocked Central Asian republics and the Pacific Island countries are some way behind. In fact, the lack of physical infrastructure is considered a major impediment to the growth of Pacific economies, where there is a clear need to improve transport facilities and maritime and aviation infrastructure. The most advanced developing countries in the Asia-Pacific region are the Republic of Korea, China, India and the faster-growing countries in South-East Asia.

But disparities are also evident within countries. Transport development, for example, tends to be more advanced in coastal areas that are integrated into regional production networks, and less extensive in remote regions that are home to indigenous groups and other marginalized populations. And more generally, services and MDG outcomes are typically better in urban areas.

#### Box V-1 - Energy for All

Modern energy is an essential input for achieving all of the MDGs, so much so that increasing access to affordable, reliable energy is now widely considered the "missing MDG". Yet in the Asia-Pacific region alone, some 930 million people do not have access to electricity, and nearly twice that number depend on burning biomass for cooking and heating.<sup>1</sup>

ADB's Energy for All Initiative is developing new approaches for scaling up access to clean, modern energy among the poor. This includes improving the delivery of energy services to deprived communities through ADB investments, extending policy support to governments to design and implement universal electrification programs, and building capacity and promoting knowledge exchange among a wide range of practitioners. ADB is also pursuing regional cooperation through the Energy for All Partnership, a multi-stakeholder platform launched in 2009.<sup>2</sup> The Energy for All Partnership brings together the private sector, financial institutions, governments and civil society to share intelligence and collaborate on projects, with a target to expand access to modern energy to 100 million people in Asia and the Pacific by 2015.

There are now many proven methods for extending much-needed energy services to the poor. ADB's Energy for All is focused on replicating effective models and scaling up existing initiatives. In Viet Nam, for example, an ADB-supported credit facility will build on the country's ongoing domestic biogas program and enable an additional 40,000 households to access cleaner cooking fuel from household biogas digesters. Access to cleaner fuels such as biogas can reduce disease burden and improve maternal and child health which are among the MDGs. Where appropriate, targeting investment to expand existing initiatives can hasten progress toward energy for all.

More information on ADB's Energy for All Initiative can be found at: http://www.adb.org/Clean-Energy/energyforall-initiative.asp

Table V-1 – Positive impacts of basic infrastructure on the poor and MDGs

Sector	Direct impact on poor	Indirect impacts on poor	MDGs impacted
Electricity	Mainly for lighting, TV, and radio at low levels of income Appliances for self-employment	Reduced energy costs for enterprises, encouraging employment creation Improved health and other services (refrigeration, lighting, etc) Improved ICT access	Direct impact: MDG 1 Indirect impact: MDGs 2,3,4,5
Roads	Access to employment and markets Access to services (health, education)	Reduced transport costs and improved market access for enterprises and service providers, lowering costs of serving remote communities	Direct impact: MDG 1 Indirect impact: MDGs 2,4,5
Urban mass transit	Access to employment opportunities	Employment creation from more efficient labour markets	Direct impact: MDG 1 Indirect impact: MDG 7
ICT	Better communication access, aiding migration, information on opportunities, access to knowledge and potential engagement in wider communities	Employment creation through improved knowledge of markets, reduced management supervision costs, access to wider knowledge base	Direct impact: MDGs 1,8 Indirect impact: MDGs 2,3
Water supply	Improved health outcomes; time savings; lower costs	Limited	Direct impact: MDGs 4,5,6,7 Indirect impact: MDG 3
Sanitation	Improved health outcomes	Improved health outcomes (e.g. reduced pollution by non-poor households and others)	Direct impact: MDGs 3,4,5,6,7

Source: Adapted from ADB/JBIC/World Bank, 2005.

<sup>&</sup>lt;sup>1</sup> Note: Energy for All uses the IEA 2009 data that show that 809 million Asians lack access to electricity. This report cites ADB's Asian Development Outlook 2009 figure of 930 million so we use that here for consistency.

<sup>&</sup>lt;sup>2</sup> See www.energyforall.info

Table V-2 – Infrastructure comparators, Asia and Rest of the World, 2005

Country grouping	Paved roads (km/ 10,000 people)	Railways (route km/ 10,000 people)	Household electrification rate, 2008 (%)	Access to improved water sources (% of total)	Access to improved sanitation (% of total)	Mobile and telephone subscribers (per 100 people)	Broadband internet subscribers (per 100 people)	Urban slum population (%)
North-East Asia Central Asia South Asia South-East Asia Pacific Islands	13.72 16.48 12.78 10.51 3.69	0.49 2.55 0.51 0.27	99.34  61.03 71.69	88.11 88.66 88.06 86.39 46.19	64.97 95.31 32.83 67.50 48.74	5.96 2.31 1.20 3.53 0.77	0.366 0.003 0.010 0.031 0.043	32.97  40.10 34.15 
Asia-Pacific	12.83	0.53	77.71	87.72	52.05	3.47	0.154	35.73
Industrialized countries	207.10			99.58	99.85	13.76	1.553	
OECD Latin America Africa	211.68 14.32 	5.21 2.46 0.95	99.80 92.70 28.50	99.63 91.37 58.38	99.94 78.26 30.83	13.87 6.11 1.42	1.608 0.150 0.003	25.35 62.72

Note: Paved roads indicator is derived from the indicator on paved roads (as % of total roads) and total road network (km). Source: World Development Indicators, United Nations MDG Database and World Energy Outlook 2009.

# Mobilizing finance for basic infrastructure investment

Meeting infrastructure gaps would be expensive. For the period 2010-2020 it has been estimated that the required investment would be \$7.7 trillion, or about \$700 billion per annum – 58 per cent of which would be in East Asia and the Pacific, 36 per cent in South Asia and 6 per cent in Central Asia. Of the total, twothirds would be for new infrastructure and the balance for replacing existing facilities. More than half the investment would be required for energy, and 30 per cent for roads (Table V-3). Considering that much of the investments would be needed to meet large existing gaps - such as providing electricity to over 22 percent households in the region currently without access or expanding the paved road networks for rural populations—of the \$7.7 trillion, a significant proportion would be for basic infrastructure for supporting the MDGs. A crucial task facing policymakers is to make infrastructure investment more MDG-supporting.

The key challenge is to mobilize finance. In the short term it should be possible to include essential low-cost rural infrastructure projects in ongoing fiscal stimulus packages. If such projects are labour-intensive they can also provide employment safety nets. For this purpose, poorer countries may have to rely more on grants or concessional financing from ODA or multilateral development institutions. But other countries will be able to access capital markets

and tap into regional savings. With combined foreign exchange reserves of nearly \$5 trillion, the region could now develop an ambitious architecture for mutually beneficial deployment of foreign exchange reserves. This architecture could include an infrastructure development fund. If it mobilized just 5 per cent of the region's reserves it would have start-up capital of \$250 billion. The fund could also borrow from the region's central banks. By co-financing viable projects with other sources such an architecture could expedite investment in infrastructure development, especially cross-border connectivity projects linking poorer parts of the Asia-Pacific region with the region's growth centres.

### Stimulating the private sector

Over the past two decades, more than 70 per cent of Asia's investment in infrastructure has come from the public sector. The public sector will still need to shoulder the main responsibility for improving the delivery of basic infrastructure for areas that are commercially unviable. But with rapidly increasing demand if the region is to take a leap in infrastructure spending for basic infrastructure more finance will need to come from private sources. Private investment does not usually focus on the needs of the poor, particularly in rural areas where perceived risks are high. Even public-private partnerships are rare in rural areas, though there have been some promising results,

Table V-3 – Asia's Infrastructure Investment needs 2010-2020 (US\$ millions, 2008)

Sector/Subsector	New Capacity	Replacement	Total
Energe (Electricity)	3,176,437	912,202	4,088,639
Telecommunnications	325,353	730,304	1,055,657
Mobile phones	181,763	509,151	690,914
Landlines	143,590	221,153	364,743
Transport	1,704,858	674,313	2,378,161
Railways	2,692	35,947	38,639
Roads	1,702,166	638,366	2,340,532
Water and Sanitation	155,493	225,797	381,290
Sanitation	107,925	119,573	227,498
Water	47,568	106,224	153,792
Total	5,162,131	2,542,616	7,704,747

Source: Derived from ADBI/ADB, 2009.

for example for financing micro- and mini-hydropower projects. Although the chief benefit of expanding private sector involvement in infrastructure is likely to be to release more public-sector funds for MDG achievement, attempts to create more public-private partnerships in promising areas of basic infrastructure should continue.

For this to happen, it will also be important to stimulate the interest of the private sector by developing appropriate regulatory frameworks. Governments may also offer fiscal and other incentives to private-sector investors, while multilateral development institutions can help steer governments and private investors through the difficult commercial and cost-sharing negotiations for public-private partnerships. Managing the debt component of these projects can benefit from swap arrangements to alleviate foreign exchange risk.

