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

Bangkok, 26-28 November 2018

Implementing the Programme of Action of the International Conference on Population and Development and the Recommendations of the Asian and Pacific Ministerial Declaration on Population and Development:

A Regional Synthesis: Asia and the Pacific¹

Introduction

As a follow-up to the 1994 International Conference on Population and Development (ICPD), the Sixth Asian and Pacific Conference on Population and Development was held from 16 to 20 September 2013 in Bangkok to review progress on the Programme of Action of ICPD. Member States of the Economic and Social Commission for Asia and the Pacific (ESCAP), after assessing the state of population and development in the region, recommended a set of policy directions and priority actions that were embodied in the Asian and Pacific Ministerial Declaration (APMD) on Population and Development.

APMD also called for the integration of the above policy directions and priority actions in the post-2015 development agenda of the United Nations. The 2030 Agenda for Sustainable Development, including the Sustainable Development Goals (SDGs) and related targets, was adopted unanimously by United Nations Member States in September 2015. The 2030 Agenda, which was the outcome of extensive consultation, sets out a comprehensive agenda for sustainable development, balancing social, economic and environmental dimensions. A set of 17 global goals were established to be achieved by 2030, with each goal having a list of targets and indicators for monitoring progress. The 2030 Agenda and its goals share a number of common areas with the ICPD Programme of Action, such as poverty eradication and sustainable development; health, including sexual and reproductive health, services, and rights; gender equality; the need for quality, accessible, timely and reliable disaggregated data;

¹ This synthesis report is based on inputs from the following countries: Afghanistan, Armenia, Australia, Azerbaijan, Bangladesh, Bhutan, Cambodia, China, the Democratic People's Republic of Korea, India, Indonesia, Islamic Republic of Iran, Japan, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Papua New Guinea, the Philippines, Thailand, Timor-Leste, Turkey and Viet Nam.

recognition of the diverse nature of populations; and the need to focus priority actions on specific sociodemographic groups, such as youth and adolescents, older persons, and international and internal migrants.

APMD further requested that ESCAP “conduct a regional intergovernmental review meeting of the implementation of the ICPD Programme of Action, and the recommendations of the present Declaration in 2018”. In response to this mandate, ESCAP, in collaboration with UNFPA, requested member States to carry out voluntary national reviews of the implementation of the priority actions in order to assess progress towards the goals of the Declaration.

As of November 2018, a total of 25 countries had carried out such reviews and submitted national reports; these are listed in table 1.

Table 1.
Countries that submitted Voluntary National Reports by Asia-Pacific subregion

South and South-West Asia	North and Central Asia	South-East Asia	East and North-East Asia	The Pacific
Afghanistan Bangladesh Bhutan India Islamic Republic of Iran Maldives Nepal Pakistan Turkey	Armenia Azerbaijan	Cambodia Indonesia Malaysia Myanmar Philippines Thailand Timor-Leste Viet Nam	China Democratic People’s Republic of Korea Japan Mongolia	Australia Papua New Guinea

This document summarizes the results of a desk-review of midterm progress on the above recommendations based on the national reports submitted. Recognizing the size and diversity of the region, and the different stages of social and economic development, as well as differing phases of the demographic transition of countries in the region, the document synthesizes progress, outlines challenges in implementing the ICPD Programme of Action, and highlights issues for consideration, on the basis of country experiences. It also identifies synergies between progress on the implementation of the Declaration and the 2030 Agenda. The synthesis assesses progress in all of the 11 priority actions identified by the Ministerial Declaration:

1. Poverty eradication and employment

2. Health
3. Sexual and reproductive health, services and rights
4. Education
5. Gender equality and women's empowerment
6. Adolescents and young people
7. Population ageing
8. International migration
9. Urbanization and internal migration
10. Population and sustainable development
11. Data and statistics

I. Review of progress and challenges on implementing the Asian and Pacific Ministerial Declaration

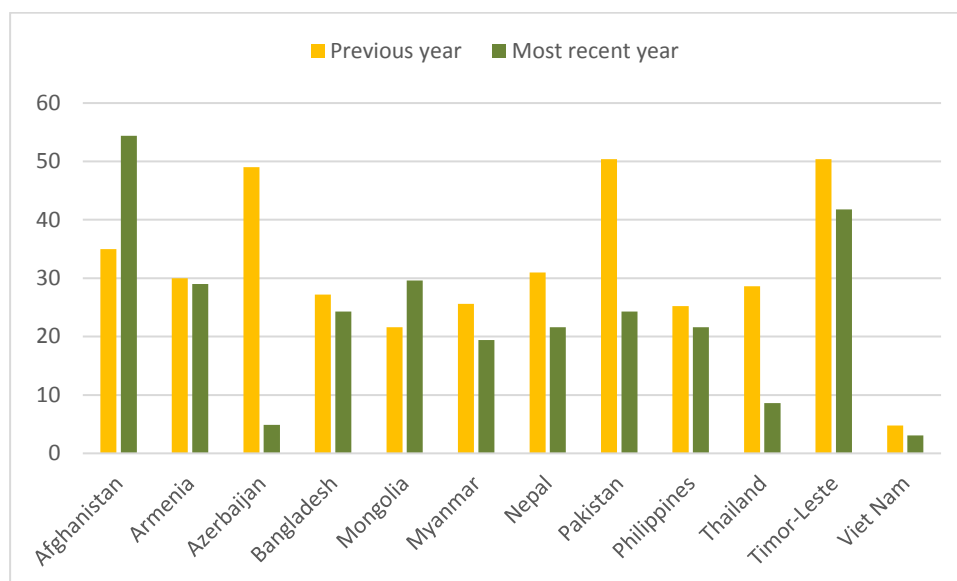
A. Poverty eradication and employment

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

Poverty eradication is a stated national priority in the region in affirmation of both APMD as well as SDG 1 of the 2030 Agenda. There has been notable progress in poverty reduction² in most countries (figure 1).

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

Figure 1. **Progress in poverty reduction: percentage of population below the poverty line, selected countries**



Source: National reports on midterm progress on APMD implementation, 2018.

Note: Most recent year and previous year respectively refer to the most recent year and the comparator year for which data are presented in the national reports.

The reduction in the incidence of poverty in most countries of the region, as indicated below, resulted from a combination of efforts closely aligned to international recommendations, including enhancing economic growth, improving health, and creating better access to opportunities in education, employment and skill enhancement. Countries have also strengthened social protection programmes and income assistance through both conditional and non-conditional cash transfers.

- Azerbaijan attributed success in poverty reduction to the social security system set in place and which provided social protection to 28 per cent of the population in the form of targeted state social assistance occupational pensions, social benefits and other pensions.
- Armenia noted that its social policy priority was the introduction of an integrated social services assistance system where citizens were provided social services on the basis of need through a single window principle (box 1).
- The Islamic Republic of Iran provided income assistance through cash transfer programmes, while low-cost housing and a universal health-care programme also played roles in reducing poverty.
- Although there was a rise in poverty, increasing social protection for those most in need was stated to be of the highest priority in Afghanistan. Its social protection floor was noted to cover the four most vulnerable population groups, namely persons with disabilities, pensioners, martyred families and vulnerable families with children under 10 years of age.

- In addition to promoting economic growth and higher paying decent jobs as a vehicle for poverty reduction, Malaysia and Thailand reported institutionalizing minimum wages in order to provide additional income security and a basic standard of living for workers.
- In Bangladesh, Myanmar, Nepal and the Philippines, significant levels of remittance flows from migrants overseas were reported to have assisted national efforts to grow the economy and reduce poverty. For example, the inflow of remittances to Bangladesh rose significantly from US\$3.5 billion in 2000 to US\$14.9 billion in 2016.

