



2011 ASEAN Statistical Report on The Millennium Development Goals



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2011 ASEAN Statistical Report on

The Millennium Development Goals

The ASEAN Secretariat
Jakarta

The Association of Southeast Asian Nations (ASEAN) was established on 8 August 1967.
The Member States of the Association are Brunei Darussalam, Cambodia, Indonesia,
Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam.
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Foreword

The adoption of the Joint Declaration on the Attainment of the Millennium Development Goals (MDGs) at the 14th ASEAN Summit on 1 March 2009 in Thailand signifies the ASEAN Leaders' commitment to end poverty in the region. This was further reaffirmed when the Leaders put forward the ASEAN Roadmap for the Attainment of the MDGs - an action plan outlining what is needed to facilitate closer intra - and inter - sector collaboration in ASEAN toward the attainment of the MDGs.

This *Statistical Report on the ASEAN MDGs 2011* is our first attempt to compile the 25 MDG Indicators commonly available in the ASEAN Member States. It features the MDGs indicators of ASEAN aggregates in absolute number as well as information on the narrowing development gaps. These two main attributes differentiate this Report on the ASEAN MDGs from other published MDG reports.

The numbers presented in the Report clearly demonstrate what we have achieved since the ASEAN Leaders made that promise in 2009. Overall, in many areas, ASEAN Member States have made remarkable progress in lifting millions of people out of poverty, saving lives and ensuring that children attend school. However, more efforts are still needed to reduce gender inequality, promote sustainable development, eradicate debilitating diseases such as tuberculosis, and narrow the development gaps. As the Report shows, we must make sure that concrete steps are taken urgently.

We endeavor to publish the MDG Statistical Report every two years. I feel delighted to share our best practices and updated statistics. This Report attests to our aspiration to meet the MDGs targets along with our vision of establishing a stable and prosperous ASEAN Community by 2015. The ASEAN Secretariat welcomes your feedback as we strive to deliver our best products and services.

Our heartfelt gratitude to our Development Partners, especially to the European Union through the EU-ASEAN Statistical Capacity Building (EASCAB) Programme - for their support, without which the publication of this Report would not have been achieved.



Dr. Surin Pitsuwan
Secretary-General of ASEAN
Jakarta, Indonesia
July 2012

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Executive Summary

Introduction

The Association of Southeast Asian Nations (ASEAN) is composed of Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam. Though diverse in social, cultural, political and economic facets, the ASEAN is built on a commitment to create a region of peace, freedom, and shared prosperity. Hence, recognizing the significant challenges ahead to fully achieve the Millennium Development Goals (MDGs) and narrow the development gap in the ASEAN, the Member States have issued a Joint Declaration on the Attainment of the MDGs on March 1, 2009. The ASEAN community remains committed to develop and implement a Roadmap for the Attainment of the MDGs as a framework for collective action and to establish a monitoring and evaluation system including the generation of gender statistics for the attainment of MDGs in ASEAN.

The ASEAN Member States aim to pursue its goal towards improving the lives of its populations. Nine of the ten countries have already prepared their national MDG reports to monitor its compliance and progress in meeting the MDG and targets. This report is the first attempt to inform on the progress of ASEAN as a region in the attainment of the 25 MDG indicators and to assess its stage in narrowing the development between the ASEAN-6 and the CLMV.¹ Although the Millennium Development Goal Report 2011 by the United Nations presents the status of Southeastern Asia, which includes the ASEAN Nations and Timor Leste, there has been no previous report or data compiled on MDGs dedicated to the ASEAN community.

In recent years, the ASEAN region has experienced setbacks as a result of both man-made and natural shocks, which have presented threats to its attainment of the MDGs. The food and energy price shocks in 2008 sparked inflation and caused many people to fall into poverty. During the same year, financial and economic crisis hit the United States and many countries in Europe which subsequently affected the countries in the ASEAN region.

This report aims to provide the information in determining the current state of the ASEAN Community with regards to the MDGs as well as to assess its progress in moving towards the targets. The report provides estimates for the 25 MDG indicators for selected years, 1990, 1995, 2000, 2005 and 2010. An estimate of ASEAN level data for the indicators are shown if the data represents at least 5 countries and at least 50 percent of the total ASEAN population.

The UN ESCAP classification of progress was adopted for this report.

For indicators with explicit targets by 2015:

-  Early achiever: already achieved the 2015 target
-  On track : expected to meet the target by 2015
-  Slow: expected to meet the target after 2015
-  No progress/regressing: stagnating or slipping backwards

¹ ASEAN-6 refers to Brunei Darussalam, Indonesia, Malaysia, Philippines, Thailand and Singapore while CLMV represents Cambodia, Laos PDR, Myanmar, and Viet Nam.

For indicators without explicit targets by 2015:

- Early achiever: trending in the right direction since 1990
- ▶ On track : showing no change at all over the period
- ◀ Off track - No progress/regressing: trending in the wrong direction

Key Findings

Based on trends of progress since 1990, the ASEAN's performance on the different indicators is presented in the table below.

ASEAN MDG Progress Chart					
Goals and Targets	Indicators for Monitoring Progress	Baseline	Target	Estimate for 2010	Progress
Goal 1: Eradicate Extreme Poverty and Hunger					
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	Proportion of population below \$1.25 (PPP) per day	45	22.5	15	●
	Proportion of population below the national poverty line	31	15.5	14	●
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	Growth rate of GDP per person employed	-	-	-	-
	Employment-to-population ratio	54	-	60	●
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Prevalence of underweight children under-five years of age	36	18	21	▶
Goal 2: Achieve Universal Primary Education					
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	Net enrolment ratio in primary education	86	100	91	■
	Literacy rate of 15-24 year-olds, women and men	93.1	100	98.5	▶
Goal 3: Promote Gender Equality and Empower Women					
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Ratio of girls to boys in primary education	95	100	96	■
	Ratio of girls to boys in secondary education	87	100	98	▶
	Ratio of girls to boys in tertiary education*	-	100	120	◀
	Proportion of seats held by women in national parliament*	-	-	16	▶

Goal 4: Reduce Child Mortality					
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	Under-five mortality rate	80	27	35	▶
	Infant mortality rate	59	20	27	▶
	Proportion of 1 year-old children immunised against measles*	-	-	81	▶
Goal 5: Improve Maternal Health					
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	Maternal mortality ratio	370	92	161	■
	Proportion of births attended by skilled health personnel*	-	-	78	●
Goal 6: Combat HIV/AIDS, Malaria and Other Diseases					
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Incidence of malaria*	755	378	198	●
	Incidence of tuberculosis*	-	-	140	●
Goal 7: Ensure Environmental Sustainability					
Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Proportion of land area covered by forest	58	-	54	◀
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	Proportion of population using an improved drinking water source	56	78	65	▶
	Proportion of population using an improved sanitation facility	37	68.7	70	●
Goal 8: Develop a Global Partnership for Development					
Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	Telephone lines per 100 population*	-	-	9	●
	Cellular subscribers per 100 population*	-	-	83	●
	Internet users per 100 population*	-	-	21	●

Notes: Data presented are ASEANstats' estimates based on available country data. Some of the data may include only selected countries. Details are in the full report.

*The 1990 (baseline) figure is not available, although data for some selected years prior to 2010 are available.

The past two decades in the ASEAN region showed remarkable success in reducing poverty, increasing employment and enrollment rates, improving health conditions, and expanding access to information and technology. Admittedly though, it has to initiate more endeavors to make progress in the areas of gender disparity and environmental sustainability.