# Raising standards of quality and maintenance

Just as important as the extent of infrastructure is its quality. Except for railways, Asia also lags in this respect. A recent study, based on the World Economic Forum's business survey, which rates infrastructure giving a maximum score of 7 points, found Asia to be 1.9 points behind the G7 countries (Table V-4). Asia's weakest performance is in electricity for which it is furthest behind the global average. Among Asia's sub-regions, East Asia ranks the highest and South Asia the lowest. Nevertheless, some countries in the region perform well. Singapore's ratings for ports and air transport, for example, are close to the maximum score of 7.6

The quality of infrastructure is also affected by the commitment to repairs and maintenance. Older infrastructure may decay and eventually fall into disuse – and will be particularly vulnerable at times of disaster. This is usually because governments are more interested in building new infrastructure, for which they can claim credit, than in maintaining assets created by previous administrations. Moreover, while new major infrastructure is typically created by the central government, the task of maintenance generally falls to local administrations which have fewer financial or human resources to fulfil this responsibility. Highquality infrastructure does not necessarily require sophisticated technology; more important is that it should be simple to maintain.

Low-quality infrastructure will disproportionately affect the poor, who are, for example, the main victims of fatalities occurring on poor quality roads. Also, there is a vast gap in quality between urban and rural areas – and the resulting quality of social services, including water supply, education and health. As a consequence, progress on the MDGs has slowed in rural areas.

In many countries, most of infrastructure investment related to the MDGs is likely to come from the public sector. But this can only be effective if it is accompanied by reforms in governance and also by efforts to increase capacity, especially in local government in countries that have achieved extensive decentralization. Another priority is fighting corruption. Governments can increase transparency by using competitive bidding rules, widely publicizing project information, using automated e-billing systems, and subjecting projects to random quality checks. They will also need to improve qualification and certification in the construction industry and enforce regulations more strictly.

Table V-4 – Infrastructure quality in Asia, rated from 0-7

Region or country	Overall infrastructure	Roads	Electricity supply
World average	3.8	3.8	4.6
G7 countries average	5.7	5.7	6.4
Asia Average	3.8	3.7	4.1
Central Asia average	3.5	3.1	3.6
Azerbaijan	3.9	3.7	3.9
Georgia	3.2	3.5	4.4
Kazakhstan	3.5	2.5	4.3
Tajikistan	3.2	2.6	1.7
East Asia average	4.6	4.7	5.3
China, People's Rep. of	3.9	4.1	4.7
Hong Kong, China (SAR)	6.3	6.4	6.7
Korea, Rep. of	5.6	5.8	6.2
Mongolia	1.7	1.4	2.9
Taipei, China	5.5	5.6	5.9
South Asia average	2.9	3.1	2.8
Bangladesh	2.2	2.8	1.9
India	2.9	2.9	3.2
Nepal	1.9	1.9	1.7
Pakistan	3.1	3.5	2.5
South-East Asia average	4.2	4.2	4.7
Brunei Darussalam	4.7	5.1	5.4
Cambodia	3.1	3.1	2.5
Indonesia	2.8	2.5	3.9
Malaysia	5.6	5.7	5.8
Philippines	2.9	2.8	4.2
Singapore	6.7	6.6	6.7
Thailand	4.8	5.0	5.5
Viet Nam	2.7	2.6	3.2

Source: ADBI/ADB, 2009.

One of the best ways of improving quality is to actively involve local communities, and particularly women. At the household and community level, women often play a primary role in managing energy and water use. Their participation in the development, implementation and maintenance of infrastructure is more likely to lead to sustainable solutions.7 When local people are engaged in planning water systems and other basic infrastructure they can not only contribute inputs in the form of labour or building materials but also feel greater ownership and be committed to maintenance. They can also participate in appraisals and audits and in collecting fees and charges. In some cases, this can be accompanied by increasing involvement of NGOs - in such areas as developing water supplies, solid waste disposal, and school and health facilities. With relatively low overheads NGOs may be able to work at lower costs.

Infrastructure investment decisions also need to be well coordinated – for example, planning rural road networks along with main arterial roads. This will also mean investing simultaneously in both hardware and software – ensuring, for example, that a water supply facility will subsequently have operating staff. This may be achieved through investment coordination boards – which can also ensure that road projects allow adequately for maintenance costs, and that electricity schemes build maintenance costs into power tariffs.

In order to track progress, it will be important to establish appropriate indicators. Most of those commonly used, such as the percentage of the population with access to safe water, measure outcomes. Tracking investment, however, will need more and better indicators of outputs, such as the length of water and drainage pipes installed.

### **Building greener infrastructure**

It will also be important for future investment in basic infrastructure to pay much closer attention to the environmental impact – and the implications of climate change. For the MDGs it will be important, for example, to improve power supplies, particularly in the

rural areas. This can bring benefits not just to the local economy but also for health and the environment by reducing the use of wood burning stoves. Nevertheless some power sources, such as large hydropower projects, have often had serious consequences both for the environment and for local communities.

Other forms of infrastructure can have less obvious environmental implications. Thus piped water supply in urban areas will have the environmental benefit of reducing groundwater extraction but would also require better waste water treatment as greater water flows add to pollution through drainage systems.

More attention must be given to services that maximize equitable socio-economic benefits, while minimizing environmental impacts and the use of resources. Governments will want to enhance the complementarities between basic infrastructure investment and environmental protection and minimize the conflicts. Investment in low-income housing, for example, will not be a green initiative without adequate water supplies and sanitation. In fact, there are many promising green options. For example, public transport systems that are well planned and integrated with nonmotorized transport can reduce costs for the urban poor while establishing cities on trajectories of green growth. This will also mean promoting the use of green energy and technology along with energy conservation and demand management.

### **Extending regional infrastructure**

While the most immediate gains for the MDGs are likely to come from better infrastructure at national levels there are also huge opportunities for improving infrastructure at regional and subregional levels. A study by ADB and ADBI has concluded that completing regional connectivity in energy, transport and telecommunications would boost Asia's net income by \$13 trillion over the period 2010-2020 and beyond.<sup>8</sup>

For poor communities some of the most immediate benefits of better connectivity will be degrees of cross-national integration between neighbouring border areas which in their respective countries are often amongst the more remote and poorer regions. Adjacent areas of Thailand, Indonesia and Malaysia, for example, have become part of a 'growth triangle'. Brunei Darussalam, Indonesia, Malaysia and the Philippines have also formed an East ASEAN Growth Area. Recently there has also been an attempt to create a new growth triangle between Eastern India, Nepal, Bhutan and Bangladesh. Regional transport infrastructure has also been developed in the form

of an East West Economic Corridor in the Greater Mekong subregion as well as through a road that links China with Kazakhstan, Kyrgyzstan and Uzbekistan.

It is also important however, that the physical links between countries are accompanied by harmonization of standards such as railway signalling systems or customs codes. All these would contribute to faster poverty reduction and progress on the MDGs. One model for Kyrgyzstan, for example, shows that regional cooperation on integration projects for transport, transit and facilitation would nearly double the incomes of the poor.<sup>9</sup>

At the regional level, governments should press ahead with agreements for pan-Asian connectivity – through, for example, an Asian Infrastructure Fund and other aspects of a regional financial architecture, and a pan-Asian Infrastructure Forum for sharing the experience with cross-border projects. Cooperation between countries in exchanging knowledge and best practices can also play an important role in helping expand access to basic infrastructure.

### **Tilting the balance**

In recent years countries across the region have made some progress in building new infrastructure. Seen through an MDG lens, however, the results can at best be considered patchy – with futuristic new airports and smart private hospitals on one side and potholed rural roads and crumbling village health clinics on the other. The challenge now is to change the criteria of success – to achieve higher standards of basic infrastructure that can underpin the Millennium Development Goals.

As the MDG target date of 2015 approaches, it seems likely that the picture across Asia and the Pacific for the Goals themselves is also likely be mixed – some disappointing failures, some narrow misses, and some striking successes. But the final MDG story is yet to be told. All countries still have five years to choose the most promising paths – and tilt the balance decisively on the side of success.

#### **Endnotes**

- <sup>1</sup> Thomas, 2001.
- <sup>2</sup> Chatterjee et al., 2004.
- <sup>3</sup> ADB, 2009.
- <sup>4</sup> ESCAP (2010a), ESCAP (2010b); ADBI/ADB, 2009.
- <sup>5</sup> ESCAP (2010a), ESCAP (2010b).
- <sup>6</sup> Also see ESCAP (2010a) for a composite index of infrastructure development.
- <sup>7</sup> ADB/JBIC/World Bank, 2005.
- <sup>8</sup> ADBI/ADB, 2009.
- <sup>9</sup> ADBI/ADB, 2009.

# Statistical appendix

# Comparison of Asia and the Pacific with other developing regions

The Asia-Pacific region as a whole has made more progress than Sub-Saharan Africa but less than Latin America and the Caribbean. The comparison between these three global regions is encapsulated in Figure A-1 for six indicators. In these charts, the size of the bubbles is in proportion to the population currently affected (on a logarithmic scale). The sloping line divides each chart into two parts: if the bubble is above the line, since 1990 the values on that indicator have increased; below the line they have decreased. The colours correspond to those of the on- or off-track progress symbols.

The remainder of this appendix discusses for some key indicators where progress so far has fallen short for the targets to be met by 2015, and what is required in terms of deviation from current trends to still do so. It then provides estimates on the extent of reduced human suffering resulting from the accelerated progress and the achievement of the goals.

### Achievements in \$1.25/day poverty

Figure A-2 illustrates the differences in the progress among countries in reducing extreme income poverty. The arrows represent the percentage of population living below \$1.25 (PPP) per day in the latest year for which data are available. The other end of the line represents the data point for the earliest year since 1990. Data on these and other indicators are provided in Tables A-6 through A-13 in this appendix.