Box 1. Social assistance for poverty reduction: Armenia

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

In order to afford the necessary legal basis for the introduction of an integrated social services system, the Law on Social Assistance was adopted on 17 December 2014, together with about 30 legal acts to ensure its implementation.

The integrated social services system is implemented through state budget funds, with the support of donor organizations. One of the important prerequisites of introducing the system is ensuring cooperation. Towards this end, a positive practice has been the establishment of a supportive network operating at national and at all local levels (the latter have coordinating councils), as well as interagency social cooperation. Many non-governmental organizations and individuals have also joined the supportive networks by signing agreements. At local levels, the coordinating councils consist of 11 members, 6 of which are representatives of non-governmental organizations, taking into account the need to involve civil society.

In order to build and strengthen the Social Workers' Institution, training courses for social workers have been conducted.

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

As indicated, not all countries experienced reductions in poverty. In a few countries, such as Afghanistan and Mongolia, the incidence of poverty increased. For Afghanistan, the rise in the incidence of poverty from 35 per cent in 2011/2015 to 54 per cent in 2017 (figure 1) was due, among others, to the effects of armed conflict and the return of refugees and migrants from Pakistan and the Islamic Republic of Iran, overreliance on agriculture and external assistance, and the absence of clear pro-poor policies. These factors had an impact on economic growth and slowed down the capacity of the economy to create new employment opportunities; they consequently intensified poverty. The recent economic slowdown in Mongolia and the subsequent fiscal austerity and imposed budget discipline aggravated the rise in poverty from 22.0 per cent in 2014 to 29.6 per cent in 2016; this underscores the relevance of the nexus between poverty reduction and economic growth.

The national reports made reference to the strong association between poverty and large family size, and poor health status of women and infants. In many countries of the region, as in many countries of the world, poor households tend to have more children than rich households,³ thereby perpetuating a vicious cycle of intergenerational poverty. The total fertility rate⁴ among the lowest income quintile in Pakistan, for instance, is 5.2 children per woman compared with 2.7 among the highest income quintile. In Timor-Leste, both overall poverty and total fertility rates remain high. Afghanistan, which is experiencing increasing levels of poverty incidence, has also one of the highest fertility rates in the region at 5.2 children per woman. In Nepal, poverty is highest among households with three or more children. Thus, interventions aimed at enhancing access to family planning among the poor and targeting unmet need and unintended pregnancies would certainly be part of a multi-pronged poverty reduction strategy.

Across the region, poverty differentials and inequalities continue to exist. In countries such as Armenia, Bhutan, China, the Islamic Republic of Iran, Mongolia and Thailand, poverty has a rural face, with rural poverty higher than that in urban locations. In Bhutan, 97 per cent of the poor lived in rural areas in 2017. The rural poverty rate in the Islamic Republic of Iran is 9.8 per cent, compared to 6.1 per cent in urban areas; moreover, within rural areas, families headed by women were more likely to be poor. In Mongolia, 38.0 per cent of the rural population live below the poverty line, as against 24.8 per cent in urban areas. Despite Viet Nam's success in poverty and hunger reduction, large differentials in poverty and stunting rates exist between regions, with the rates highest in disadvantaged highland areas due mainly to geography and related accessibility issues.

Women are more vulnerable to various forms of poverty due to the challenges they encounter when seeking decent jobs, credit, health care and education. In particular, women are more likely to end up in informal employment and to receive lower wages than men for

³ The close association between poor households and high fertility is due to lack of access to and knowledge of contraceptives, low women's autonomy and the demand for children as economic or household support.

⁴ Total Fertility Rate is the total number of children born or likely to be born to a woman in her life time if she were subject to the prevailing rate of age-specific fertility in the population.

an equal amount of work because of the limited protection of their work rights, a lack of wage bargaining mechanisms and unsafe working conditions; these typically exist while women also juggle the extra burden of unpaid care or household work.

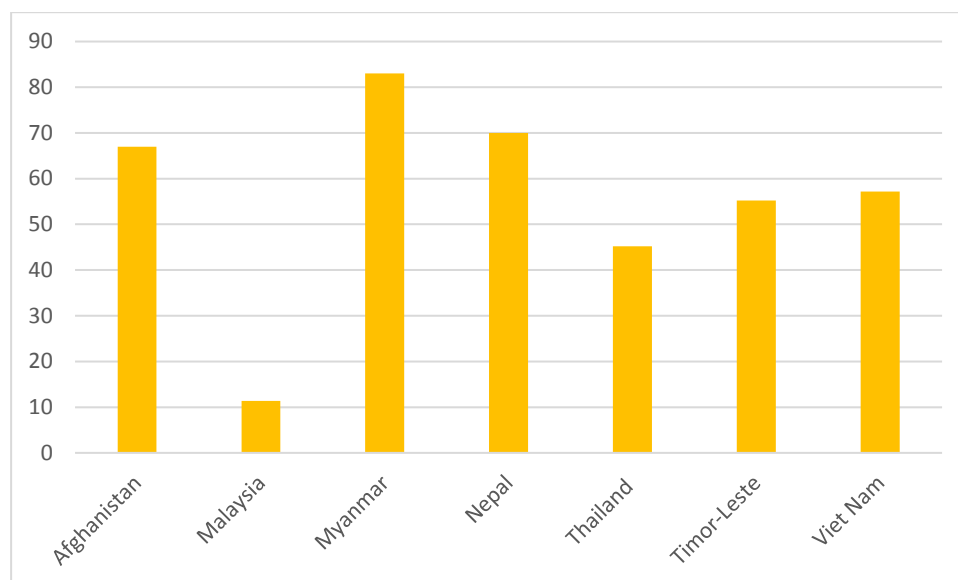
Addressing hunger and malnutrition is an important aspect of both the 2030 Agenda and APMD. Many countries reported the implementation of programmes to improve nutrition status, especially of children and infants. Myanmar recently launched the Multi-Sectoral National Plan of Action for Nutrition, 2018- 2022. A maternal cash transfer programme for pregnant mothers and mothers of children under 2 years old has also been introduced in states/regions of Myanmar where malnutrition is pronounced. Malaysia's National Plan of Action for Nutrition 2016-25 is aimed at achieving optimal nutritional well-being, recognizing the importance of nutrition in population health, in preventing diet-related illnesses, and in strengthening food and nutrition security. Outcomes of nutrition programmes in the region have, however, been mixed. While Cambodia reported that extreme hunger had been eliminated, 6.2 per cent of households in Bhutan faced food insufficiency in 2016/17, the majority of which lived in rural areas. Viet Nam had 2.4 million severely food insecure people during 2014-16, with the situation worst in the disadvantaged highland regions of the country.

Employment generation is central to poverty reduction. This is because wage income that comes from employment is the largest component of overall household income in the region. Countries like Malaysia, Thailand and Viet Nam provide examples where strong employment growth has underpinned large reductions in the incidence and severity of poverty. In Azerbaijan, poverty reduction has been supported by flexible labour market policies, skills development, strengthening of labour standards, unemployment insurance and the development of labour market monitoring. Armenia's Employment Strategy and Action Plan 2013-18 is aimed at reform of State employment regulations towards more flexible labour markets; this is expected to help support employment growth.

There are several employment trends which have possible adverse implications on the extent to which labour markets can influence poverty reduction. One is the growth of vulnerable employment reflected in the increased share of informal employment as a percentage of non-agricultural employment (SDG indicator 8.3.1). Vulnerable employment is generally characterized by low and unpredictable incomes, and a lack of social protection. The extent of informal non-agricultural employment is shown in figure 2 and ranges from 11.4 per cent in Malaysia to 83.0 per cent in Myanmar.