Narrowing the Development Gap

It has been one of the main concerns of the ASEAN - to narrow the development gap among its Member States to ensure the benefits of the ASEAN integration - as disparities among the countries still persist and are more pronounced in some areas. For instance, in 2010, the maternal mortality ratio for Cambodia, Lao PDR and Myanmar are still above 200 maternal deaths per 100,000 live births while that for Singapore is 3 per 100,000 live births.

While the ASEAN-6 may generally be performing better than the CLMV countries in economic terms, this is not always the case with respect to the MDG indicators. In some instances, the CLMV countries have outpaced the ASEAN-6 countries, thereby narrowing the gap between the two groups. This report will highlight the important areas where the ASEAN has effectively managed to bridge and narrow the development gaps between the ASEAN-6 and the CLMV.

Comparison with Other Regions

The **Asia-Pacific MDG Report 2010/11**² notes that Asia and the Pacific Region have made striking progress towards achieving the MDGs. The report mentions that between 1990 and 2008, the region saw a decline in the number of people living on less than \$1.25 a day from 1.5 billion to 947 million, and the region is projected to achieve the goal of halving extreme poverty by 2015. Furthermore, the region has already achieved the targets for reducing gender disparities in primary, secondary and tertiary education enrolment, for stopping the spread of tuberculosis, and for halving the proportion of people without access to safe drinking water. Despite this, many countries will not achieve the targets by 2015.

The report also shows that the Asia-Pacific region is still lagging in some areas. In particular, it has been slow in reducing the extent of hunger, in ensuring that boys and girls reach the last grade of primary education, in reducing child mortality, in improving maternal health provision and in providing basic education.

South Asia is an early achiever in reducing gender disparity in primary education enrolment and it is on track in reducing gender disparities in secondary and tertiary enrolment. However, the region's performance in reducing poverty, reducing malnutrition, providing universal access to basic education, reducing child mortality, providing basic sanitation has been slow. Moreover, it has shown no progress in reducing the incidence of tuberculosis.

The **Pacific Islands** group of countries is an early achiever in reducing the incidence of tuberculosis, and is on track in reducing gender disparity in tertiary education enrolment. It is slow in reducing gender disparity in secondary education enrolment, and in reducing infant and child mortality rates. The region is not progressing in reducing malnutrition, reducing gender disparity in primary education enrolment, increasing skilled birth attendance, protecting the forest, and providing access to safe water and basic sanitation.

The **ASEAN** is an early achiever in reducing poverty, prevalence of underweight children, increasing skilled birth attendance, reducing the incidence of tuberculosis and providing basic sanitation. It is on track in reducing child and infant deaths. However, its progress is slow in providing basic education to all children and in providing improved drinking water source. Moreover, there has been no progress in reversing the decline in forest cover, although this has slowed down.

² "Paths to 2015: MDG Priorities in Asia and the Pacific", produced by UNESCAP, ADB and UNDP.

The performance of the ASEAN-6 and CLMV are not uniform in all the indicators. While CLMV is progressing slowly with regards reducing gender disparity in primary and tertiary education, the ASEAN-6 is in fact regressing. Moreover, CLMV has already achieved the target for the provision of safe drinking water while the ASEAN-6's progress has been slow³. On the other hand, ASEAN-6 has already achieved the target for providing basic sanitation while CLMV is on track and projected to achieve the target by 2015.

Asia-Pacific MDG Progress Chart

Goal	1		2	3			4		5	6	7		
	\$1.25 per day poverty	Underweight children	Primary enrolment	Gender primary	Gender secondary	Gender tertiary	Under-5 mortality	Infant mortality	Skilled birth attendance	TB incidence	Forest cover	Safe drinking water	Basic sanitation
ASEAN	●	▶	■	■	▶	◀	▶	▶	●	●	◀	▶	●
ASEAN-6	●	▶	■	◀	▶	◀	▶	■	●	●	◀	■	●
CLMV	●	▶	■	■	▶	■	▶	▶	●	●	▶	●	▶
Asia-Pacific	▶	■	■	●	●	●	■	■	■	●	◀	●	■
Excluding China and India	■	■	■	●	●	●	■	■	■	●	◀	▶	■
South Asia	■	■	■	●	▶	▶	■	■	■	◀	●	●	■
Pacific Island		◀		◀	■	▶	■	■	◀	●	◀	◀	◀
North and Central Asia	◀	▶	▶	●	●	●	■	■	◀	◀	◀	■	■
Asia-Pacific LDCs	■	■	■	●	●	▶	■	■	●	●	◀	■	■

● Early Achiever ▶ On-track ■ Slow ◀ Regressing/No progress

Sources: ASEAN figures are based on ASEANstats' estimates. Data, except for the ASEAN figures, were taken from "Paths to 2015: MDG Priorities in Asia and the Pacific", prepared by UN ESCAP, ADB and UNDP.

Future Prospects

While there has been remarkable progress in the ASEAN region in the attainment of the MDGs, there has also been uneven progress across sub-regions, across countries and across the targets. Concerted efforts need to be intensified to be able to accelerate progress, particularly in areas where growth has been slow or insufficient. In addition, potential shocks, be it economic or natural disasters, need to be taken into account in the design of a roadmap for the achievement of MDGs, as they are detrimental threats to the realization of the MDGs targets.

³ Primarily due to Indonesia, where consumption of bottled water is high but not recorded as safe and sustainable drinking water.

Acknowledgements

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- Department of Statistics, Brunei Darussalam
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- Department of Statistics, Malaysia
- Central Statistical Organization, Myanmar
- National Statistical Coordination Board, Philippines
- National Statistics Office, Philippines
- Department of Statistics, Singapore
- National Statistical Office, Thailand
- Office of National Economic and Social Development Board, Thailand
- General Statistical Office, Viet Nam

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Photo courtesy of: ASEAN Member States National Statistical Offices

Goal 1:

Eradicate Extreme Poverty and Hunger



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

1. Proportion of population below \$1.25 (PPP) per day¹

Trends

The region has seen remarkable progress in reducing poverty during the past two decades. In 1990, 45 percent of the population in these six countries were living below \$1.25 per day. However, by 2010, the proportion of population living below the \$1.25 PPP has gone down to 15 percent.

Table 1.1. Percentage Population below the \$1.25 (PPP) in ASEAN and ASEAN Member States, 1990-2010

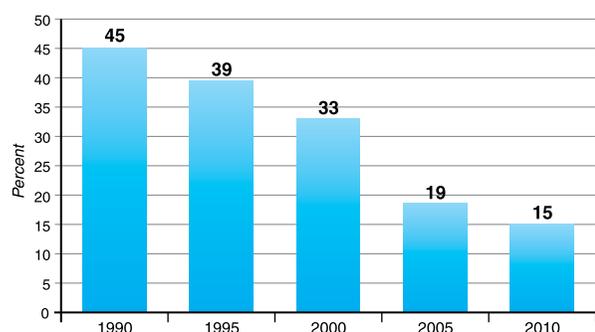
Country	Year				
	1990	1995	2000	2005	2010
Cambodia	52	48	44	36	28
Indonesia	52	46	41	21	16
Lao PDR	58	52	46	39	31
Philippines	31	26	22	22	23
Thailand	11	3	1	0	0.04
Viet Nam	68	57	45	23	14
ASEAN	45	39	33	19	15

Source of data: PovcalNet: the on-line tool for poverty measurement developed by the Development Research Group of the World Bank.