In the early 1990s, every six to seven out of 10 persons in China, Turkmenistan, Viet Nam, Pakistan, Bangladesh and Nepal were living on less than \$1.25 per day. Whereas the first four of these countries managed to reduce the prevalence of poverty to fewer than six to seven out of 10 persons, and have in the meantime reached the poverty reduction target, Bangladesh and Nepal progressed much slower and still have poverty rates of around 50 per cent. On the other hand, countries such as the Philippines, India and Lao PDR had somewhat lower poverty rates in the early 1990s, have made even slower progress. Thus extreme poverty in these countries remains prevalent. Whereas at the same

time, in a number of Central Asian countries such as Georgia and Uzbekistan poverty rates actually increased.

The greatest challenge is for Uzbekistan, which needs to reduce poverty by 2.5 percentage points per year to reach the target; this rate is lower than the historical rate achieved by six of the 11 early achievers and on track countries.

Table A-1 also illustrates the scale of opportunity to reduce human deprivation if currently off track countries still manage to hit the target. On present trends, the currently off track countries would be home to 577 million poor in 2015. This figure would be reduced by 163 million (or 28 per cent) if the countries manage to accelerate progress to the required rate of progress (including reversing the trend for the regressing countries). The contribution of 131 million to this reduction in regional total by India is particularly notable.

### **Achievements in primary enrolment**

There were only four countries (out of the 32 with data) in the early 1990s with net primary enrolment rates of less than 70 per cent: Bhutan, Pakistan, Solomon Islands and Timor-Leste; the progress on current trends of each of these countries is too slow for the target to be reached by 2015. Perhaps even more worrying is the situation in the Marshall Islands, which saw primary enrolment rates regress from well over 80 per cent to below 70 per cent.

These Pacific Island countries, together with Pakistan, face the greatest challenge to still meet the target by 2015, having to increase primary enrolment by at least three percentage points per year.

On current trends, almost 17 million children in off track countries would not be attending school in 2015; this number would be reduced to almost four million, a difference of 13 million if the off track countries manage to hit the target by 2015. The payoff of Pakistan reaching the target would be tremendous. On present trends, the country would have over seven million children out of school in 2015. This number would be reduced by 5.6 million if Pakistan is able to achieve the target.

Figure A-1 – Asia and the Pacific compared with Sub-Saharan Africa and Latin America and the Caribbean

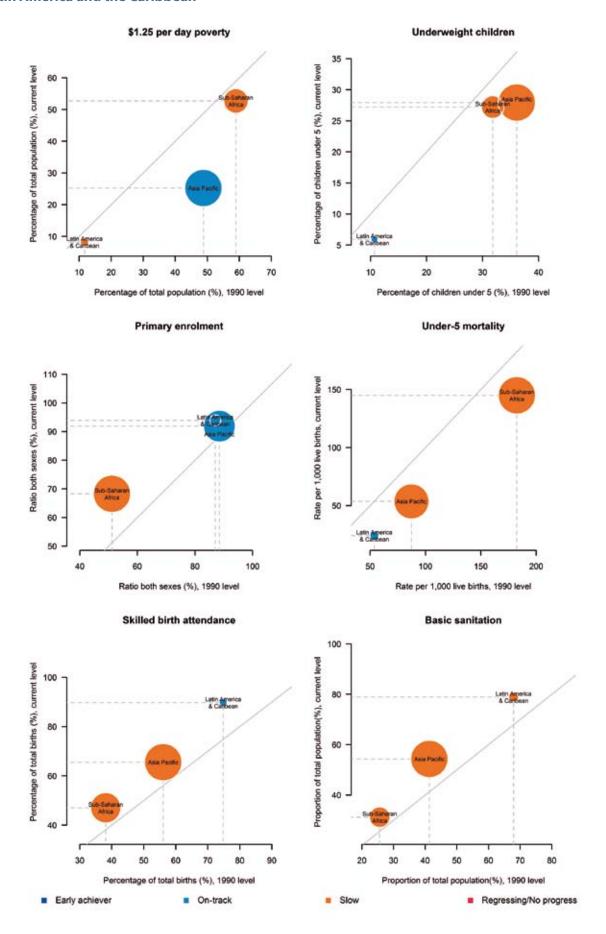


Figure A-2 – Progress in reducing extreme income poverty

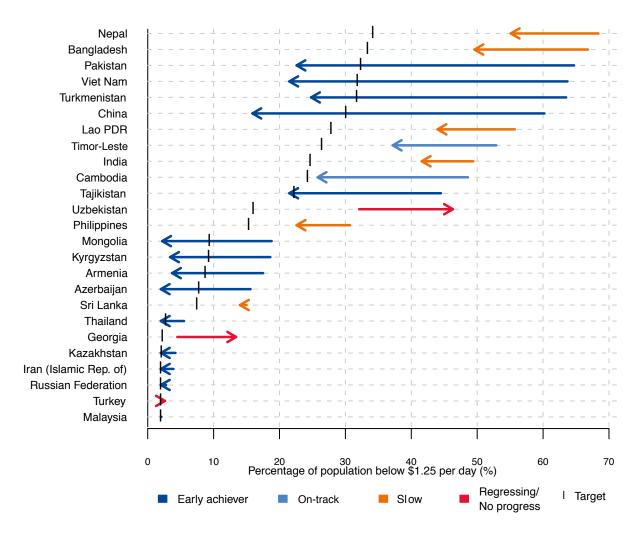


Table A-1 – Progress required for off-track countries to meet the \$1.25/day poverty target

Country	Affected population in 2015 if target reached (thousands)	Average annual change needed to reach target (points)	Affected population in 2015 on current trend (thousands)
India	450,986	-1.69	319,665
Uzbekistan	22,834	-2.52	4,728
Bangladesh	65,359	-1.62	58,523
Georgia	2,207	-1.12	92
Philippines	17,055	-0.81	15,616
Sri Lanka	2,804	-0.50	1,587
Turkey	2,405	-0.07	1,599
Nepal	11,699	-1.90	11,116
Lao PDR	2,090	-1.24	1,957
Total	577,439		414,883

Source: Staff calculations based on the United Nations MDG database

Sri Lanka Kiribati Fiji Republic of Korea Maldives Malaysia Indonesia Hong Kong, China Tajikistan Mongolia **Philippines** Kazakhstan Kyrgyzstan Samoa Brunei Darussalam Armenia Iran (Islamic Rep. of) Georgia Vanuatu Bangladesh Turkey Azerbaijan Tonga Marshall Islands India Cambodia Macao, China Lao PDR Timor-Leste Solomon Islands Pakistan Bhutan 40 60 Net enrolment ratio in primary education (%) 20 80 100 Regressing/ 1 Target Early achiever On-track Slow No progress

Figure A-3 – Progress in expanding access to primary education

### **Achievements in basic sanitation**

The difficulty that the Asia-Pacific region as a whole and – with the exception of South-East Asia – the subregions within it have to reach the target for sustainable access to basic sanitation is mirrored at the country level, as illustrated in Figure A-4. The figure shows that in a group of 18 countries – among the 48 countries for which data is available – less than one in two persons had access to basic sanitation in the early 1990s. Only four of these countries have either reached the target – Viet Nam and Myanmar – or are on track to do so – Lao PDR and Timor-Leste. It

should be noted that in the last two countries access stood at around 50 per cent, which is low. All in all, 30 countries in the region are off track on this target.

Table A-3 indicates what is required of the off track countries to still reach the basic sanitation target by 2015, and what this would mean in terms of reduced deprivation. In order to reach the target, countries such as India, Afghanistan, Nepal, Papua New Guinea, Cambodia, Azerbaijan, Mongolia and Micronesia would have to reduce the proportion of the population without access to basic sanitation by a minimum of 3.5 percentage points per year. In the case of India,

Table A-2 – Progress required for off-track countries to meet the primary enrolment target

Country	Affected population in 2015 on current trend (thousands)	Average annual change needed to reach target (points)	Affected population in 2015 if target reached (thousands)
Bangladesh	7,030	1.36	985
Pakistan	7,067	4.13	1,430
Philippines	1,830	0.41	741
Lao PDR	163	1.80	46
Cambodia	164	0.91	111
Turkey	491	0.04	456
Kyrgyzstan	55	0.57	27
Fiji	34	0.79	6
Timor-Leste	35	2.53	13
Solomon Islands	26	3.50	5
Armenia	15	0.26	11
Macao, China	2	1.25	1
Bhutan	6	1.10	6
Marshall Islands	0	3.56	0
Total	16,918		3,838

this would mean that 284 million more people would have access than if current trends were to continue. In Asia and the Pacific as a whole 1.2 billion would remain without access in 2015, rather than 1.7 billion on current trends, a difference of 516 million.

# Number of people affected if targets are reached

Table A-4 provides a summary of the estimated deprived population in the above two scenarios current trends continue for the off-track countries so the targets will be missed in 2015, or progress is accelerated and these off-track countries reach the target in 2015. As can be seen, as many as 892 million people in the Asian-Pacific region are projected to remain in extreme income poverty if current trends continue, including both countries that have made progress and reached the target as well as those that are off track. Accelerated progress in the off track countries alone would reduce the poverty rates in these countries by as much as 28 per cent, or as much as 18 per cent of all the poor in the entire region, compared to the scenario of business as usual. Similarly, if accelerated progress takes place in expanding primary enrolment in the off track countries, as many as 13 million additional children in these countries would have access to primary education, about half of the children who would remain out of school in the whole region if current trends continue.