Figure 2.

Percentage of informal employment as a share of non-agricultural employment, selected countries



Source: National midterm reports of APMD implementation, 2018.

The second trend concerns female labour force participation. While this has been increasing in Malaysia,⁵ it has fallen in many other countries in South and South-West Asia and has been stagnating in parts of South-East Asia. The third trend relates to youth unemployment. Many countries are facing high youth unemployment; this phenomenon was been reported to be due to, among others, mismatches between labour market needs and the skill profile of young labour market entrants. The unwillingness of young people to take up blue-collar jobs as well as insufficient labour market readiness were also mentioned as reasons for high youth unemployment. Youth unemployment exists even in countries such as Australia and Japan, where overall poverty levels are low. In the case of Australia, higher unemployment, especially among those 20-24 years old in certain regions, was reported to be of concern and a priority for the Government.

Despite much progress in poverty eradication, the main challenge is sustaining current efforts in the face of uncertainties with respect to prospects for economic growth, remittance flows and resource availability to fund poverty eradication programmes. There is concern that those who are just above the poverty line could easily fall below it. Poverty eradication efforts are constantly challenged in those few countries facing sanctions and embargoes, such as the Democratic People's Republic of Korea and the Islamic Republic of Iran, and in others that are prone to man-made and natural disasters, such as Afghanistan, Indonesia and Pakistan. Differentials which exist in most countries due to geography, access

⁵ Female labour force participation in Malaysia increased from 46.4 per cent in 2009 to 54.7 per cent in 2017.

to basic social services including reproductive health services, and lack of pro-poor targeted approaches, need to be addressed. With more countries in the region experiencing the impact of rapid population ageing and given that with age comes a reduced capacity to earn income, there is a greater likelihood that poverty among older persons, especially women and those in rural areas, increases further. The fall into poverty could be intensified where older persons are not supported by social pensions or other forms of social protection.

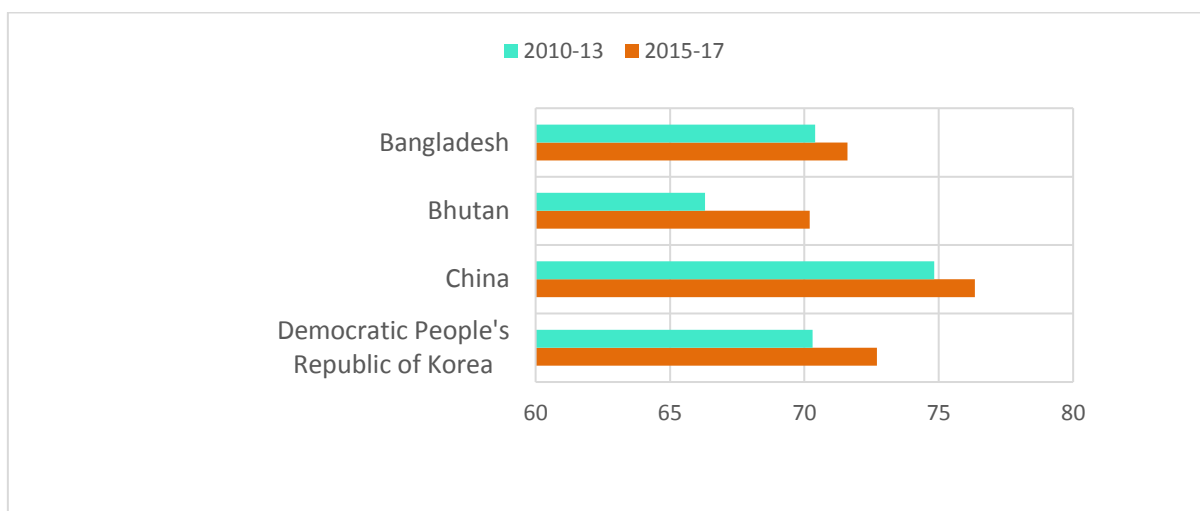
B. Health

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

The region registered considerable gains in the health status of its populations, as reflected in progress on health-related indicators. Life expectancy at birth, an important barometer of the health of a population, showed increases across the region and among both women and men, with aggregate figures rising considerably in Bhutan and the Democratic People’s Republic of Korea (figure 3).

Figure 2.

Life expectancy at birth, years, selected countries

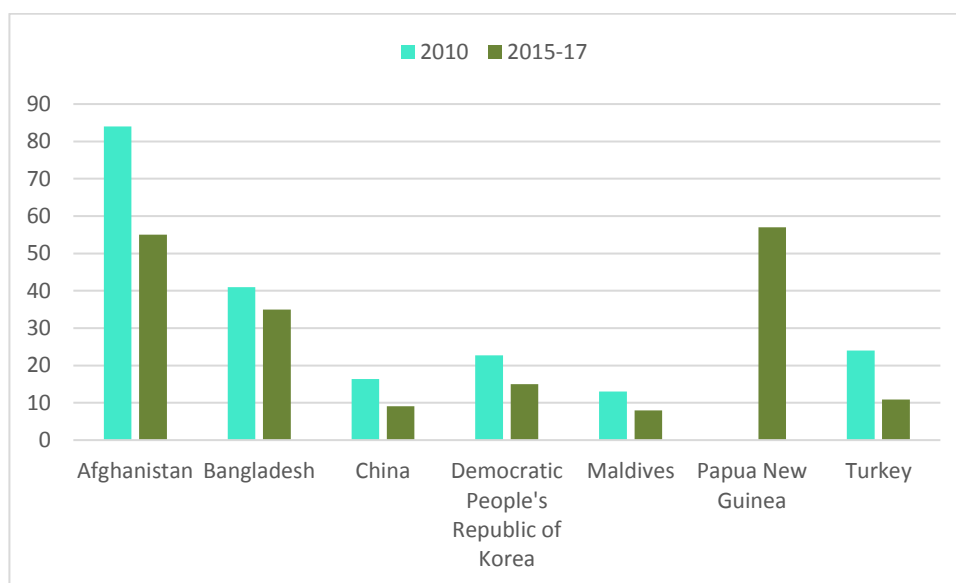


Source: National midterm reports of APMD implementation, 2018

National immunization programmes implemented in the region have helped blunt the impact of infant and childhood diseases. In China, for instance, almost every child aged 6 and below is fully covered by all vaccines,⁶ while the proportion of the target population covered in Turkey was 96 per cent in 2018. The relevant figure for India was 62 per cent in 2015/2016; this shows a significant rise compared with 44 per cent in 2005/2006. The expanded vaccination and immunization coverage has been a contributory factor to the considerable decline in under 5 mortality rates across the region, as shown in figure 4.

Figure 4.

Under 5 mortality rates per 1000 live births, selected countries



Source: National midterm reports on implementation of APMD 2018.

There have also been significant achievements, especially in the last few years, at the policy level. This has involved the formulation and implementation of a wide range of health-policy frameworks to create an enabling environment towards achieving the goal of universal health coverage. The Islamic Republic of Iran's current Health Transformation Plan is aimed, among others, to realize financial sustainability of health care and expand access to quality health care for all. Myanmar's National Health Plan, 2017-2021 aims to strengthen the health system as a precursor towards universal health coverage. India has announced a health insurance scheme for families that are not able to afford health care as a step towards achieving universal health coverage. To realize an equitable approach to universal health coverage, 117 Aspirational Villages have been identified by the Government of India through which it aims to reach out to the most under-served districts. China, on the other hand, plans to achieve a universal health-care system by 2020, while the universal health coverage scheme implemented in Maldives allows for unlimited coverage of all necessary health-care services.