<http://web.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTRESEARCH/EXTPROGRAMS/EXTPOVRES/EXTPOVCALNET>

Notes: ASEAN aggregate is ASEANstats' estimate. Imputations for the few missing years were done by ASEANstats (see Appendix of the original data received from Member States). ASEAN level data includes Cambodia, Indonesia, Lao PDR, Philippines, Thailand and Viet Nam. Brunei Darussalam and Singapore do not have an official poverty line. Meanwhile, Myanmar and Malaysia have no available data.

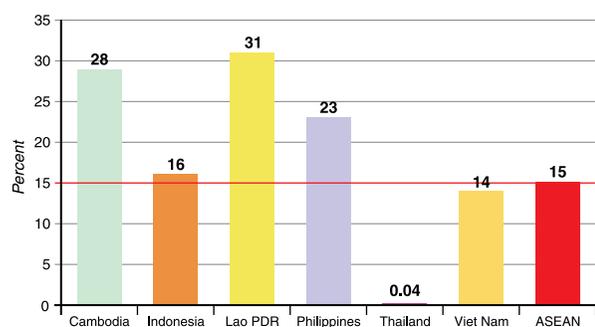
Graph 1.1. Percentage of Population below \$1.25 (PPP) in ASEAN, 1990-2010



Source: Based on Table 1.1

In 2010, the poverty rate is highest in Lao PDR, where 31 percent of the population were living below \$1.25 a day. This was followed by Cambodia and the Philippines at 28 and 23 percent, respectively.

Graph 1.2. Percentage of Population below the \$1.25 (PPP) in ASEAN and ASEAN Member States, 2010



Source: Based on Table 1.1.

Regional Disparity²

The CLMV country group has made remarkable progress in reducing the proportion of the population living under extreme poverty. In 1990, almost two-thirds of its population were living below the \$1.25 (PPP). Two decades later, this is projected to have gone down to 16 percent, mainly due to the significant decline in Viet Nam's percentage population below the \$1.25 PPP.



The ASEAN-6 likewise experienced a sharp decline in poverty with the percentage rate going down from 40 percent in 1990 to 15 percent in 2010.

It is interesting to note that in 1990, the poverty rate in CLMV was about 1.64 times that of the ASEAN-6. The CLMV countries have managed to reduce poverty at a faster pace so that the ratio was down to 1.5 in 2005 and to 1.1 in 2010, owing largely to the notable performance of Viet Nam. This has led to a reduced disparity between the two groups. On the other hand, the Philippines has not been able to reduce its poverty level alongside with the other countries, and has even suffered a reversal in recent years.

Table 1.2. Percentage of Population below the \$1.25 (PPP) in CLMV and in ASEAN-6 and the ratio of CLMV over ASEAN-6

	1990	1995	2000	2005	2010
ASEAN-6 ^a	40	34	29	18	15
CLMV ^b	66	56	45	25	16
Ratio of CLMV to ASEAN-6	1.64	1.64	1.53	1.45	1.10

^a Excludes Brunei Darussalam, Singapore, and Malaysia (2005,2010).

^b Excludes Myanmar.

Source: ASEANstats' estimates based on Table 1.1

2. Proportion of population below national poverty line³

Trends

The proportion of the population below the national poverty line in the seven countries has been reduced by more than half. In 1990, 31 out of every 100 population in ASEAN were living below their national poverty line. In 2010, this has gone down to 14 percent of the population living below their national poverty line.

In 2010, about one-fourth of the population of Cambodia, Lao PDR and the Philippines are living below the national poverty line. In Malaysia and Thailand, less than 10 percent of the population are classified as poor, while in Indonesia and Viet Nam, 13 out of every 100 population are poor.

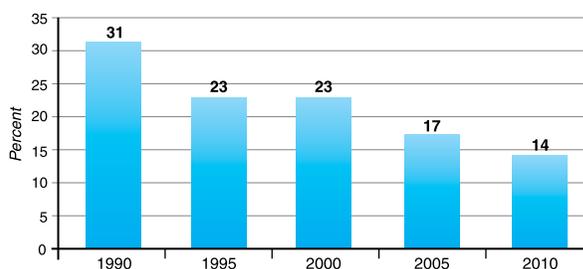
Table 1.3. Proportion of population below the National Poverty Line in ASEAN and ASEAN Member States, 1990-2010

Country	Year				
	1990	1995	2000	2005	2010
Cambodia	39	39	37	33	26
Indonesia	15	11	19	16	13
Lao PDR	49	43	36	30	24
Malaysia	16.5	8.7	8.5	5.7	3.8
Philippines	34	32	26	26	24
Thailand	34	17	21	10	7
Viet Nam	72	52	35	19	13
ASEAN	31	23	23	17	14

Source: ASEAN Member States' submission.

Note: ASEAN aggregate is ASEANstats' estimate. Imputations for the few missing years were done by ASEANstats (see Appendix of the original data received from Member States). ASEAN level data includes Cambodia, Indonesia, Lao PDR, Malaysia, Philippines, Thailand and Viet Nam. Brunei Darussalam and Singapore do not have an official poverty line. Cambodia 2010 figure is an estimate, provided by National Institute of Statistics Cambodia. Myanmar has data only for 2005 and 2010.

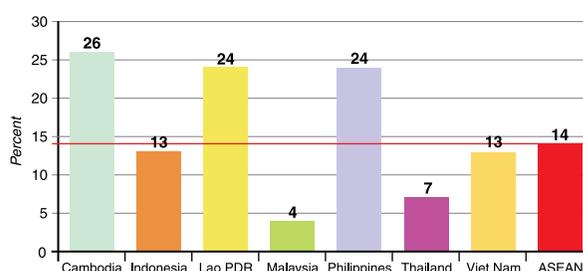
Graph 1.3. Percentage of Population below the National Poverty Line in ASEAN, 1990-2010



Source: Based on Table 1.3.

Note: ASEAN level data includes Cambodia, Indonesia, Lao PDR, Malaysia, Philippines, Thailand and Viet Nam.

Graph 1.4: Percentage of Population below the National Poverty Line in ASEAN and ASEAN Member States, 2010



Source: Based on Table 1.3.

Note: ASEAN level data excludes Brunei Darussalam, Myanmar and Singapore. Brunei Darussalam and Singapore do not have an official poverty line. Cambodia 2010 figure is an estimate, provided by National Institute of Statistics Cambodia. Myanmar has data only for 2005 and 2010.

Regional Disparity

For this indicator, ASEAN-6 includes only Indonesia, Malaysia, Philippines and Thailand. Brunei Darussalam does not collect data on poverty while Singapore does not have an official poverty line. CLMV includes only Cambodia, Lao PDR and Viet Nam.

The proportion of population classified as poor by their own country standards has declined significantly in both the ASEAN-6 and CLMV countries. The proportion of poor population based on national standards in the ASEAN-6 has declined from 22 percent in 1990 to 14 percent in 2010. On the other hand, the proportion of poor based on national standards in CLMV has declined from a high of 67 percent in 1990 to 15 percent in 2010. This remarkable performance of CLMV countries has led to a marked reduction of the gap between the two groups

of countries. Consequently, the ratio of the CLMV to ASEAN-6 has gone down drastically from 1990 when the poverty incidence in CLMV was more than three times that of ASEAN-6 to 1.07, meaning the ratios of the two country groups are almost the same in 2010.

Table 1.4. Percentage of Population below the National Poverty Line in CLMV and ASEAN-6 and the ratio of CLMV to ASEAN-6, 1990-2010

	1990	1995	2000	2005	2010
ASEAN-6 ^a	22	16	20	16	14
CLMV ^b	67	50	35	22	15
Ratio of CLMV to ASEAN-6	3.05	3.13	1.75	1.38	1.07

^a Excludes Brunei Darussalam and Singapore.