# Impact of the global economic slowdown

As shown so far, unless accelerated progress takes place, quite a number of countries will miss the target in 2015. The general view is that the challenge to reach the targets in these countries has been compounded by the global economic crisis that started in 2008. Since the most recent year for which data are available in the global MDG database is 2008, it is only possible to project the likely impact of the economic slowdown on the progress towards achieving the MDGs. Such projections, however, have their own difficulties. Chief among such difficulties is an accurate understanding of the determinants, including economic growth, of the various MDGs. Human development outcomes are influenced by a wide range of factors, including initial social and geographical conditions, policy interventions and, indeed, economic growth.

Despite such constraints, it is possible to explore how progress towards achieving the MDGs might be different in the context of the global economic crisis. To the extent that economic growth can create the necessary conditions for achieving the human development outcomes, such projections can provide an indication of how the progress towards various goals might be impacted.

Figure A-4 – Progress in expanding access to basic sanitation

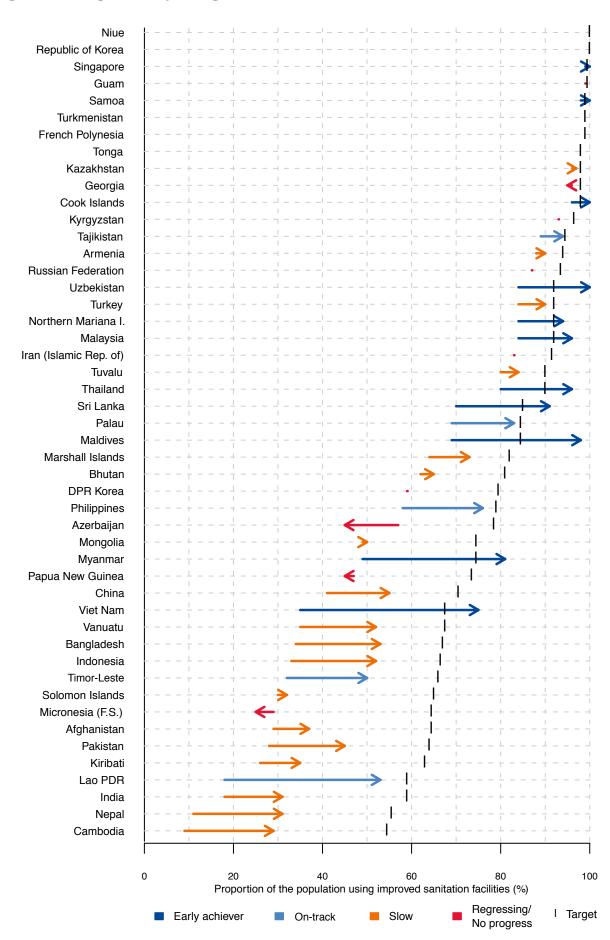


Table A-3 – Progress required for off-track countries to meet the basic sanitation target

Country	Affected population in 2015 on current trend (thousands)	Average annual change needed to reach target (percentage points)	Affected population in 2015 if target reached (thousands)
India	814,909	4.00	530,619
China	550,279	2.21	411,819
Pakistan	99,607	2.71	73,981
Indonesia	97,999	2.07	81,804
Bangladesh	68,900	2.00	57,822
Russian Federation	17,938	0.93	8,969
Afghanistan	19,995	3.93	12,157
Iran (Islamic Rep. of)	13,507	0.57	6,754
DPR Korea	10,004	1.37	5,002
Nepal	18,099	3.50	14,464
Papua New Guinea	4,256	4.07	2,035
Cambodia	9,585	3.64	7,443
Azerbaijan	4,083	4.79	2,027
Mongolia	1,426	3.50	728
Turkey	6,689	0.29	6,397
Kyrgyzstan	411	0.50	206
Solomon Islands	395	3.30	209
Georgia	234	0.43	82
Armenia	294	0.57	188
Bhutan	249	2.29	146
Kazakhstan	408	0.14	326
Turkmenistan	110	0.14	55
Micronesia (F.S.)	88	3.95	40
Vanuatu	107	2.21	90
French Polynesia	6	0.14	3
Tonga	4	0.29	2
Guam	2	0.07	1
Kiribati	0	2.80	0
Marshall Islands	0	1.29	0
Tuvalu	0	0.86	0
Total	1,739,584		1,223,369

Table A-4 – Summary of estimated population in deprivation, alternative scenarios, thousands

	Off-track	countries	Total Asia-Pacific
Indicator	Affected population in 2015 on current trend	Affected population in 2015 if target reached	Affected population in 2015 on current trend
\$1.25 per day poverty	577,439	414,883	892,170
Underweight children	73,952	47,206	85,260
Primary enrolment	16,918	3,838	26,556
Under-5 mortality*	22,862	17,934	24,873
Skilled birth attendance	20,157	7,305	20,806
Basic sanitation	1,739,584	1,223,369	1,786,637

Note: \* Cumulative number of deaths from 2009 to 2015.

Source: Staff calculations based on the United Nations MDG database.

Table A-5 – Number of people projected to be in deprivation in 2015

Indicator	Additional number of people estimated to be in deprivation due to economic slowdown (thousands)
\$1.25 per day poverty Underweight children Under-5 mortality * Skilled birth attendance Basic sanitation	34,555 887 1,352 1,730 70,218

Note: \* Commutative number of deaths from 2009 to 2015. Source: Staff calculations based on the United Nations MDG database.

Table A-5 summarizes the additional number of people estimated to be in deprivation in developing countries in Asia and the Pacific in 2015 due to economic slowdown. The estimation was carried out in two steps. In the first step, the statistical relationship between each of the indicators and GDP growth was estimated on the basis of developments thus far. The International Monetary Fund (IMF) regularly provides projections of a number of economic indicators, including GDP growth, for the world.

Its forecasts published in April 2008 were considered to pre-date the global economic crisis. The most recent update of such forecasts was in April 2010. The difference in the projected GDP for 2015 between the two updates was considered as the impact of the economic crisis. Thus in the second step, this difference and the estimated statistical relationship between GDP growth and development indicators were combined to arrive at the projected impact of the economic slowdown on the progress as measured by the indicator.

Two points stand out with regard to these estimates. First, they are relatively small in comparison to number of estimated deprived population for the region if current trends continue, as shown in Table A-5. For instance, more than 892 million people are estimated

to remain in extreme income poverty in Asia and the Pacific in 2015 in the scenario of business as usual and no accelerated progress takes place. In contrast, the economic slowdown is estimated to trap 35 million people in extreme income poverty, which is not insignificant but relatively small. This number is just one-fourth of the number of people who could be lifted out of poverty in the currently off-track countries if measures are taken and their countries manage to achieve the target in 2015.

Second, the IMF's most recent forecasts suggest that quite a number of countries in the region will escape the economic slowdown or that the slowdown is not as deep as originally thought. For instance, of the 41 countries for which GDP growth estimates are available, for 12 the most recent projections (April 2010) for 2008-2015 are actually higher than the April 2008 projections. For 29 countries, the projections were revised up compared to those in October 2009. This is partly the reason for the relatively small number of affected people due to the economic crisis.

These results suggest that much can be gained in the region in reducing human deprivation if effective policies and programmes are put in place so as to speed up the progress in reaching the various MDG targets.