⁶ SDG Indicator 3.b.1.

With most of the universal health coverage schemes of the region funded out of government revenues, government health expenditures as a share of Gross Domestic Product have increased. Thailand, as a case in point, has thus far funded its entire universal health coverage plan from Government coffers. A potential challenge which the country has identified is the sustainability of such financing, especially in view of the ageing of the population; this raises two issues, one being the bigger pool of beneficiaries and the other the potentially smaller tax payer base. Countries such as the Islamic Republic of Iran and Mongolia reported that, despite government funding of universal health coverage, out-of-pocket expenditure on health had increased.

While improvements to the health-care system have resulted in reductions in communicable diseases, most countries reported an epidemiological transition, with the rise of non-communicable diseases. These emerging health needs call for new health services. New strategies have to be implemented to prevent and manage non-communicable diseases. In order to achieve further health gains, countries will have to exert efforts to control non-communicable diseases while simultaneously strengthening their preparedness to address emerging and re-emerging communicable diseases.

C. Sexual and reproductive health, services and rights

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

The Asian and Pacific region as a whole is experiencing a downtrend in fertility due to a range of mutually-reinforcing factors, such as greater access to family planning, postponement of marriage, changing roles and status of women, and urbanization. The national midterm progress reports confirm the continuing fertility decline in most countries. In line with the recommendation of APMD, member States have sought to fulfil sexual and reproductive health and rights through increasing access to sexual and reproductive health services, as well as reforming the policies underlying such services to ensure they are based on human rights.

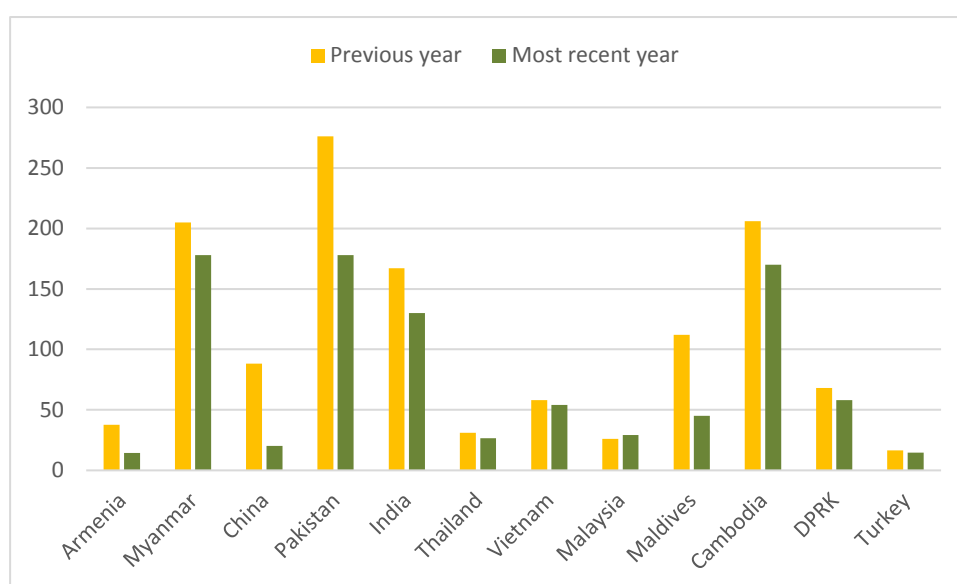
The 2018 Sexual and Reproductive Health and Rights Policy of Myanmar is grounded in human rights and is premised on the strong linkages between sexual and reproductive rights and access to family planning. The policy covers eligible couples, which includes adolescents and young people. Cambodia has achieved considerable momentum in improving the availability, accessibility and delivery of sexual and reproductive health services through its implementation of the National Strategy for Sexual and Reproductive Health, 2017-2020. In

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

Notwithstanding the stagnation of contraceptive prevalence in Bangladesh and Indonesia, and more recently a drop in Mongolia, there has been a general uptrend in contraceptive prevalence (modern methods) among women in their reproductive ages in the region as a whole. Disparities, however, exist between urban and rural areas, and income groups; these need to be addressed if the relevant targets and indicators of Agenda 2030 are to be met, and to ensure that all women can exercise their reproductive rights. Unmet need for family planning has generally declined across the region. In Viet Nam it declined from 73.1 per cent in 2011 to 69.7 per cent in 2014. In the Philippines, contraceptive prevalence among married women who use a modern method increased from 38 per cent in 2013 to 40 per cent in 2017. Poor women and those with low levels of education in the Philippines had higher unmet need for family planning than wealthier and more educated counterparts. In Indonesia, on the other hand, total unmet need for contraception has remained at 11 per cent since 2012.

Maternal mortality ratios (SDG Indicator 3.1.1) have declined in most countries of the region, as shown in figure 5.

Figure 5. **Maternal mortality ratios (maternal deaths per 100,000 live births), selected countries**



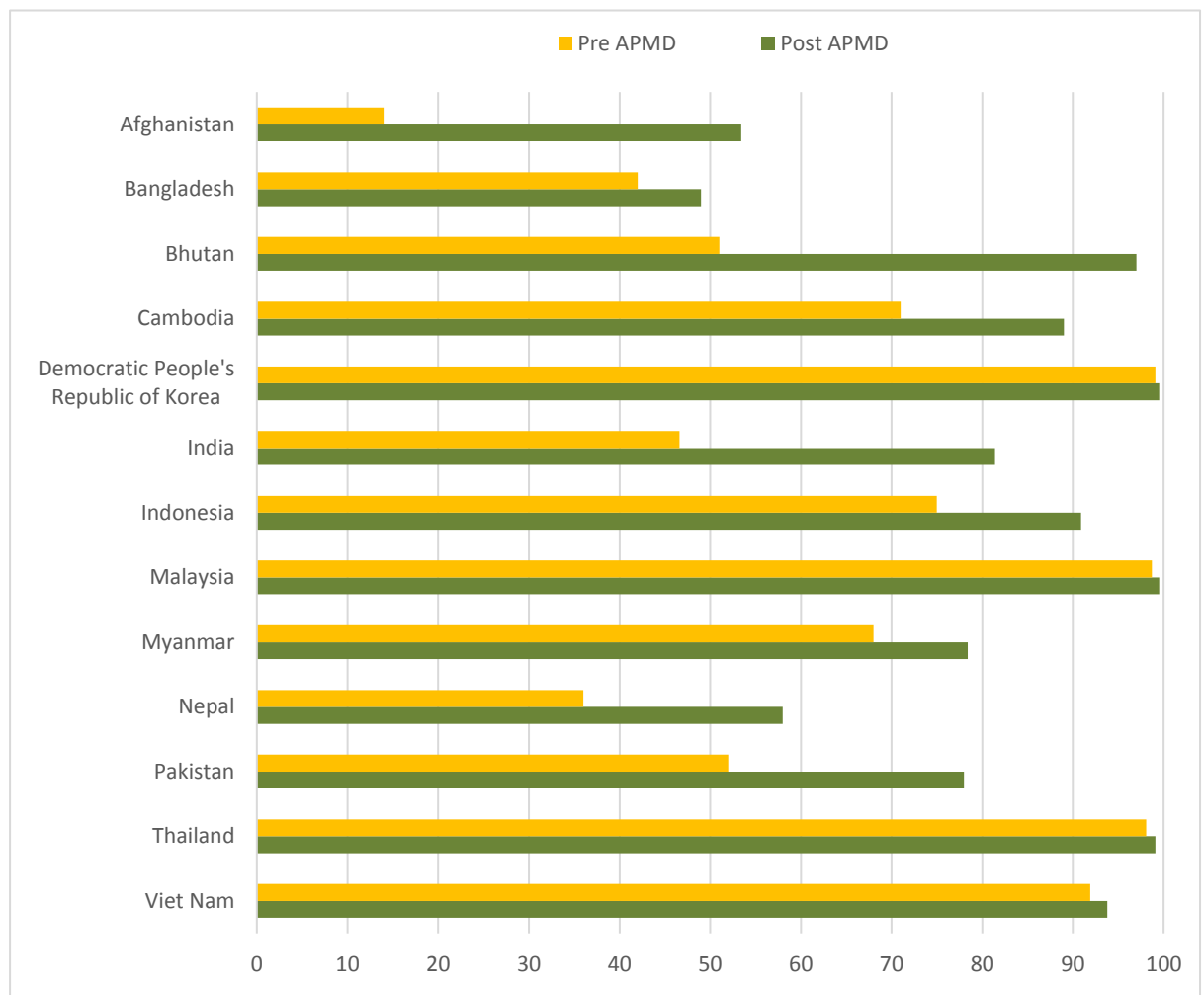
Source: National midterm reports on APMD Implementation, 2018.