^b Excludes Myanmar.

Source: ASEANstats' estimates based on Table 1.3.

Target 1.B: Achieve full and productive employment and decent work for all, including women and young people

3. Employment-to-population ratio⁴

Trends

Table 1.5. Employment-to-population ratio in ASEAN and ASEAN Member States 1990-2010

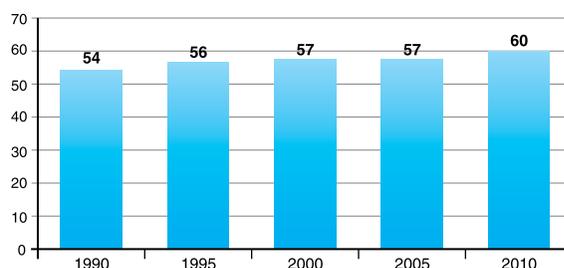
Country	Year				
	1990	1995	2000	2005	2010
Brunei Darussalam	41	41	44	45	47
Cambodia	n.a.	n.a.	n.a.	49	54
Indonesia	65	64	64	59	63
Malaysia	63.5	62.7	63.4	61.0	60.6
Philippines	59	59	57	59	59
Singapore	62	60	59	60	64
Thailand	40	46	52	54	57
Viet Nam	44	46	48	52	56
ASEAN	54	56	57	57	60

Source: ASEAN Member States' submission.

Note: ASEAN aggregate is ASEANstats' estimate. Imputations for the few missing years were done by ASEANstats (see Appendix of the original data received from Member States). ASEAN level data includes Brunei Darussalam, Cambodia (2005 and 2010), Indonesia, Malaysia, Philippines, Singapore, Thailand and Viet Nam. n.a. means no available data

The proportion of employed population has increased over time. In 2010, 60 percent of the population in ASEAN are estimated to be employed, up from 54 percent in 1990. As for Brunei Darussalam, the working age population gradually increased from 41 percent in 1990 to 47 percent in 2010.

Graph 1.5. Employment to population ratio in ASEAN, 1990-2010

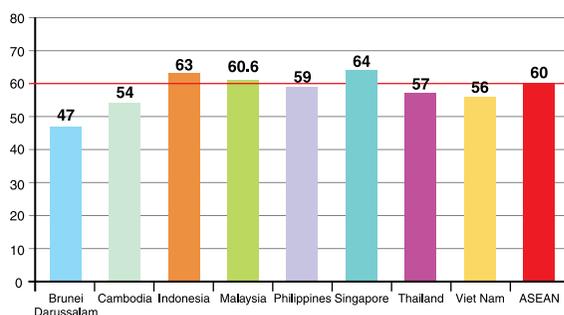


Source: Based on Table 1.5.

Note: ASEAN level data includes Brunei Darussalam, Indonesia, Malaysia, Philippines, Singapore, Thailand and Viet Nam. 2005 and 2010 include Cambodia.

For 2010, Singapore has the highest employment to population ratio at 64 percent. This is followed by Indonesia and Malaysia at 63 percent and 61 percent, respectively. Brunei Darussalam has the lowest at 47 percent.

Graph 1.6. Employment to population ratio in ASEAN and ASEAN Member States, 1990-2010

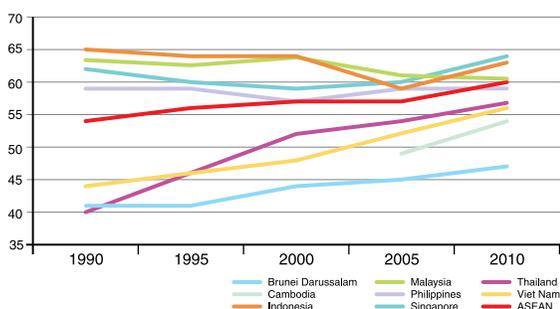


Source: Based on Table 1.5.

Note: ASEAN level data excludes Lao PDR and Myanmar.

Goal 1: Eradicate Extreme Poverty and Hunger

Graph 1.7. Employment to population ratio in ASEAN and ASEAN Member States, 1990-2010



Source: Based on Table 1.5.

Note: ASEAN level data excludes Lao PDR and Myanmar.

Regional Disparity

For this indicator, ASEAN-6 includes all the six founding member states, Brunei Darussalam, Indonesia, Malaysia, Philippines, Singapore and Thailand. CLMV includes only Cambodia and Viet Nam.

The proportion of the population who are employed has steadily risen in both ASEAN-6 and CLMV. While the gap between the two groups has narrowed as indicated by the ratio getting closer to 1, the employment-to-population ratio in ASEAN-6 is still higher by 5 percentage points than in CLMV (Viet Nam, in this case).

Table 1.6. Employment to population ratio in CLMV and ASEAN-6 and the ratio of CLMV to ASEAN-6, 1990-2010

	1990	1995	2000	2005	2010
ASEAN-6	57	59	60	58	61
CLMV ^a	44	46	48	52	56
Ratio of CLMV to ASEAN-6	0.77	0.78	0.80	0.89	0.92

^a 1990-2000 excluding Cambodia, Lao PDR and Myanmar.

Source: ASEANstats' estimates based on Table 1.5.

Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

4. Prevalence of underweight children under-five years of age⁵

Trends

Significant progress has been achieved in reducing malnutrition in all ten Member States. The proportion of underweight children in ASEAN has been reduced from 36 percent in 1990 to 21 percent in 2010.

Malaysia and Thailand have low prevalence of underweight children at 6 and 7 percent, respectively. On the other hand, Lao PDR has the highest prevalence, where 34 out of every 100 children below five years of age are underweight. This was followed closely by Myanmar at 32 percent, then by Cambodia and the Philippines at 28 and 27 percent, respectively.

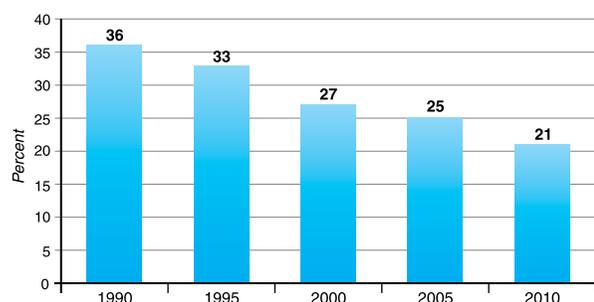
Table 1.7. Prevalence of underweight children under-five years of age in ASEAN and ASEAN Member States, 1990-2010

Country	Year				
	1990	1995	2000	2005	2010
Cambodia	69	56	45	36	28
Indonesia	31	28	22	25	18
Lao PDR	45	43	40	37	34
Malaysia	25.0	20.1	14.0	8.1	6.1
Myanmar	45	40	35	32	32
Philippines	35	31	31	25	27
Thailand	35	31	15	10	7
Viet Nam	41	45	34	25	20
ASEAN	36	33	27	25	21

Source: ASEAN Member States submission.

Note: ASEAN aggregate is ASEANstats estimate. Imputations for the few missing years were done by ASEANstats (see Appendix of the original data received from Member States). ASEAN level data excludes Brunei Darussalam. Data for Singapore is available for 2000, which was 3.4%.