### **Selected MDG Indicators**

Table A-6 – Goal 1: Eradicate extreme poverty and hunger

	\$1.25 per day poverty (%)			ht children er age 5)
	Earliest	Latest	Earliest	Latest
ast and North-East Asia				
China	60.2 (90)	15.9 (05)	19.1 (90)	6.9 (05)
Hong Kong, China		` ′		` ′
Macao, China				
DPR Korea	•••	•••	60.0 (98)	23.4 ( 04 )
	•••	•••	` ,	,
Republic of Korea				
Mongolia	18.8 (95)	2.2 (08)	12.3 (92)	6.3 (05)
uth-East Asia				
Brunei Darussalam	•••		•••	
Cambodia	48.6 (94)	25.8 (07)	39.8 (93)	35.6 (05)
Indonesia	21.4 (05)	29.4 (07)	34.0 (95)	28.2 (03)
Lao PDR	55.7 (92)	44.0 (02)	44.0 (93)	37.1 (06)
	` '		` '	` ,
Malaysia	2.0 (92)	2.0 (04)	23.3 (93)	8.1 (05)
Myanmar			32.4 (90)	31.8 (03)
Philippines	30.7 (91)	22.6 (06)	33.5 (90)	27.6 (03)
Singapore				3.4 (00)
Thailand	5.5 (92)	2.0 (04)	18.6 (93)	9.3 (05)
Timor-Leste	52.9 (01)	37.2 (07)	42.6 (02)	48.6 (07)
Viet Nam	63.7 (93)	21.5 (06)	44.9 (94)	20.2 (06)
	` ′	. ,	. ,	, ,
uth and South-West Asia			10.0 ( 0= :	00.0 (51)
Afghanistan	•••	•••	48.0 (97)	39.3 (04)
Bangladesh	66.8 (92)	49.6 (05)	67.4 (92)	46.3 (07)
Bhutan		26.2 (03)		18.7 (99)
India	49.4 (94)	41.6 (05)	53.4 (93)	47.8 (05)
Iran (Islamic Rep. of)	3.9 (90)	2.0 (05)	15.7 (95)	5.2 (04)
` ' '		, ,	1 1	, ,
Maldives			38.9 (94)	30.4 (01)
Nepal	68.4 (96)	55.1 (04)	48.7 (95)	45.0 (06)
Pakistan	64.7 (91)	22.6 ( 05 )	40.4 (91)	37.8 (02)
Sri Lanka	15.0 (91)	14.0 (02)	37.7 (93)	29.4 (00)
Turkey	2.1 (94)	2.6 (06)	10.4 (93)	2.8 (08)
orth and Central Asia				
Armenia	17.5 (96)	3.7 (07)	3.9 (98)	4.0 (05)
	` '	. ,		
Azerbaijan	15.6 (95)	2.0 (05)	10.1 (96)	9.5 (06)
Georgia	4.5 (96)	13.4 ( 05 )	3.1 (99)	2.1 (05)
Kazakhstan	4.2 (93)	2.0 (07)	8.3 (95)	4.0 (06)
Kyrgyzstan	18.6 (93)	3.4 (07)	11.0 (97)	3.4 (06)
Russian Federation	2.8 (93)	2.0 (07)		3.0 (95)
Tajikistan	44.5 (99)	21.5 (04)	17.4 ( 05 )	17.6 (07)
•		` '	` '	٠,
Turkmenistan Uzbekistan	63.5 (93) 32.1 (98)	24.8 (98) 46.3 (03)	12.0 (00) 18.8 (96)	11.0 (05) 5.1 (06)
	52.1 (55)	.0.0 (00)	.5.5 (55)	3 ( 00 )
American Samoa				
American Samoa	•••		•••	
Cook Islands			•••	10.0 (97)
Fiji				7.9 (93)
French Polynesia				` ′
Guam				
Kiribati				13.0 (99)
	•••	•••	•••	, ,
Marshall Islands			•••	
Micronesia (F.S.)	•••		•••	15.0 (97)
Nauru	•••			
New Caledonia				
Niue				
Northern Mariana I. Palau		•••		
Papua New Guinea		35.8 ( 96 )	•••	26.4 (05)
Samoa		` ,	•••	, ,
Solomon Islands	•••	•••	•••	
Tonga	•••	•••	•••	•••
ŭ .				•••
Tuvalu	•••		•••	 15.0 (07)
Vanuatu	•••		•••	15.9 (07)

Note: The number in parenthesis is the year of the data point. Source: United Nations MDG database.

Table A-7 – Goal 2: Achieve universal primary education

	Primary enrolment ratio (%)		Reaching last grade (%)		Primary completion rate (%)	
	Earliest	Latest	Earliest	Latest	Earliest	Latest
East and North-East Asia						
China		97.4 (91)		99.6 (07)	107.0 (91)	96.0 (08)
Hong Kong, China	97.5 (01)	97.9 (05)	99.3 (02)	100.0 ( 07 )	102.2 (91)	95.3 (05)
Macao, China	81.1 (91)	87.5 ( 09 )		99.6 ( 08 )	96.4 (99)	98.8 (09)
DPR Korea	` ′	` ′		` ′	,	` ′
Republic of Korea	98.3 (99)	99.0 (08)	99.5 (99)	98.4 (07)	99.4 (91)	98.7 (08)
Mongolia	95.7 (99)	99.2 ( 08 )	87.2 ( 99 )	94.9 ( 07 )	90.0 ( 99 )	93.3 ( 08 )
South-East Asia						
Brunei Darussalam	93.4 (91)	97.3 (08)	98.0 (03)	98.4 ( 07 )	100.0 (91)	105.7 ( 08 )
Cambodia	83.4 (99)	88.6 (08)	48.6 (99)	54.4 ( 07 )	40.9 (99)	79.5 ( 08 )
Indonesia	97.6 (91)	98.7 (08)	85.9 (01)	80.1 (07)	• • •	` ,
Lao PDR	` '	` '		` '	93.5 (91)	106.4 (08)
	77.5 (99)	82.4 (08)	54.3 (99)	66.8 ( 07 )	70.7 (99)	74.7 (08)
Malaysia	97.7 (99)	96.1 (07)	97.7 (02)	92.2 ( 06 )	91.0 (91)	96.0 (07)
Myanmar			55.2 (00)	73.9 ( 07 )	73.4 (99)	99.1 (08)
Philippines	95.5 (91)	92.1 (08)	75.3 (01)	73.2 ( 06 )	87.5 (99)	92.3 ( 07 )
Singapore			•••	•••		
Thailand	89.1 (08)	90.1 (09)			87.0 (99)	87.5 (07)
Timor-Leste	68.9 (05)	77.3 ( 08 )			70.5 ( 07 )	79.8 ( 08 )
Viet Nam	95.8 (99)	94.5 (01)	82.8 (99)	92.1 ( 05 )	96.2 (99)	102.3 (01)
South and South-West Asia						
Afghanistan						38.8 (05)
Bangladesh	90.5 (05)	85.5 (08)	***	54.8 ( 05 )	59.5 (00)	54.5 (08)
Bhutan	55.9 (99)	88.4 (09)	81.3 (99)	90.1 (08)	50.8 (99)	88.5 (09)
India	85.0 (00)	95.5 (07)	62.0 (99)	65.8 (05)	69.9 (99)	93.6 (07)
Iran (Islamic Rep. of)	92.9 (99)	99.7 (04)	97.5 (00)	87.8 (02)	87.6 (91)	116.8 (07)
Maldives	97.9 (99)	96.2 (08)		` ′	148.1 (03)	112.9 (08)
Nepal	67.5 (99 )	73.6 (00)	58.0 (99)	61.6 (07)	51.1 (91)	70.0 (02)
Pakistan .	57.0 (01)	66.1 (08)	` ′	69.7 ( 04 )	60.8 (05)	60.3 (08)
Sri Lanka	99.8 (01)	99.5 (08)	93.4 (05)	98.0 (07)	101.2 (91)	98.4 (08)
Turkey	90.4 (91)	94.7 (08)	97.8 ( 03 )	94.2 ( 07 )	90.1 (91)	93.4 (08)
North and Central Asia						
Armenia	93.2 (01)	92.9 (07)	79.3 (01)	97.7 ( 06 )	100.8 ( 01 )	97.9 ( 07 )
Azerbaijan	88.8 (91)	96.1 (08)	96.6 (99)	98.4 ( 08 )	92.2 ( 99 )	121.1 (08)
Georgia	92.4 (04)	99.0 (08)	99.4 (99)	95.1 (07)	• • • • • • • • • • • • • • • • • • • •	` '
3	94.8 (00)	99.1 (08)	` '	99.0 ( 08 )	85.8 (99)	99.7 (08)
Kazakhstan	94.8 (00)	` ,	95.9 (00)	` '	94.4 (00)	106.1 (09)
Kyrgyzstan	` ,	91.0 (08)	94.5 (99)	98.3 ( 07 )	95.2 (99)	92.1 (08)
Russian Federation			94.8 (99)	95.2 ( 07 )	96.0 (99)	95.2 (08)
Tajikistan	96.7 (00)	97.5 (08)	96.7 (99)	99.5 ( 07 )	95.1 (99)	97.7 ( 08 )
Turkmenistan Uzbekistan	92.5 ( 07 )	90.6 ( 08 )	 99.5 (99)	98.7 ( 07 )	96.2 ( 99 )	94.7 ( 08 )
OZBONIOLATI	02.0 (07)	00.0 (00)	00.0 (00)	00.7 (07)	00.2 (00)	04.7 (00)
Pacific						
American Samoa						
Cook Islands	•••	86.3 (99)	•••	•••	•••	87.9 (99)
Fiji	98.7 (99)	89.5 ( 08 )	82.1 (99)	94.6 ( 07 )	100.4 ( 00 )	91.8 ( 08 )
French Polynesia						
Guam						•••
Kiribati	99.2 (99)	99.7 ( 02 )	69.7 (01)	81.4 ( 03 )	107.3 ( 99 )	124.8 ( 05 )
Marshall Islands	88.1 (01)	66.5 (07)			97.5 ( 99 )	90.7 ( 07 )
Micronesia (F.S.)						•••
Nauru		72.3 (07)		25.4 (01)	90.4 (01)	79.0 ( 07 )
New Caledonia						
Niue		98.5 (99)			85.4 ( 99 )	96.7 ( 05 )
Northern Mariana I.						
Palau	96.8 (99)	96.4 (00)			99.4 ( 99 )	119.1 ( 04 )
Papua New Guinea				•••		46.5 (91)
Samoa	94.2 (99)	94.1 (09)	92.4 (99)	95.9 ( 00 )	95.3 (99)	93.5 (09)
Solomon Islands	63.2 (03)	67.0 (07)	•••		***	72.1 (91)
Tonga	88.2 (99)	99.2 (06)	94.6 (00)	90.9 ( 05 )	98.9 (91)	104.9 (06)
Tuvalu				62.6 (01)	113.3 (99)	105.3 (06)
Vanuatu	91.8 (99)	98.0 (05)	68.9 (99)	73.4 ( 06 )	85.2 (99)	79.3 (07)