Note: most recent year and previous year respectively refer to the most recent year and the comparator year for which data are presented in the national reports.

This reduction in maternal mortality ratios has been made possible due to several factors, the most striking being the higher share of births attended by skilled birth attendants, as shown in figure 6. The case of Bhutan is an example of progress; the country's national report highlights that 97 per cent of births in 2017 were attended by skilled birth attendants compared to 51 per cent in 2005, with urban areas (99.0 per cent) better served by skilled birth attendants than rural areas (93.4 per cent). Institutional delivery rates had increased to 93.4 per cent in 2017. The reduction in maternal mortality in India was due, among others, to promotion of institutional deliveries through cash incentives; strengthening of delivery points for providing comprehensive and quality reproductive, maternal, antenatal, newborn, child and adolescent health services; quality improvement to the labour room; and dietary counselling during antenatal visits.

Figure 6.

Percentage of births attended by skilled birth attendants, selected countries



Source: National midterm reports on APMD Implementation, 2018.

Countries have also paid attention to maternal health outreach activities so that women in rural areas can access skilled birth attendants. To address the shortage of skilled birth attendants, especially in rural areas, the Ministry of Health and Family Welfare of Bangladesh developed a crash course for training young doctors to serve in rural areas. Additionally, community-based skilled birth attendants have been trained to conduct normal safe deliveries at home and to identify complicated cases for referral to nearby health facilities where comprehensive emergency obstetric services are available. In several countries – such as Nepal, Myanmar and Pakistan – midwifery training is being accelerated so that a cadre of midwives will be available to reduce maternal mortality.

Universal access to sexual and reproductive health, services and rights is fundamental to improving quality of life for all and for achieving the SDGs. The central challenge for this thematic area is that of addressing inequalities in access to sexual and reproductive health and rights, especially between urban and rural locations, and wealth quintiles.

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

D. Education

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

There has been good progress across the region regarding primary school enrolment, with almost universal access achieved in a majority of countries. Papua New Guinea and Timor-Leste reported relatively slow progress in achieving universal primary education. Afghanistan has made considerable progress over the last decade with respect to access to education, although it is not likely to be sufficient to achieve the universal primary education goal by 2020. Net primary school and secondary school enrolment was 56 and 35 per cent, respectively, in 2016/17.

With compulsory and free education provided for at least the first nine years of schooling in most parts of the region, improvements in secondary school enrolment, as well as completion rates, have been commendable, although there still remains considerable variation

regarding gender differences in completion rates. This gap is especially observable in Afghanistan, where the completion rate among boys is more than two times that of girls. China's completion rate for nine years of education was 93.4 per cent in 2017, while the progression from middle to high school went from 87.5 to 93.7 per cent between 2010 and 2016. In many other countries in the region – such as Armenia, the Philippines, Mongolia and Myanmar – the gender gap has reversed, with a higher proportion of young women in high school and in tertiary education than young men. As a response to the recommendation on free and compulsory education for children, and given the responsibility of provinces to provide social services under the 18th Constitutional Amendment, the provinces of Sindh and Balochistan in Pakistan enacted the Right to Free and Compulsory Education Act in 2013, followed by the provinces of Punjab, in 2014, and Khyber Pakhtunkhwa, in 2017. Australia has achieved universal access to primary and secondary education, as well as preschool education in the year before school.

Generally, conditions in schools have improved, with increased access by schools to electricity supply and water, sanitation and hygiene (WASH) facilities, as well as internet and computer facilities for pedagogical purposes. These conditions are not, however, uniform across and within countries. Overall challenges include addressing overcrowding in public schools, reducing geographic differentials in enrolments, ensuring quality, facilitating lifelong learning to meet the rapidly changing skill needs of the economy, and preventing school dropout.

A number of countries – including Mongolia, Myanmar, the Philippines and Viet Nam – made reference to the challenge of ensuring the relevance of schooling outcomes to the needs of the labour market, citing growing youth unemployment as well as preparing students for the changing world of work where new skills will be required. One specific challenge raised was regarding the issue of projecting school enrolment in the absence of routine data affecting decisions on how much to allocate for funding new school entrants.

E. Gender equality and women's empowerment

Commitments to enhance gender equality and women's empowerment in the Asian and Pacific Ministerial Declaration included gender mainstreaming, strengthening legal frameworks to end gender discrimination, ensuring policies and programmes are set in place to eliminate violence against women and girls, encouraging women in leadership and decision-making positions, and improving data collection, analysis, dissemination, and use of sex-disaggregated data. SDG 5 of the 2030 Agenda calls on Member States to achieve gender equality and empower all women and girls.

Among the 11 themes or priority areas of APMD, the thematic area of gender equality and women's empowerment has seen significant progress in terms of the number of legislative and policy frameworks for action. Laws and policies on matters such as gender equality, protection for women and political participation, for example, have been enacted from Azerbaijan to Papua New Guinea, and from Mongolia to Maldives, with these frameworks

providing a legal basis for state and community action to achieve gender equality. The main stated goal of most of these laws and policies is the elimination of all forms of gender-based discrimination and creation of equal opportunities for both women and men in daily life.

The country reports received indicate progress, albeit uneven, on several fronts. Gender parity in education is an area where observable progress has been registered, in particular in primary education. Much distance has also been covered with respect to secondary schooling, including in countries like Cambodia, the Islamic Republic of Iran, Maldives and Myanmar. Member States also made reference to a rising trend in several countries of higher participation of women at the tertiary education level.

In spite of the above, female labour force participation rates have generally fallen for the region as a whole, except in a few cases, such as in Malaysia. Explanations for this phenomenon include increased school attendance of girls, the shift away from agricultural employment, higher household income levels which discourage women's participation, and unpaid and non-economic work which women do and that is usually under-counted by official statistics. Rates have stagnated in several other countries in South-East Asia and fallen in South and South-West Asia. Women's participation in the labour market continues to remain lower than that of males; for instance, in Myanmar the figures are 50 and 85 per cent, respectively. This is due largely to sociocultural biases against women working; practical constraints, such as childbearing; and occupational segregation which limits women's job choices. Unemployment rates are not only higher among women, they tend to also be more represented in the informal economy where pay is lower and income insecurity is higher. In 2016, the female unemployment rate in the Philippines was 4.3 per cent, as compared to 2.6 per cent for males. Australia plans to reduce the gap between male and female participation rates by 25 per cent by 2025 (see box 2).