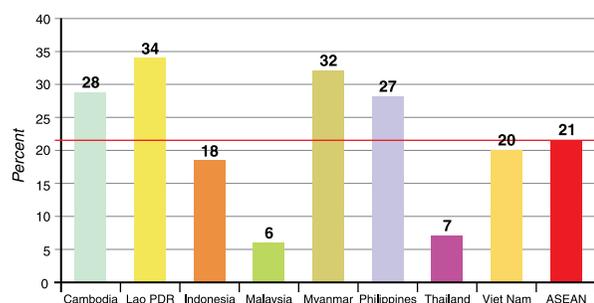
Graph 1.8. Prevalence of underweight children under-five years of age in ASEAN, 1990-2010



Source: Based on Table 1.7.

Note: ASEAN level data includes Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Viet Nam.

Graph 1.9. Prevalence of underweight under five years of age in ASEAN and ASEAN Member States, 2010



Source: Based on Table 1.7.

Note: ASEAN level data excludes Brunei Darussalam and Singapore.

Regional Disparity

For this indicator, ASEAN-6 includes data from Indonesia, Malaysia, Philippines, and Thailand. The CLMV aggregate covers all the four countries, Cambodia, Lao PDR, Myanmar and Viet Nam.

The ASEAN-6 countries have reduced the prevalence of underweight children by 12 percentage points from 32 percent in 1990 to 20 percent in 2010. The CLMV countries reduced its prevalence by 19 percentage points over the same period. This has led to a notable contraction on the gap between the two groups of countries as indicated by the movement towards the value of 1 for the ratio of the CLMV to ASEAN-6 from 1.35 in 1990 to 1.17 in 2010.

Both the ASEAN-6 and the CLMV groups of countries are projected to achieve the target by 2012.

Table 1.8. Prevalence of underweight children under five years of age in CLMV and ASEAN-6 and the ratio of CLMV to ASEAN-6

Country	1990	1995	2000	2005	2010
ASEAN-6 ^a	32	28	24	23	20
CLMV	43	43	35	29	24
Ratio of CLMV to ASEAN-6	1.35	1.53	1.44	1.23	1.17

^a Excludes Brunei Darussalam and Singapore.

Source: ASEANstats' estimates based on Table 1.7.

1 The proportion of the population below \$1.25 (PPP) per day is a measure of poverty threshold used by many international organizations to allow comparison across countries and within regions. The \$1.25 a day is converted into local currency using the purchasing power parity (PPP) exchange rates. This poverty line is then compared with the income or consumption per person. If the income or consumption falls below \$1.25, then the person is classified as 'poor'.

Using the database and POVCAL software of the World Bank, poverty rates for 1990, 1995, and 2000 were estimated for 6 countries, namely, Cambodia, Indonesia, Lao PDR, Philippines, Thailand and Viet Nam. ASEAN level data for 2005 and 2010 include Cambodia, Indonesia, Lao PDR, Philippines, Thailand and Viet Nam.

Brunei Darussalam and Singapore do not have an official poverty line. Myanmar only has data on proportion of population below the national poverty line.

2 A value of 1 indicates there is no disparity between the two groups. The farther the ratio is from 1, the greater is the disparity.

For this indicator, ASEAN-6 includes only Indonesia, Malaysia, Philippines and Thailand. Brunei Darussalam does not collect data on poverty. Singapore does not have an official poverty line. CLMV includes only Cambodia, Lao PDR and Viet Nam. Myanmar only had data for 2005 and 2010 and so was not included.

3 The proportion of the population below the national poverty line is the proportion of the population whose income or consumption is below the poverty line set by the national government. The national poverty line is typically defined as the minimum income or consumption necessary to meet basic food and non-food needs.

The available data from 7 countries, namely, Cambodia, Indonesia, Lao PDR, Malaysia, Philippines, Thailand and Viet Nam were aggregated to come up with the poverty rate for the region. Brunei Darussalam does not have an official poverty statistics while Singapore does not have an official poverty line. Meanwhile, Myanmar has data for 2005 and 2010 only.

4 The employment to population ratio is the ratio of total employment to total population. For this indicator, data from Brunei Darussalam, Cambodia, Indonesia, Malaysia, Philippines, Singapore, Thailand and Viet Nam were used to estimate the ASEAN level data.

5 The prevalence of underweight children under five years of age is an internationally recognized health indicator for nutritional status in populations. It is measured as the percentage of underweight children under-five years of age. Data from Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Viet Nam are used in estimating the prevalence of underweight children in ASEAN.

Goal 2:

Achieve Universal Primary Education



Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

5. Net enrolment ratio in primary education⁶

Trends

More children in most ASEAN Member States have access to primary education but the region is still far from achieving universal access to primary education. Net enrolment ratio in primary education has generally increased from 86 percent in 1990 to 91 percent in 2010. This means that 91 out of every 100 children of primary-school age in ASEAN are attending primary schools.

This pace of progress towards universal education is slow and the target will not be likely achieved by 2015. Given the rate of change between 1990 and 2010, it is projected that the net enrolment ratio will only be 92 percent by 2015, far from the target of 100 percent.

As of 2010, 91 percent of primary education-attending population in nine countries in the ASEAN are enrolled in primary school. In Singapore, all children of primary school age are attending school. Brunei Darussalam placed the second highest school enrolment rate at 97 percent, followed by Indonesia and Cambodia at 95 percent.

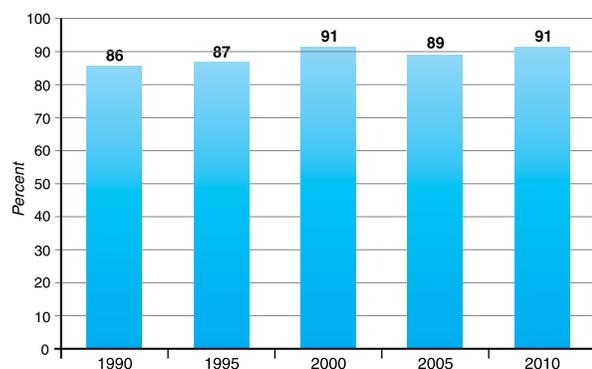
Cambodia and Lao PDR have the highest advances in providing basic education to their children, almost catching up with Indonesia and surpassing the Philippines. Myanmar and Thailand also made significant progress after Cambodia and Lao PDR.

Table 2.1. Net enrolment ratio in primary education in ASEAN and ASEAN Member States, 1990-2010

Country	Year				
	1990	1995	2000	2005	2010
Brunei Darussalam	104.9	102.3	99.8	97.4	97.4
Cambodia	72	76	86	92	95
Indonesia	95	91	92	93	95
Lao PDR	53	65	77	84	94
Malaysia	99.8	96.7	96.8	91.7	94.2
Myanmar	67	72	77	82	85
Philippines	85	93	97	84	86
Singapore	96	96	96	97	100
Thailand	70	74	86	87	86
ASEAN	86	87	91	89	91

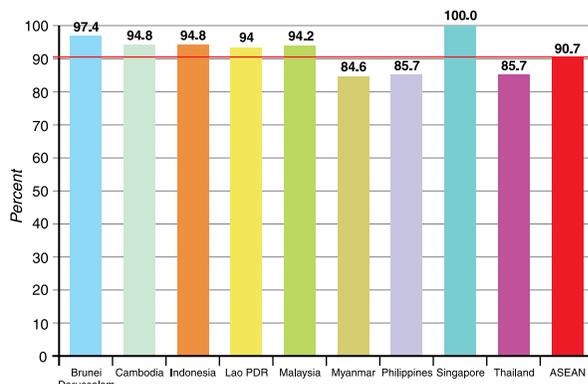
Source: ASEAN Member States' submission.
 Note: ASEAN aggregate is ASEANstats' estimate. Imputations for the few missing years were done by ASEANstats (see Appendix of the original data received from Member States). ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, and Thailand.