Table A-8 – Goal 3: Promote gender equality and empower women

	Gender parity index in primary		Gender parity index in secondary		Gender parity index in tertiary	
	Earliest	Latest	Earliest	Latest	Earliest	Latest
East and North-East Asia						
China	0.92 (91)	1.04 (08)	0.75 (91)	1.05 (08)	0.83 (03)	1.04 (08)
Hong Kong, China	1.01 (91)	0.98 (05)	1.05 (91)	1.02 (08)	0.96 (03)	1.02 (07)
Macao, China	0.96 (91)	0.95 (09)	1.11 (91)	0.96 (09)	0.48 (91)	0.91 (08)
DPR Korea						
Republic of Korea	1.01 (91)	0.98 (08)	0.96 (91)	0.96 ( 08 )	0.49 (91)	0.69 (08)
Mongolia	1.02 (91)	0.99 (08)	1.14 (91)	1.08 ( 08 )	1.89 (91)	1.57 (08)
South-East Asia						
Brunei Darussalam	0.94 (91)	1.00 (08)	1.09 (91)	1.02 (08)	1.04 (91)	1.99 (08)
Cambodia	0.87 (99)	0.94 (08)	0.53 (99)	0.82 (07)	0.34 (00)	0.54 (08)
Indonesia	0.98 (91)	0.97 (08)	0.83 (91)	0.99 (08)	0.76 (01)	0.92 (08)
Lao PDR	0.79 (91)	0.91 (08)	0.69 (99)	0.81 (08)	0.49 (99)	0.78 (08)
Malaysia	0.99 (91)	1.00 (07)	1.05 (91)	1.07 (07)	1.02 (99)	1.29 (07)
Myanmar	0.95 (91)	0.99 (08)	0.97 (91)	1.01 (07)	( )	1.37 (07)
Philippines	0.99 (91)	0.98 (08)	1.09 (99)	1.09 (08)	1.26 (99)	1.24 (08)
Singapore	` ′	` ′	` ′		` ′	` ′
Thailand	0.98 (91)	0.98 (09)	0.99 (91)	1.09 (09)	0.94 (91)	1.24 (09)
Timor-Leste	0.93 (04)	0.94 (08)	0.99 (04)	1.00 (05)	1.27 (02)	0.71 (09)
Viet Nam	0.93 (99)	0.95 (01)	0.90 (99)	0.92 (01)	0.76 (99)	0.73 (01)
South and South-West Asia						
Afghanistan	0.55 (91)	0.66 (08)	0.51 (91)	0.38 (07)	0.28 (03)	0.28 (04)
Bangladesh	1.04 (05)	1.06 (08)	0.98 (99)	1.05 (07)	0.49 (99)	0.55 (07)
Bhutan	0.85 (99)	1.00 (08)	0.81 (99)	0.99 (09)	0.49 (99)	0.59 (08)
India	0.76 (91)	0.97 (07)	0.70 (99)	0.86 (07)	0.54 (91)	0.70 (07)
	0.70 (91)	1.40 (08)	0.75 (91)	0.86 (07)	0.40 (91)	1.14 (08)
Iran (Islamic Rep. of) Maldives	1.00 (99)	0.94 (08)	1.09 (99)	1.05 (06)	2.41 (03)	2.40 (04)
Nepal	0.63 (91)	0.86 (02)	0.46 (91)	0.89 (06)	0.33 (91)	0.40 (04)
Pakistan	0.68 (00)	0.83 (08)	0.48 (91)	0.76 (08)	0.81 (02)	
	` ,	1.00 (08)	` ,	1.02 (04)	, ,	0.85 ( 08 ) 0.48 ( 91 )
Sri Lanka Turkey	0.96 (91) 0.93 (91)	0.97 (08)	1.09 (91) 0.62 (91)	0.89 (08)	() 0.53(91)	0.48 (91)
North and Central Asia	1.01 (.01.)	1.00 (.00)	1.10 (01)	4.05 (.00.)	1.05 (01)	1.00 (07)
Armenia	1.01 (01)	1.02 (08)	1.12 (91)	1.05 (08)	1.05 (91)	1.20 (07)
Azerbaijan	0.99 (91)	0.99 (08)	1.01 (91)	0.98 (08)	0.67 (91)	0.83 (08)
Georgia	1.00 (91)	0.98 (08)	0.97 (91)	0.96 (08)	0.91 (91)	1.19 (08)
Kazakhstan	1.01 (99)	1.00 (09)	1.00 (99)	0.98 (09)	1.15 (99)	1.45 (09)
Kyrgyzstan	0.99 (99)	0.99 (08)	1.02 (91)	1.01 (08)	1.04 (99)	1.36 (08)
Russian Federation	1.00 (91)	1.00 (08)	1.00 (03)	0.97 (08)	1.27 (91)	1.36 (08)
Tajikistan	0.98 (91)	0.96 (08)	0.86 (99)	0.87 ( 08 ) 1.02 ( 91 )	0.35 (99)	0.40 (08)
Turkmenistan Uzbekistan	0.98 (91)	0.98 (08)	( ) 0.98 ( 99 )	0.98 (08)	( ) 0.82 ( 99 )	1.15 (91) 0.68 (08)
	. ,	, ,	, ,	, ,	, ,	. ,
Pacific						
American Samoa		 0.05 (00.)		1.08 (99)	•••	•••
Cook Islands	()	0.95 (99)	( )	` ,		
Fiji	1.00 (91)	0.99 (08)	0.97 (91)	1.07 (08)	1.20 (03)	1.20 (05)
French Polynesia	•••		•••		•••	•••
Guam						
Kiribati	1.01 (99)	1.02 (07)	1.18 (99)	1.20 (07)		
Marshall Islands	0.98 (99)	0.97 (07)	1.06 (99)	1.02 (07)	1.29 (01)	1.30 (03)
Micronesia (F.S.)	0.99 (04)	1.01 (07)	1.05 (04)	1.07 (05)	•••	•••
Nauru Naw Caladania	1.16 (00)	1.06 (08)	1.21 (00)	1.23 ( 08 )	•••	•••
New Caledonia	1.00 (.00.)	 0.05 (.05.)		 1 07 ( 05 )	•••	•••
Niue	1.00 (99)	0.95 (05)	1.10 (99)	1.07 (05)		
Northern Mariana I.						
Palau	0.93 (99)	1.02 (07)	1.07 (99)	0.97 (07)	2.35 (00)	2.15 (02)
Papua New Guinea	0.85 (91)	0.84 (06)	()	0.62 (91)	()	0.55 (99)
Samoa	0.98 (99)	0.98 (09)	1.10 (99)	1.13 (09)	1.04 (99)	0.93 (01)
Solomon Islands	0.87 (91)	0.97 (07)	0.61 (91)	0.84 (07)		
Tonga	0.98 (91)	0.97 (06)	1.03 (91)	1.03 (06)	1.30 (99)	1.62 (04)
Tuvalu	1.02 (99)	0.99 (06)	( )	0.93 (01)		0.50 (04)
Vanuatu	0.96 (91)	0.96 (07)	0.80 (91)	0.86 (04)	0.57 (02)	0.59 (04)

**Table A-9 – Goal 4: Reduce child mortality** 

	Under-5 mortality rate (per 1,000 live births)		Infant mort (per 1,000 li	Infant mortality rate (per 1,000 live births)	
	1990	2008	1990	2008	
ast and North-East Asia					
China	46	21	37	18	
Hong Kong, China					
Macao, China					
DPR Korea	55	55	42	42	
Republic of Korea	9	5	8	5	
Mongolia	98	41	71	34	
uth-East Asia					
Brunei Darussalam	11	7	9	6	
Cambodia	117	90	85	69	
Indonesia	86	41	56	31	
Lao PDR	157	61	108	48	
Malaysia	18	6	16	6	
	120	98	85	71	
Myanmar	120 61	98 32			
Philippines			42	26	
Singapore	7	3	6	2	
Thailand	32	14	26	13	
Timor-Leste	184	93	138	75	
Viet Nam	56	14	39	12	
uth and South-West Asia					
Afghanistan	260	257	168	165	
Bangladesh	149	54	103	43	
Bhutan	148	81	91	54	
India	116	69	83	52	
Iran (Islamic Rep. of)	73	32	55	52 27	
Maldives	73 111	32 28	55 79	27	
Nepal	142	51	99	41	
Pakistan	130	89	101	72	
Sri Lanka	29 84	15 22	23 69	13 20	
Turkey	04	22	69	20	
orth and Central Asia					
Armenia	56	23	48	21	
Azerbaijan	98	36	78	32	
Georgia	47	30	41	26	
Kazakhstan	60	30	51	27	
Kyrgyzstan	75	38	63	33	
Russian Federation	27	13	23	12	
Tajikistan	117	64	91	54	
Turkmenistan	99	48	81	43	
Uzbekistan	74	38	61	34	
	, ,		VI	34	
cific American Samoa					
		 15			
Cook Islands	18	15	16	14	
Fiji	22	18	19	16	
French Polynesia		•••			
Guam					
Kiribati	89	48	65	38	
Marshall Islands	49	36	39	30	
Micronesia (F.S.)	58	39	45	32	
Nauru	21 (95)	45	19 (95)	36	
New Caledonia					
Niue				•••	
Northern Mariana I.					
		 1E			
Palau Parus Cuinas	21	15	18	13	
Papua New Guinea	91	69	67	53	
Samoa	50	26	40	22	
Solomon Islands	38	36	31	30	
Tonga	23	19	19	17	
	23 53	19 36	19 42	30	