Box 2. Boosting women's workforce participation: Australia

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

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

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

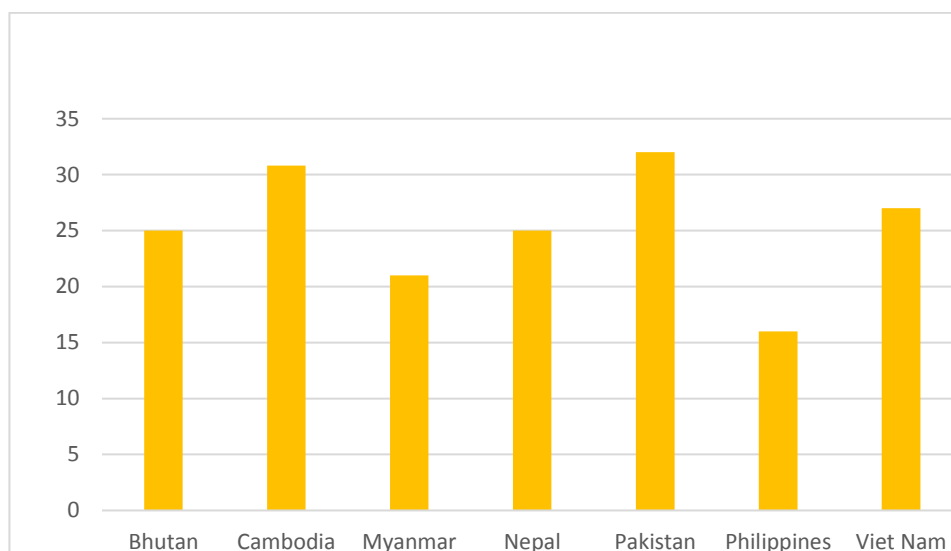
Significant strides have been made in the area of women's participation in politics, with strong gains in several countries of the region. Parliamentary seats held by women increased from 4.3 per cent in 1990, to 10.7 per cent in 2000, and to 16.8 per cent in 2015. The proportion of seats held by women in the National Parliament of Myanmar more than doubled from 4.3 per cent in 2010 to 10.4 per cent in 2016. Countries such as Afghanistan, Bangladesh and Nepal have seats in Parliament that are reserved for women which are additional to seats where women can contest. In Bhutan, a total of 127 women contested the 2018 national council elections compared with 67 in 2013, indicating increasing women's empowerment. Viet Nam has set a goal for women's representation in the National Assembly and People's Councils to reach 35-40 per cent by 2020. The share of seats held by women in the Philippines' Parliament and in local government are 29 and 21 per cent, respectively. There has, however, been less progress in women's participation in management and other decision-making positions. That stated, there are strong initiatives across the region to increase women's leadership in organizations. Malaysia, for example, has set an initial target of 30 per cent for women's participation in decision-making positions.

Turning to violence against women including domestic violence, this remains prevalent in the region. Recent surveys continue to show that women aged 15-49 are the victims of physical, emotional and sexual violence in the hands of their spouses or former intimate partners (SDG Indicator 5.2.1). Although the proportion of women in Japan who had experienced spousal violence declined from 10.3 per cent in 2017 to 8.8 per cent in 2014, and

the proportion has tended to decline by age, it has increased for all age-groups except for those in their 30s. It was reported that nearly one in three women in Australia had experienced physical violence, and one in five sexual violence since the age of 15. A quarter of women aged 15-49 years in Nepal reported having experienced physical/sexual violence in 2015 (see figure 5).

Figure 7.

Percentage of women aged 15-49 who are victims of gender-based violence, selected countries



Source: National midterm reports on APMD Implementation, 2018.

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

With respect to SDG indicator 5.1.1, almost all countries reported that legislation was in place to promote, enforce and monitor equality and non-discrimination on the basis of sex, with a few reporting work in progress. Reports reiterated almost universally that the national constitution or the fundamental law of the country contained provisions for equality of the sexes.

Challenges in the thematic area of gender equality include inadequate resources for the implementation of national action plans, and the long road towards changing social and cultural biases against gender equality.

F. Adolescents and young people

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

Young people aged 15-24 constitute close to 15 per cent of the Asia-Pacific region's population. National reports on the midterm review of APMD point towards continued high levels of adolescent child-bearing, youth unemployment and those not in employment, education or training (NEET). The reports, however, provide a positive narrative on government responses and efforts in many countries to meet the recommendation of the above-mentioned Ministerial Declaration as well as national efforts to achieve the SDGs. Where dependency ratios are declining and where there is a potential of reaping the demographic dividend,⁷ member States are investing in young people's health, education and participation in order to take advantage of the window of opportunity provided to them.

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

One common finding from country midterm reports is that young people face significant challenges all over the region. Although there have been major gains in enrolment

⁷ The demographic dividend refers to the accelerated economic growth that could result from a decline in a country's mortality and fertility and the consequent change in the age structure of the population towards a larger working-age population.

at primary, secondary and tertiary level education, these have not always translated into employment security. Youth unemployment rates very often exceed average unemployment rates, with youth rates as high as 39 and 30 per cent, respectively, in Armenia and the Islamic Republic of Iran. Initiatives to address this growing problem include increased technical and vocational training, entrepreneurship development and improving labour market information systems to better match job seekers to job opportunities. The numbers of youth who are NEET also remain high. In Myanmar, the NEET rate among youth aged 15-24 years is currently 25.6 per cent, with 34.9 per cent for females and 15.8 per cent for males. One out of four youth are NEET in Timor-Leste. The proportion of youth who were NEET in Afghanistan was 42 per cent for both sexes combined in 2016/17, and was especially high for women.

Another challenge relates to access to adolescent sexual and reproductive health. Adolescent birth rates have declined in countries such as Bhutan, India, Indonesia and Japan, but have increased in several others, such as Mongolia and Thailand. Close to one third of girls aged 15-19 years in Bangladesh are child-bearing, and the adolescent (15-19 years) fertility rate of 113 per 1,000 women in the same age group in 2014 has not seen much change over preceding years. As in many countries of the region, the contraceptive prevalence rate among married adolescent girls is low, while unmarried adolescents have little or no access to sexual and reproductive health information and services.

Member States have, however, begun to address the challenge of access of young people to sexual and reproductive health services.

- India has started to recognize the importance of influencing health-seeking behaviour of adolescents and has increased investments in adolescent sexual and reproductive health to yield dividends in terms of delaying age at marriage, reducing teenage pregnancy, and reducing incidence of HIV and sexual transmitted infections. The Rashtriya Kishor Swasthya Karyakram (RKSK) programme takes a paradigm shift away from the existing clinic-based service approach to one that is based on health promotion and prevention, and reaching adolescents in their schools, families and communities.
- Viet Nam has begun to develop youth-friendly health services, particularly for sexual and reproductive health. A set of indicators were issued in 2016 for monitoring the situation of youth and adolescents, and have provided an impetus for focused attention on this matter.
- China has scaled up adolescent sexual and reproductive health education in schools during the last 5 years.
- Given high adolescent birth rates, the introduction of comprehensive sexuality education into the schooling system is being discussed actively in Myanmar. The Government is currently providing health services for adolescents and young people in line with its National Strategic Plan for Young People. National Standards and Guidelines on Adolescent Reproductive Health have been prepared for health-care providers. Health-care providers have also been given capacity building on adolescent reproductive health.
- Japan, where there has been an increase in adolescent abortion rates, and Mongolia, with increasing adolescent birth rates, are both urgently considering the need to introduce more comprehensive sexuality education.
- Life skills-based education initiatives in Pakistan have been recognized within the country. Programmes have been slow to take off, though they are being institutionalized in the education system especially in the province of Sindh.