Graph 2.1. Net Enrolment Ratio in primary education in ASEAN, 1990-2010



Source: Based on Table 2.1.
 Note: ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, and Thailand.

Graph 2.2. Net Enrolment Ratio in primary education in ASEAN and ASEAN Member States, 2010



Source: Based on Table 2.1.
 Note: ASEAN level data excludes Viet Nam.

Regional Disparity

For this indicator, ASEAN-6 includes data for Brunei Darussalam, Indonesia, Malaysia, Philippines, Singapore and Thailand. The CLMV figure includes data for Cambodia, Lao PDR and Myanmar.

The CLMV countries are progressing quite rapidly in providing basic education. In 1990, it was lagging behind the ASEAN-6 countries, with only 66 percent of its primary school-age population enrolled. This is significantly lower than the 89 percent net enrolment ratio of the ASEAN-6. By 2010, the CLMV group has almost caught up with the ASEAN-6, with the former posting an 88 percent enrolment ratio compared to the 91 percent enrolment ratio registered by the ASEAN-6. The disparity ratio has narrowed down with the ratio of CLMV to ASEAN-6 increasing from only three quarters in 1990 to 0.97 percent, or much closer to one in 2010.



Goal 2: Achieve Universal Primary Education

Table 2.2. Net Enrolment Ratio in primary education in CLMV and ASEAN-6 and the ratio of CLMV to ASEAN-6, 1990-2010

	1990	1995	2000	2005	2010
ASEAN-6	89	90	93	90	91
CLMV^a	66	72	79	85	88
Ratio of CLMV to ASEAN-6	0.74	0.81	0.85	0.95	0.97

^a Excluding Viet Nam

Source: ASEANstats' estimates based on Table 2.1

6. Literacy rate of 15-24 year-olds⁷

Trends

In 2010, nearly ninety-nine out of every 100 population of 15-24 year old can read and write in the ASEAN region. The literacy rate among 15-24 year olds has steadily increased from 93.1 percent in 1990 to 98.5 percent in 2010.

Table 2.3. Literacy rate of 15-24 year-olds in ASEAN and ASEAN Member States, 1990-2010

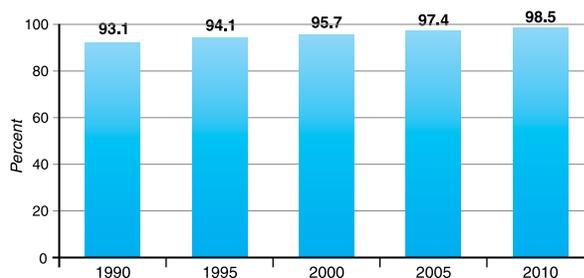
Country	Year				
	1990	1995	2000	2005	2010
Brunei Darussalam	98.0	98.4	98.8	99.4	99.6
Cambodia	42.0	56.5	70.1	84.0	88.0
Indonesia	98.1	97.5	98.4	98.7	99.5
Lao PDR	64.0	71.0	78.0	84.0	90.0
Malaysia	98.0	98.1	98.2	98.4	98.4
Myanmar	87.5	91.4	94.4	96.8	97.9
Philippines	96.6	96.9	95.1	97.5	99.4
Singapore	99.0	n.a.	99.5	n.a.	99.8
Thailand	91.2	93.5	95.9	98.0	99.4
ASEAN	93.1	94.1	95.7	97.4	98.5

Source: ASEAN Member States' submission.

Note: ASEAN aggregate is ASEANstats estimate. Imputations for the few missing years were done by ASEANstats (see Appendix of the original data received from Member States). ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore and Thailand. n.a. means no available data.



Graph 2.3. Literacy Rate of 15-24 year olds in ASEAN 1990-2010



Source: Based on Table 2.3.

Note: ASEAN level data excludes Viet Nam.

While the literacy rate was already relatively high even in 1990, there were some countries that were lagging behind. In recent years, however, Cambodia and Lao PDR made remarkable progress, allowing them to narrow the gap between them and the rest of the countries in the region. Nevertheless, the two countries still have the lowest literacy rates at 88 and 90 percent, respectively. In 2010, almost all the 15-24 year olds in Brunei Darussalam and Singapore are literate. Thailand, Philippines and Indonesia all have literacy rates of 99 percent while Myanmar and Malaysia have slightly lower rates at 98 percent.



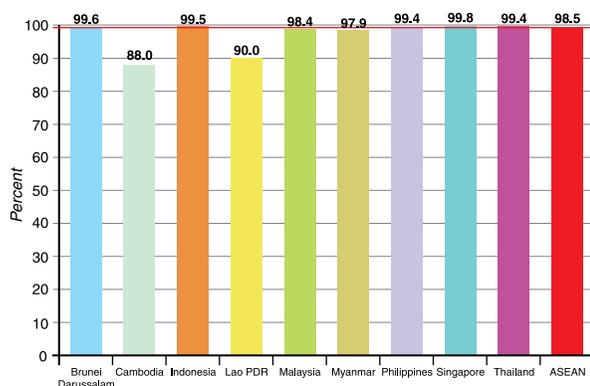
Table 2.4. Literacy rate of 15-24 year olds in CLMV and ASEAN-6 and the ratio of CLMV to ASEAN-6, 1990-2010

	1990	1995	2000	2005	2010
ASEAN-6	97	97	98	98	99
CLMV ^a	74	81	87	93	95
Ratio of CLMV to ASEAN-6	0.76	0.84	0.89	0.94	0.95

^a Excludes Viet Nam.

Source: ASEANstats estimates based on Table 2.3.

Graph 2.4. Literacy Rate of 15-24 year olds in ASEAN and ASEAN Member States, 2010



Source: Based on Table 2.3.

Note: ASEAN level data excludes Viet Nam.

Regional Disparity

The ASEAN-6 data for this indicator includes all the six founding states while the CLMV data includes only Cambodia, Lao PDR and Myanmar.

Compared to the CLMV, the ASEAN-6 group of countries have consistently showed higher literacy rates among 15-24 year olds. Nevertheless, the CLMV group has been able to narrow the gap as the literacy rate in this sub-region continues to increase with the ratio of CLMV to ASEAN-6 Literacy Rate increasing from 0.76 in 1990 to 0.95 in 2010.

⁶ Net enrolment ratio in primary education is ratio of the number children of official school age (as defined by the national education system) who are enrolled in primary school to the total population of children of official school age.

For this indicator, the available data from Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore and Thailand are used to estimate the data for ASEAN.

⁷ Literacy rate of 15-24 year-old is the percentage of the population of 15-24 years old who can both read and write with understanding of a short simple statement on everyday life. The ASEAN level data for this indicator includes 9 countries, namely, Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore and Thailand.

Goal 3:

Promote Gender Equality and Empower Women



Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

7. Ratio of girls to boys in primary education⁸

Trends

Since 1995, there has been only a slight improvement in the ratio of girls to boys in primary education. Boys continue to have more access over girls to primary education. There are 96 girls for every 100 boys who are attending primary education in 2010.

Indonesia and Singapore have basically reached the ratio of 1, meaning that for every 100 boys who are attending primary education in 2010 there are 100 girls. Myanmar also showed the second highest ratio, above .98 in 2010. The ratios in the rest of ASEAN Member States range between 0.91 in Cambodia to 0.94 in Malaysia and Thailand.