Table A-10 - Goal 5: Improve maternal health

	Skilled birth (%			Antenatal care (≥ 1 visit) (%)	
	Earliest	Latest	Earliest	Latest	
st and North-East Asia					
China	94.0 (90)	98.4 ( 07 )	78.7 (95)	90.9 ( 07 )	
Hong Kong, China	` ′		` ′	`	
Macao, China					
DPR Korea	98.0 (90)	97.1 ( 04 )			
Republic of Korea		100.0 ( 97 )			
Mongolia	93.6 (98)	99.2 (06)	89.8 (98)	98.9 ( 05 )	
- <b>3</b>	()	( )	( )		
outh-East Asia					
Brunei Darussalam	98.0 (94)	99.0 (99)		100.0 (94)	
Cambodia	34.0 (98)	43.8 ( 05 )	34.3 (98)	69.3 ( 05	
Indonesia	40.7 (90)	79.4 ( 07 )	76.3 (91)	93.3 ( 07	
Lao PDR	19.4 ( 01 )	20.3 ( 06 )	26.5 ( 01 )	35.1 ( 06	
Malaysia	92.8 ( 90 )	98.0 (05)	73.6 (03)	78.8 ( 05	
Myanmar	46.3 (91)	57.0 (01)	75.8 (97)	75.6 ( 01	
Philippines	52.8 (93)	61.8 ( 08 )	83.1 (93)	91.0 ( 08	
Singapore		100.0 (98)			
Thailand	99.3 ( 00 )	97.3 ( 06 )	85.9 (96)	97.8 ( 06 )	
Timor-Leste	25.8 (97)	18.4 ( 03 )	70.9 (97)	60.5 ( 03	
Viet Nam	77.1 (97)	87.7 ( 06 )	70.6 (97)	90.8 ( 06	
VIOL 140111	77.1 (37)	07.7 (00)	70.0 (07)	00.0 ( 00 )	
uth and South-West Asia					
Afghanistan	12.4 ( 00 )	14.3 ( 03 )	36.9 (00)	16.1 ( 03	
Bangladesh	9.5 (94)	18.0 (07)	25.7 (94)	51.2 (07	
Bhutan	14.9 (94)	71.4 ( 07 )	51.0 (00)	88.0 ( 07	
India	34.2 (93)	46.6 ( 06 )	61.9 (93)	74.2 ( 06	
Iran (Islamic Rep. of)	86.1 (97)	97.3 ( 05 )	76.5 (97)	98.3 ( 05	
Maldives	90.0 (94)	84.0 ( 04 )		81.0 ( 01	
Nepal	7.4 (91)	18.7 ( 06 )	15.4 (91)	43.7 ( 06	
Pakistan	18.8 (91)	38.8 ( 07 )	25.6 (91)	60.9 ( 07	
Sri Lanka	94.1 (93)	98.5 ( 07 )	80.2 (93)	99.4 ( 07	
Turkey	75.9 (93)	91.3 ( 08 )	62.3 (93)	92.0 ( 08	
,	( , ,	(33)	0_10 (00)	J_10 ( J J )	
rth and Central Asia					
Armenia	96.4 (97)	99.9 (07)	82.0 (97)	93.0 ( 05 )	
Azerbaijan	99.8 (98)	88.0 ( 06 )	98.3 (97)	76.6 (06)	
Georgia	96.6 (90)	98.3 ( 05 )	74.0 (97)	94.3 ( 05	
Kazakhstan	99.6 (95)	99.8 ( 06 )	92.5 (95)	99.9 ( 06	
Kyrgyzstan	98.1 (97)	97.6 (06)	97.3 (97)	96.9 (06	
Russian Federation	99.2 (90)	99.5 (06)			
Tajikistan	79.0 (96)	88.4 ( 07 )	71.3 (00)	88.8 ( 07	
Turkmenistan	95.8 (96)	99.5 (06)	98.1 (00)	99.1 ( 06	
Uzbekistan	97.5 (96)	99.9 (06)	94.9 (96)	99.0 ( 06	
		( 00 )	2 7.0 (00)		
cific					
American Samoa					
Cook Islands	99.0 (91)	98.0 ( 01 )			
Fiji	100.0 (98)	99.0 (00)	•••		
French Polynesia		***	•••	•••	
Guam		***		•••	
Kiribati	72.0 (94)	63.0 (05)		88.0 (94)	
Marshall Islands	94.9 (98)	86.2 (07)		81.2 ( 07	
Micronesia (F.S.)	92.8 ( 99 )	87.7 ( 01 )		`	
Nauru		97.4 ( 07 )		94.5 ( 07 )	
New Caledonia					
Niue	99.0 ( 90 )	100.0 ( 06 )			
Northern Mariana I.			•••		
Palau	99.0 ( 90 )	100.0 ( 02 )			
Papua New Guinea	53.2 (96)	53.0 ( 06 )	77.5 ( 96 )	78.8 ( 06 )	
•	76.0 (90)	` '	` ,	• •	
Samoa		100.0 (98)		73.9 ( 07 )	
Samoa	0E ( ( ( ( ) )			/39(0/	
Solomon Islands	85.0 (94)	70.1 (07)			
Solomon Islands Tonga	92.0 (91)	95.0 (01)			
Solomon Islands		, ,			

Table A-11 – Goal 6: Combat HIV and AIDS, malaria and other diseases

	HIV prevalence (% ages 15-49)		TB incidence rate (per 100,000)		TB prevalence rate (per 100,000)	
	2001	2007	1990	2008	1990	2008
East and North-East Asia						
China	0.1	0.1	120	97	260	88
Hong Kong, China			140	91	120	58
Macao, China	•••		120	78	100	49
DPR Korea	0.1	0.1	340	340	890	270
Republic of Korea	0.1	0.1	190	88	170	50
Mongolia	0.1	0.1	210	210	410	140
South-East Asia						
Brunei Darussalam			70	65	55	43
Cambodia	 1.8	0.8	590	490	1,400	680
Indonesia	0.1	0.8	190	190	460	210
Lao PDR	0.1	0.2	180	150	410	260
Malaysia	0.3	0.5	120	100	180	120
Myanmar	0.9	0.7	400	400	1,100	470
Philippines	0.1	0.1	390	280	1,000	550
Singapore	0.1	0.2	66	39	43	27
Thailand	1.7	1.4	140	140	180	160
Timor-Leste			500	500	620	660
Viet Nam	0.3	0.5	200	200	380	280
South and South-West Asia						
Afghanistan			190	190	280	270
Bangladesh	0.1	0.1	220	220	550	410
Bhutan	0.1	0.1	310	160	380	96
India	0.5	0.3	170	170	340	190
	0.1	0.2	36	20	48	23
Iran (Islamic Rep. of)				42		
Maldives	0.1	0.1	150		270	13
Nepal	0.5	0.5	160	160	350	170
Pakistan	0.1	0.1	230	230	660	310
Sri Lanka	0.1	0.1	66 58	66 30	96 53	73 22
Turkey	•••	•••	36	30	33	22
North and Central Asia	0.4	0.4	00	70	47	07
Armenia	0.1	0.1	33	73	47	67
Azerbaijan	0.1	0.2	110	110	230	140
Georgia	0.1	0.1	110	110	240	42
Kazakhstan	•••	•••	140	180	230	98
Kyrgyzstan	0.1	0.1	140	160	270	140
Russian Federation	0.5	1.1	110	110	230	69
Tajikistan	0.1	0.3	92	200	160	330
Turkmenistan			64	68	20	18
Uzbekistan	0.1	0.1	130	130	260	190
Pacific						
American Samoa			21	3	29	1
Cook Islands		•••	0	20	1	32
Fiji	0.1	0.1	51	20	59	25
French Polynesia			38	22	38	6
•	•••	•••				
Guam	•••	•••	52 (92)	58	11	61
Kiribati			510	360	1,200	110
Marshall Islands			300	210	750	59
Micronesia (F.S.)			190	93	94	34
Nauru		•••	85	12	44	10
New Caledonia			100	21	88	10
Niue			59	0	180	0
Northern Mariana I.			80	38	64	11
Palau			64	63	83	110
Papua New Guinea	0.3	1.5	250	250	550	130
Samoa			32	18	21	36
Solomon Islands			310	120	630	150
	•••	•••	34	24	39	22
Tonga						
Tuvalu			300	160	76	44
Vanuatu	•••	•••	140	74	82	88