- Life skills-based education has been included in the curriculum of Azerbaijan’s schools. Furthermore, standards have been developed to provide adolescent friendly health services under Maldives’ National Reproductive Health Strategy 2014-2018.
- Thailand has enacted the Prevention and Solution of Adolescent Pregnancy Problem Act, 2016 to bring down adolescent pregnancy (box 3).

Box 3. Addressing adolescent pregnancy in Thailand

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

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

A major challenge in parts of the region is the presence of barriers to providing unmarried and young people with better access to sexual and reproductive information and services. This opposition exists even in the midst of an awareness of the need to provide such services to adolescents. It is essential, therefore, that increased advocacy efforts to build capacities of parents, educators and health-care providers, as well government policymakers on the rights of young people, particularly young women, to sexual and reproductive health information and services.

G. Ageing

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

As people in the region live longer and as fertility rates decline, both trends largely being outcomes of improved health and education, population ageing is becoming an important feature of the region’s demography. At diverse stages of the demographic transition, the region houses both a youthful population in many countries and an ageing one in several others. Over

time, it can be expected that the share of the young population will slowly decline, while that of the population aged 60 and over will expand. Because life expectancy at birth is longer for women, the proportion of older women is also larger than that of their male counterparts. The majority of oldest-old, that is, older persons aged 80 and above, are women.

It should be noted that even for those countries with youthful populations highlighted above, the importance of population ageing in their development agenda cannot be ignored. This underscores the significance of being prepared for the economic and social shifts associated with having an ageing population.

A raft of laws, policies and programmes have been set in place both in countries where ageing is a reality being experienced as well as in countries in earlier stages of the transition. This reflects the increasing recognition that population ageing is an inevitability to be prepared for. In this context, the promotion of healthy ageing is one of the most important goals of social policy in countries with higher proportions of older persons, such as Armenia, China, Japan, Thailand and Viet Nam. There is also greater recognition that ensuring healthy ageing requires interventions and positive outcomes across the life course.

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

Countries with younger populations are also preparing for population ageing through legislation, advocacy and policy. National policies and action plans on ageing and disability have been or are being developed in countries such as Bangladesh, Cambodia, Malaysia, Maldives, Mongolia, Myanmar, Pakistan and Papua New Guinea. The action plans cover domains including income security, health and health care, natural disasters, home and institutional care, and rights of older persons. Cambodia's National Ageing Policy, 2017-2030 takes on board all recommendations of APMD relating to ageing, including financial security, health and well-being, active ageing and protection from abuse. In Maldives, nation-wide advocacy campaigns have been carried out since 2016 to sensitize the population about the need to look after the well-being of older persons.

Countries are facing several challenges as they implement ageing-related policies and programmes. One challenge relates to the future sustainability of social protection schemes and ensuring adequate support for the population of older persons, especially those who are poor and destitute. While universal health coverage schemes can play a role in providing health care, they will be challenged to shoulder rising health-care expenses for the growing population of

older persons. Another area of concern is the development of long-term care in countries where there are wide disparities between urban and rural areas, and where distances between these are large.

Ensuring income security in old age is another important aspect of preparing for ageing societies. Currently, only a small part of the population of older persons in the region is covered by pensions. For instance, 40 per cent of Filipino older persons do not have any access to a pension. Several countries, including Bangladesh, Malaysia and Thailand have pension schemes or provident funds for formal sector employees. Such a model has been introduced by Maldives to mandate employees to save for their old age (see box 4). Myanmar launched the National Universal Social Pension Scheme in June 2017, whereby a social pension is provided as a first step to nonagenarians, with a plan to extend it to octogenarians in the coming years. In Japan, 94.5 and 95.4 per cent of older men and women, respectively, received public pensions in 2016. Bhutan has drafted a national pension and provident policy which, among others, proposes to expand coverage to the private and informal sectors by providing various schemes, including ones that are voluntary and non-contributory. To address many of the above concerns, more efforts need to be taken to provide financial security in old age for those in informal or vulnerable employment, in particular women who, not only live longer than men, they are less frequently covered by pension schemes.

Box 4. Encouraging workers to save for retirement: Maldives

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

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

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

The APMD also called for strengthening data collection on population ageing. The national reports have noted that several population and housing censuses of the recent rounds have incorporated questions on demographic characteristics of older persons. These include Myanmar's 2014 Census, the 2015 Census of the Philippines and Viet Nam's 2009 Census.

H. International migration

The Asian and Pacific Ministerial Declaration recommended more comprehensive international migration policies and strengthened legal systems to provide greater protection and promotion of migrants' rights as well as address abuses and discrimination against migrants. The 2030 Agenda called for safe, orderly, regular and responsible migration and mobility of people.

Significant efforts have been made by several countries to fulfill the above recommendation. Between 2013 and the first half of 2017, legal residence status was accorded to close to 15,000 undocumented workers in Azerbaijan, while in Armenia, an action plan for the effective implementation of the Migration Strategy 2017-2021 was developed. The plan outlines directions for regulating migration processes aimed at maximizing the positive impact of migration on the development of the Armenian economy, and on migrants and their families. Actions also include reintegration of returning migrants, addressing irregular migration, and expanding cooperation at bilateral, regional and global levels to facilitate orderly migration flows.

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

Human trafficking is a critical issue in the region and countries are stepping up to address it. The Cambodian Government has, with support of the international community, built a comprehensive legal and institutional framework to tackle the issue. Pakistan has taken steps to curtail trafficking in persons and smuggling of migrants through stricter enforcement by its Federal Investigation Authority. Viet Nam's National Action Plan for the Prevention and Combat of Human Trafficking, 2016-2020 is focused on resolving implementation issues, including raising awareness about human trafficking, strengthening detection and prosecution of traffickers, helping survivors reintegrate into their communities, issuing guiding decrees and circulars to implement the law, and strengthening international cooperation and implementing international commitments. The Government has stepped up prosecutions and strengthened cross-border cooperation on sex trafficking with Cambodia, China and Thailand to rescue survivors and arrest traffickers.

Countries of origin indicate concern that any slowdown in economic activities in destination countries could reduce emigration and registered labour flows which could then have

a negative impact on remittances in the near future. Countries also highlight that there are limited timely, accurate and publicly available data on international migration, which could have implications on country reporting for the SDGs.

I. Urbanization and internal migration

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

Countries in the region are experiencing significant urban growth due largely to increasing rural to urban and urban to urban migration, in addition to natural increase and changes to administrative boundaries. These trends have led to high density population concentrations in cities and urban growth centres. To cope with the human and physical pressure on cities to deliver better quality of life and services, a majority of reporting countries have developed or are developing urban policy frameworks and more effective urban plans as initial steps to strengthen urban management. Examples include Myanmar's recent National Urban Policy Framework, which encompasses urban priorities of municipal governance and finance, urban and regional legislation, land governance, housing and environment, and climate change issues related to urban development. Cambodia's urban policy gives attention to the rights of internal migrants. Despite Afghanistan being predominantly rural, the high levels of displacement of the local population and those returning from abroad has led to the growth of urban slums and informal settlements that strain urban resources. A priority and challenge for urban planning in Afghanistan is the provision of affordable housing. Papua New Guinea's National Capital District City-wide Settlement Upgrading and Prevention Strategy 2016-2026 is designed to manage the urbanization process in the nation's capital. The Democratic People's Republic of Korea has maintained a policy of developing small and middle-sized cities to ensure balance and even distribution of spatial growth.

Key challenges experienced by several countries include resource constraints in the face of rapid urbanization, difficulties in enforcement of municipal laws, data constraints which affect planning for the provision of services and a lack of awareness of migrants on their rights to services.