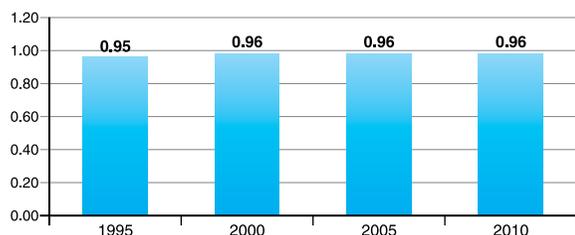
Table 3.1. Ratio of girls to boys in primary education in ASEAN and ASEAN Member States, 1995-2010

Country	Year			
	1995	2000	2005	2010
Brunei Darussalam	0.90	0.90	0.92	0.93
Cambodia	0.75	0.85	0.89	0.91
Indonesia	1.00	1.00	1.00	1.00
Lao PDR	0.78	0.82	0.85	0.93
Malaysia	0.95	0.95	0.95	0.94
Myanmar	0.94	0.97	0.99	0.98
Philippines	0.97	0.96	0.94	0.92
Singapore	0.99	0.99	0.99	1.00
Thailand	0.92	0.93	0.93	0.94
Viet Nam	0.88	0.90	0.93	0.93
ASEAN	0.95	0.96	0.96	0.96

Source: ASEAN Member States' submission.

Note: ASEAN aggregate is ASEANstats' estimate. Imputations for the few missing years were done by ASEANstats (see Appendix of the original data received from Member States). ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Viet Nam. Singapore's data are expressed as a gender parity index.

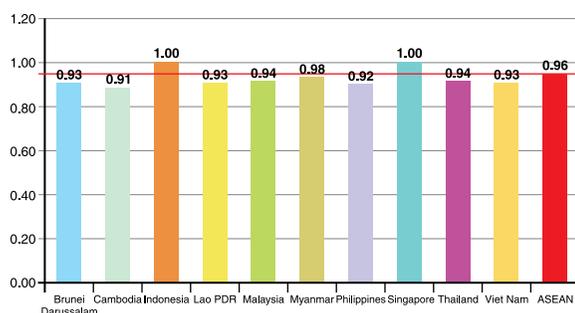
Graph 3.1. Ratio of girls to boys in primary education in ASEAN, 1995-2010



Source: Based on Table 3.1.

Singapore's data are expressed as a gender parity index.

Graph 3.2. Ratio of girls to boys in primary education in ASEAN and ASEAN Member States, 2010



Source: Based on table 3.1.

Singapore's data are expressed as a gender parity index.

Regional Disparity

For this indicator, the ASEAN-6 figure represents six countries, namely, Brunei Darussalam, Indonesia, Malaysia, Philippines, Singapore and Thailand. The CLMV estimate represents Cambodia, Myanmar, Lao PDR and Viet Nam.

The gap between ASEAN-6 and CLMV has declined over the last 15 years, as indicated by the value of the ratio of CLMV to ASEAN-6 approaching 1. This is primarily due to the marked improvement in the participation of girls in primary education in CLMV where the ratio of girls to boys enrolled in primary education has gone up from 88

girls per 100 boys in 1995 to 94 girls per 100 boys in 2010. There was an indication that ASEAN-6 contributed to the narrowing of the gap as the ratio of girls per 100 boys enrolled in 2010 was slightly lower than the ratio in 1995 of 0.98.

Table 3.2. Ratio of girls to boys in primary education in ASEAN-6 and CLMV and the ratio of CLMV to ASEAN-6, 1995-2010

	1995	2000	2005	2010
ASEAN-6	0.98	0.98	0.97	0.97
CLMV	0.88	0.91	0.94	0.94
Ratio of CLMV to ASEAN-6	0.90	0.93	0.96	0.97

Source: ASEANstats' estimates based on Table 3.1.

8. Ratio of girls to boys in secondary education⁹

Trends

In 1990, only 87 girls were enrolled in secondary education for every 100 boys who were enrolled in secondary education. The situation has steadily improved and girls have increasingly been able to participate in secondary education. In 2010, girls and boys have almost equal opportunities in attending secondary education, with the boys at a slight advantage. For every 100 boys attending secondary schools, there are 98 girls who are also attending secondary schools.



Goal 3: Promote Gender Equality and Empower Women



Table 3.3. Ratio of girls to boys in secondary education in ASEAN and ASEAN Member States, 1990-2010

Country	1990	1995	2000	2005	2010
Brunei Darussalam	1.05	1.08	1.03	0.97	0.96
Cambodia	0.70	0.59	0.53	0.72	0.86
Indonesia	0.85	0.92	0.94	0.96	0.95
Lao PDR	0.66	0.67	0.70	0.76	0.58
Malaysia	1.01	1.03	1.02	1.00	0.99
Myanmar	0.94	1.00	1.05	0.97	1.05
Philippines	1.00	1.04	1.05	1.07	1.04
Singapore	1.06	1.01	1.00	1.00	1.00
Thailand	0.83	0.85	0.89	0.99	1.09
Viet Nam	0.91	0.86	0.88	0.94	0.96
ASEAN	0.87	0.91	0.94	0.97	0.98

Source: ASEAN Member States' submission.

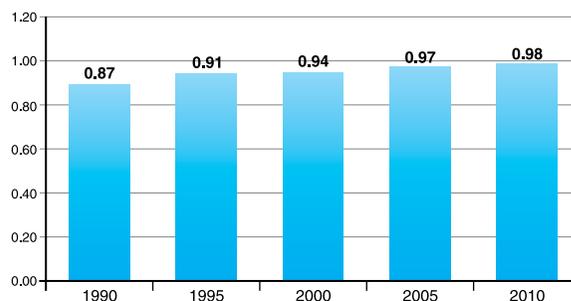
Note: ASEAN aggregate is ASEANstats' estimate. Imputations for the few missing years were done by ASEANstats (see Appendix of the original data received from Member States). ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Viet Nam. Singapore's data are expressed as a gender parity index.

The trend of increasing opportunities for girls to attend secondary education is not true for all countries in the region. In Brunei Darussalam, girls initially were at an advantage but recently there are more boys than girls who continued to attend secondary education.

Girls have more access in Thailand, Myanmar and the Philippines where 109, 105 and 104 girls, respectively, are able to attend secondary school for every 100 boys.

On the other hand, ratio of girls to boys in secondary school is lowest in Lao PDR where there are only 58 girls for every 100 boys are enrolled in secondary education.

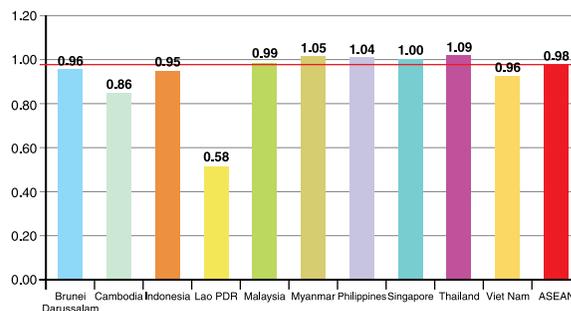
Graph 3.3. Ratio of girls to boys in secondary education in ASEAN, 1990-2010



Source: Based on Table 3.3.

Note: ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Viet Nam. Singapore's data are expressed as a gender parity index.

Graph 3.4. Ratio of girls to boys in secondary education in ASEAN and ASEAN Member States, 2010



Source: Based on Table 3.3.

Singapore's data are expressed as a gender parity index.

Regional Disparity

For this indicator, ASEAN-6 covers six countries, Brunei Darussalam, Indonesia, Malaysia, Philippines, Singapore and Thailand. CLMV includes Cambodia, Lao PDR, Myanmar and Viet Nam.