Table A-12 - Goal 7: Ensure environmental sustainability

	Forest cover (% land area)			Protected area (% territorial area)		CO <sub>2</sub> emissions (metric tons per capita)	
	1990	2005	1990	2009	1990	2007	
East and North-East Asia				·			
China	16.8 a	21.2 a	13.07	16.06	2.15	4.92	
Hong Kong, China	•••	•••	41.09	41.79	4.85	5.75	
Macao, China					2.78	3.03	
DPR Korea	68.1	51.4	2.71	2.73	12.15	2.98	
Republic of Korea	64.5	63.5	3.29	3.54	5.62	10.49	
Mongolia	7.3	6.5	4.10	13.39	4.53	4.05	
South-East Asia							
Brunei Darussalam	59.4	52.8	23.57	28.39	24.98	19.76	
Cambodia	73.3	59.2	0.03	22.16	0.05	0.31	
Indonesia	64.3	48.8	3.96	6.39	0.84	1.77	
Lao PDR	75.0	69.9	0.84	16.32	0.06	0.25	
Malaysia	68.1	63.6	13.57	14.50	3.13	7.32	
Myanmar	59.6	49.0	2.58	5.20	0.10	0.27	
	35.5	24.0	1.86	3.29	0.71	0.80	
Philippines	3.4	3.4	2.59	3.55		12.08	
Singapore					15.56		
Thailand	31.2	28.4	12.45	16.92	1.69	4.14	
Timor-Leste	65.0	53.7	0.00	6.36	0.19 ( 02 )	0.17	
Viet Nam	28.8	39.7	3.12	4.85	0.32	1.29	
South and South-West Asia							
Afghanistan	2.0	1.3	0.43	0.43	0.21	0.03	
Bangladesh	6.8	6.7	1.28	1.46	0.13	0.28	
Bhutan	64.6	68.0	14.25	28.35	0.23	0.86	
India	21.5	22.8	4.79	5.12	0.80	1.38	
Iran (Islamic Rep. of)	6.8	6.8	5.06	6.84	4.00	6.85	
Maldives	3.0	3.0			0.71	2.99	
Nepal	33.7	25.4	7.69	17.00	0.03	0.12	
Pakistan	3.3	2.5	9.99	10.00	0.59	0.90	
Sri Lanka	36.4	29.9	13.35	14.48	0.22	0.62	
Turkey	12.6	13.2	1.78	1.94	2.69	3.95	
North and Central Asia							
Armenia	12.3	10.0	6.93	7.99	1.07 (92)	1.65	
	11.3	11.3	6.18	7.15	5.93 (92)	3.68	
Azerbaijan					, ,		
Georgia	39.7	39.7	2.55	3.39	2.87 (92)	1.38	
Kazakhstan	1.3	1.2	2.40	2.52	15.90 ( 92 )	14.76	
Kyrgyzstan	4.4	4.5	6.36	6.94	2.47 (92)	1.14	
Russian Federation	47.9	47.9	7.82	9.02	13.96 ( 92 )	10.83	
Tajikistan	2.9	2.9	1.94	4.14	3.86 ( 92 )	1.07	
Turkmenistan	8.8	8.8	2.99	2.99	7.23 ( 92 )	9.20	
Uzbekistan	7.4	8.0	2.12	2.26	5.30 (92)	4.32	
Pacific							
American Samoa	91.9	89.4	2.02	2.03			
Cook Islands	63.9	66.5	0.00	0.05	1.24	3.38	
Fiji	53.6	54.7	0.15	0.18	1.13	1.74	
French Polynesia	28.7	28.7	0.01	0.07	3.23	3.08	
Guam	47.1	47.1	3.29	3.56			
Kiribati	3.0	3.0	0.34	20.21	0.31	0.35	
Marshall Islands			0.00	0.62	1.02	1.67	
Micronesia (F.S.)	90.6	90.6	0.06	0.09	0.51 (99)	0.56	
Nauru Naur Caladania					14.43	14.09	
New Caledonia	39.2	39.2	1.06	1.10	9.49	11.75	
Niue	66.2	54.2	0.00	1.86	1.74	2.57	
Northern Mariana I.	75.3	72.4	0.03	0.08			
Palau	82.9	87.6	0.45	4.80	15.74	10.49	
Papua New Guinea	69.6	65.0	0.93	1.37	0.52	0.52	
Samoa	45.9	60.4	0.94	1.18	0.77	0.90	
Solomon Islands	98.9	77.6	0.01	0.12	0.51	0.40	
	5.0	5.0	0.01	253	0.81	1 / 1	
Tonga Tuvalu	5.0 33.3	5.0 33.3	0.01 0.00	2.53 0.19	0.81	1.71	

Note: The number in parenthesis is the year of the data point.

Source: United Nations MDG database.

Table A-13 - Goal 7: Ensure environmental sustainability

	ODP substance consumption (ODP metric tons)		Safe drinking water (% population)		Basic sanitation (% population)	
	Earliest	2008	1990	2008	1990	2008
East and North-East Asia	a					
China	59,674.0 (90)	17,386.3	67	89	41	55
Hong Kong, China						
Macao, China						
DPR Korea	192.0 (91)	91.2	100	100	59 (95)	59 (00)
Republic of Korea	0.0 (91)	4,050.2 2.6	90 (95) 58	98 76	100 49 ( 95 )	100 50
Mongolia	0.0 (91)	2.0	36	70	49 (95)	50
South-East Asia						
Brunei Darussalam	0.0 (91)	7.6				
Cambodia	0.0 (91)	9.3	35	61	9	29
Indonesia	80.8 (91)	299.9	71	80	33	52
Lao PDR	0.0 (90)	3.6	44 (95)	57	18 (95)	53
Malaysia	4,193.7 (90)	571.2	88	100	84	96
Myanmar	16.6 (92)	2.0	57	71	49 ( 95 )	81
Philippines	3,477.2 (90)	397.4	84	91	58	76
Singapore	4,855.2 (90)	149.5	100	100	99	100
Thailand	6,984.2 (90)	1,197.5	91	98	80	96
Timor-Leste	0.3 (91)	2.7 ( 07 )	52 (00)	69	32 (00)	50
Viet Nam	430.0 (91)	277.5	58	94	35	75
South and South-West A	sia					
Afghanistan	0.0 (91)	47.9	3 (95)	48	29 (95)	37
Bangladesh	202.1 (90)	223.1	78	80	34	53
Bhutan	0.0 (91)	0.1	91 (00)	92	62 ( 00 )	65
India	0.0 (90)	2,904.9	72	88	18	31
Iran (Islamic Rep. of)	1,393.9 (90)	508.6	91	93 (00)	83	83 (00)
Maldives	4.5 (90)	3.7	90	91	69	98
Nepal	25.0 (91)	1.4	76	88	11	31
Pakistan	1,455.8 (90)	356.9	86	90	28	45
Sri Lanka Turkey	218.2 (90) 4,361.0 (90)	10.3 762.5	67 85	90 99	70 84	91 90
	, ,					
North and Central Asia	0.0 (01)	10.4	00 (05)	06	00 (05)	00
Armenia	0.0 (91)	18.4	92 (95)	96 80	88 (95)	90 45
Azerbaijan Georgia	2.8 (91) 94.8 (91)	0.8 5.9	70 81	98	57 ( 95 ) 96	95
Kazakhstan	2,355.9 (90)	128.8	96	95	96	97
Kyrgyzstan	133.5 (91)	12.4	78 (95)	90	93 ( 95 )	93
Russian Federation	130,578.5 (90)	1,457.6	93	96	87	87
Tajikistan	93.3 (91)	3.9	58 (95)	70	89 (95)	94
Turkmenistan	145.2 (90)	10.1	83 (95)	84 (05)	98	98
Uzbekistan	4.4 (91)	2.3	90 `	87	84	100
Pacific						
American Samoa		•••	•••	•••		
Cook Islands	0.1 (91)	0.0	94	95 ( 05 )	96	100
Fiji	41.8 (90)	4.8				
French Polynesia			100	100	98	98
Guam		•••	100	100	99	99
Kiribati	0.0 (91)	0.2	48	64 (05)	26	35 (05)
Marshall Islands	1.2 (90)	0.2	95	94	64	73
Micronesia (F.S.)	0.0 (91)	0.2	89	94 (05)	29	25 ( 05 )
Nauru New Caledonia	0.0 (91)	0.0 ( 07 )				
Niue	0.0 (91)	0.0	100	100	100	100
Northern Mariana I.	` '		98	98	84	94 (05)
Palau	0.0 (91)	 0.1	81	84 (05)	69	83 (05)
Papua New Guinea	28.5 (91)	1.5	41	40	47	45
Samoa	4.0 (91)	0.1	91	88 (05)	98	100
Solomon Islands	2.1 (90)	1.2	69 (95)	70 (05)	30 (95)	32 (05)
Tonga	0.4 (91)	0.2	100 (95)	100	96	96
Tuvalu	0.0 (91)	0.0	90	97	80	84
Vanuatu	0.0 (91)	1.0	57	83	35 (95)	52

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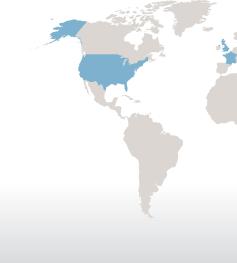
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There are only five years left to reach 2015 in achieving the MDGs. World leaders are once again gathering at the United Nations High-level Plenary Meeting on the MDGs in September 2010 in New York to assess some of the likely outcomes on present trends, identify some of the weakest areas of performance, and identify priorities for accelerated action.

This report on Paths to 2015 is the Asia-Pacific region's contribution to that assessment. It uses the latest information from the United Nations MDG database to assess which countries and subregions are likely to miss or achieve the Goals. It attempts to encapsulate and update the discussions and recommendations of the earlier reports on MDGs, jointly published by ESCAP, ADB and UNDP since 2004. It looks at some of the key drivers which have propelled MDG achievement in the region, and which are likely to remain as important as before in the region's quest for reaching the Goals by 2015. It focuses specifically on three areas where increased and sustained policy attention would be required: hunger and food security; health and basic services; and basic infrastructure – areas where many of the countries in the region appear to be facing significant challenges.

This report is the fifth in the series published by ESCAP, ADB and UNDP on MDG achievement. It is a resource which policy makers, development practitioners and other stakeholders should find useful in addressing the remaining challenges in achieving the MDGs.

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