J. Population and sustainable development

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

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

National disaster risk reduction strategies have been adopted throughout the region in line with the Sendai Framework for Disaster Risk Reduction 2015-30. Most countries have established national plans for disaster management that incorporate the key targets identified in the Sendai Framework as well put in place national disaster management authorities to plan for and manage disasters when they happen.

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

K. Data and statistics

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

The availability and utilization of data relevant for tracking progress of the implementation of ICPD and follow-up conferences, in addition to its use in national development planning has increased significantly across the region. There has also been much effort to collect age and sex-disaggregated data. Birth and death registration, for example, is complete or almost complete in countries such as the Islamic Republic of Iran, Japan and Malaysia. In other countries, increased attention is being given to strengthen the vital registration system. However, in Timor-Leste, only 6 per cent of children under 5 years have had their births registered, which is clearly indicative of the scale of efforts required to strengthen the vital registration system there.

A large number of countries conducted their most recent population and housing census during the last five years. Myanmar and Pakistan are examples of countries that have completed their population and housing census after several decades without the benefit of population census information. In several other countries, work is underway for the conduct of the next population and housing census under the 2020 Round of Population and Housing Censuses.

To enhance statistical systems so that member States can further improve data collection for policy planning and programme purposes, there has been increased investment in the development of national strategies and legislative frameworks on data and statistics. Achievements in this area include Cambodia's Statistical Master-plan, that sets out a long-term vision of a national statistical system. The 2013 Statistics Act of Bangladesh provides a legal framework for data collection and management. Myanmar promulgated its National Statistical Law in early 2018, which is aimed at establishing a statistical system that supports accurate, quality, timely and relevant statistics.

Measures taken by Asian and Pacific countries thus far should contribute towards moving forward in the important area of data and statistics. There are, however, concerns that some countries may not be able to produce the data required for monitoring progress in all thematic areas, including several SDGs. In certain cases, countries face the challenge of scaling up statistics collected at the subnational level through pilots to arrive at national aggregates. Cause of death information in death certificates in some countries were felt to be weak and thus not useable for estimating the burden of disease. Malaysia has a well-developed civil registration and statistical system, yet data for some SDG indicators are lacking. Data are often not disaggregated by gender and other characteristics and the data from different sources are not always consistent. Bangladesh reported that the digitalization of management information systems from the central to field levels still needs to be developed before health outcome data can be captured for evidence-based decision-making. As a consequence, much remains to be done in this thematic area.

II. Conclusions

Just as the 2030 Agenda for Sustainable Development and the ICPD Programme of Action are interconnected, all eleven priority actions of APMD are closely interrelated.

Investing in sexual and reproductive health and rights, the core thrust of the Programme of Action, improves gender equality, saves lives and improves health and well-being. It improves women's opportunities to access quality education, decent jobs and better income. Educated and healthy women have been known to help advance education, health and well-being of their immediate and extended families, and in so doing, contributing to achieving broader development goals.

The midterm country reports on progress on the implementation of the Declaration that were reviewed showed that the region and individual countries have made further progress since 2013, despite the challenges of resource availability, sociocultural resistance to change, existing inequalities that compound the work that has to be done, and the conflict and disasters that have the potential to destroy what has already been achieved. Continued action is still required on the several fronts laid out below:

Poverty eradication and employment. The key challenges in this area include the growth of vulnerable employment, characterized by low wages and lack of social protection; youth unemployment; and declining labour force participation among women. It is important that the root causes of these trends are better understood so that appropriate steps can be taken to address these issues through legislation and targeted interventions.

Since poverty incidence is associated with family size, interventions aimed at enhancing access to family planning among the poor and in particular targeting unmet need and unintended pregnancy would be part of a larger poverty eradication strategy.

Health: Improvements to the health-care system have resulted in reductions in communicable diseases, but there has been a rise in non-communicable diseases. In order to achieve further health gains, countries have to exert greater efforts to control non-communicable diseases even while strengthening their capabilities to address emerging and re-emerging communicable diseases.

Sexual and reproductive health, services and rights. The national reports confirm progress with respect to access to sexual and reproductive health services and rights in many countries. Disparities, however, exist between regions, urban and rural settings, and between income quintiles. In those countries where unmet need for family planning remains high, key challenges include a lack of empowerment among poor women, poor access to sexual and reproductive health in remote areas, and cultural or traditional norms that deter women from accessing these services.

Education: While primary enrolment rates are mostly universal in the region, progress has been slower and more varied with respect to secondary education. Barriers to increased enrolment and completion rates at secondary school will need to be addressed.

With jobs requiring new skill sets, preparing students for 21st century skills is becoming urgent. Education and training systems need to be reformed so that skills imparted are relevant to meet the needs of the ever-changing labour market.

Gender equality and women's empowerment: This is an area where progress has been mixed. Significant strides have been made in women's participation in political life, yet not enough has changed with respect to violence against women. Moreover, female labour force participation has been declining on average in the region. While female labour participation has been affected somewhat by girls staying longer at school, addressing other root causes of low labour force participation needs attention.

Adolescents and young people: This group faces many challenges, including unemployment and lack of access to sexual and reproductive health, services and rights. There need to be greater efforts at strengthening skills training for young people in areas where there is market demand. Employer preferences for male youth workers also contribute to relatively higher female youth unemployment in many parts of the region. There is a need for more focused advocacy on comprehensive sexuality education in countries in the region where there has not been much headway. It is also essential that increased advocacy efforts be undertaken to build capacities of parents, educators, health-care providers and policymakers on the rights of young people, especially those unmarried, to sexual and reproductive health and services.

Population ageing: With population ageing becoming a megatrend and, given its myriad challenges and complexities, Governments should take further measures to mainstream ageing issues into development plans and policies. This will support ensuring that ageing concerns are better integrated into more strategic planning and policy interventions and older persons' rights and vulnerabilities are respected and recognized.

Another challenge relates to the future sustainability of social protection schemes and ensuring adequate support for the older persons, especially those who are poor and destitute. More efforts need to be taken to provide financial security in old age for those in informal or vulnerable employment, in particular women who, not only live longer than men, are not often covered by pension schemes.

About 75 per cent of older persons in the region suffer from one or more illnesses. Much of the care is provided by members of the family, especially women. It is becoming urgent for more Governments to consider the development of services for long-term care, be it home, community based or residential.

Urbanization: This brings with it economic growth, but, if unplanned and unmanaged, it can also impose strains on the urban infrastructure and the population. To capture the benefits of urbanization, it is important that policy development and planning be inclusive of the rights and needs of internal migrants. The planning and provision of urban services also needs to be based on reliable data, including population data, so as to avoid the emergence and proliferation of slums.

International migration: This phenomenon is here to stay, especially when there are countries that are short of labour and others that have a surplus labour. Several countries have also identified human trafficking as a challenge and source of concern. It is critical that international migration be better managed so that it benefits the migrant, the country of origin and the country of destination. The rights of the migrant need to be respected and protected.

Population and sustainable development: In view of the region’s vulnerability to natural disasters, it is important that member States prioritize disaster risk reduction. Moreover, though certain countries are working to integrate concepts of sustainable development, consumption and production into the formal education syllabus to inculcate a sustainable lifestyle among younger generation, this deserves greater attention. In addition, there is a need for more comprehensive data on social and environmental issues, and enhanced capacity to plan for long range sustainable development.

Data and statistics: Many countries still do not have a broad and deep statistical infrastructure to collect the data required to monitor progress on the global development goals. One of the challenges in compiling an assessment of SDG progress across the region is limited and uneven data availability. There is a need for countries to invest in appropriate data collection methods before better assessment can be done against globally agreed goals.