Increasing opportunities for girls in CLMV have led to continued increase in the ratio of girls to boys enrolled in secondary education. In 1990, there were only 90 girls for every 100 boys; this has risen to 95 girls for every 100 boys in 2010. The high ratio for Myanmar compensated for the low ratio for Cambodia which dropped markedly in 1995 and 2000.

The ASEAN-6 was initially lagging behind the CLMV group in 1990. However, the ratio of girls to boys in secondary education increased significantly in 2005, allowing it to overtake the CLMV ratio until 2010.

The gap between ASEAN-6 and CLMV has contracted as indicated by the ratio of the two groups getting closer to the value of 1.

Table 3.4. Ratio of girls to boys in secondary school in ASEAN-6 and CLMV and the ratio of CLMV to ASEAN-6, 1990-2010

	1990	1995	2000	2005	2010
ASEAN-6	0.87	0.91	0.95	0.99	0.99
CLMV	0.90	0.88	0.90	0.92	0.95
Ratio of CLMV to ASEAN-6	1.04	0.96	0.95	0.93	0.96

Source: ASEANstats' estimates based on Table 3.3.

9. Ratio of girls to boys in tertiary education¹⁰

Trends

Opportunities for women to attend tertiary education have been increasing over time. In 2000, there were 109 women for every 100 men; in 2010, this has gone up considerably to 120 women for every 100 men attending tertiary education.

Except in Cambodia and Lao PDR, girls have greater access to tertiary education elsewhere in the region. In Myanmar, there are 152 girls for every 100 boys who are in colleges or universities; whereas, in Cambodia, there are 69 girls for every 100 boys who are enrolled in tertiary education.

Table 3.5. Ratio of girls to boys in tertiary education in ASEAN and ASEAN Member States, 2000-2010

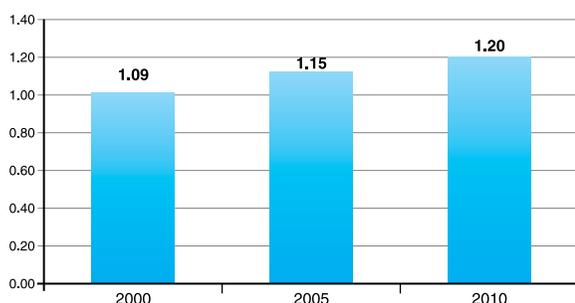
Country	Year		
	2000	2005	2010
Brunei Darussalam	1.25	1.36	1.27
Cambodia	0.34	0.48	0.69
Indonesia	0.85	0.94	1.10
Lao PDR	0.52	0.66	0.30
Malaysia	1.30	1.52	1.39
Myanmar	1.56	1.58	1.52
Philippines	1.25	1.20	1.22
Singapore	0.91	0.98	1.08
Thailand	1.12	1.17	1.31
Viet Nam	0.88	0.97	1.14
ASEAN	1.09	1.15	1.20

Source: ASEAN Member States' submission.

Note: ASEAN aggregate is ASEANstats' estimate. Imputations for the few missing years were done by ASEANstats (see Appendix of the original data received from Member States). ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, and Thailand. Singapore's data are expressed as a gender parity index.

Goal 3: Promote Gender Equality and Empower Women

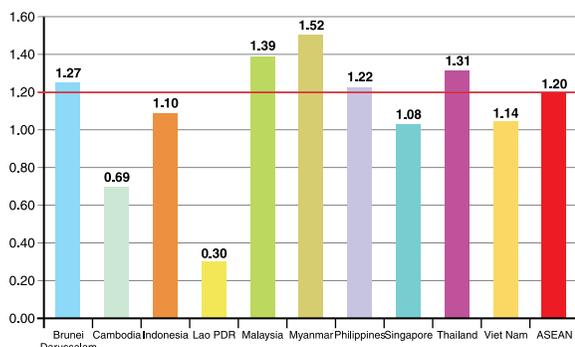
Graph 3.5 Ratio of girls to boys in tertiary education in ASEAN, 2000-2010



Source: Based on Table 3.5.

Note: ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, and Thailand. Singapore's data are expressed as a gender parity index.

Graphic 3.6. Ratio of girls to boys in tertiary education in ASEAN and ASEAN Member States, 2000-2010



Source: Based on table 3.5.

Singapore's data are expressed as a gender parity index.

Regional Disparity

For this indicator, ASEAN-6 covers six countries, Brunei Darussalam, Indonesia, Malaysia, Philippines, Singapore and Thailand. The CLMV data represents Cambodia, Lao PDR, Myanmar and Viet Nam.

There are 120 girls for every 100 boys enrolled in tertiary education in ASEAN-6 in 2010. This has been a significant change from the situation in 2000 when there are 106 girls for every 100 boys. Similarly, there have always been more girls than boys enrolled in tertiary education in CLMV since 2000. However, the advantage of girls has been decreasing. While there were 150 girls for every 100 boys in tertiary education in 2000 in CLMV, this has gone down to 129 girls for every 100 boys in 2010.

Consequently, the gap between ASEAN-6 and CLMV has decreased significantly. From a ratio of the CLMV to ASEAN-6 of 1.41 in 2000, this has gone down close to a value of 1 (1.07) in 2010 indicating lesser disparity.

Table 3.6. Ratio of girls to boys in tertiary education in ASEAN-6 and CLMV and the ratio of CLMV to ASEAN-6, 2000-2010

	2000	2005	2010
ASEAN-6	1.06	1.11	1.20
CLMV	1.50	1.51	1.29
Ratio of CLMV to ASEAN-6	1.41	1.36	1.07

Source: ASEANstats' estimates based on Table 3.5.

10. Proportion of seats held by women in national parliament¹¹

Trends

Increasing empowerment of women is evident in the area of political participation. In 1995, only 9 percent of the seats in the national parliament were held by women. This has gone up to 16 percent in 2010. Moreover, some of the countries in the region have had women as the highest ranking official of the country.

Table 3.7. Proportion of seats held by women in national parliament in ASEAN and ASEAN Member States, 1995-2010

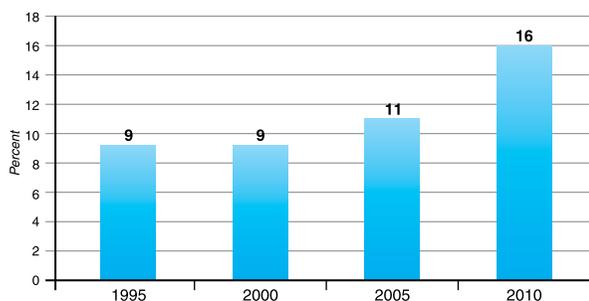
Country	Year			
	1995	2000	2005	2010
Cambodia	n.a	n.a.	17	21
Indonesia	12	10	12	18
Lao PDR	9.4	21.2	22.9	-
Malaysia	7.3	10.4	9.6	10.4
Philippines	11	12	17	21
Singapore	5	7	16	23
Thailand	8	8	8	12
Viet Nam	19	26	27	26
ASEAN	9	9	11	16

Source: ASEAN Member States' submission.

Note: ASEAN aggregate is ASEANstats' estimate. Imputations for the few missing years were done by ASEANstats (see Appendix of the original data received from Member States). ASEAN level data includes Indonesia, Malaysia, Philippines, Singapore, Thailand, and Viet Nam only. Due to absence of available data for 1995 and 2000, Cambodia is not included in the ASEAN aggregate. n.a. means no available data

Despite these achievements, women still have a long way to go in having greater participation in political processes.

Graph 3.7. Proportion of seats held by women in national parliament in ASEAN, 1995-2010



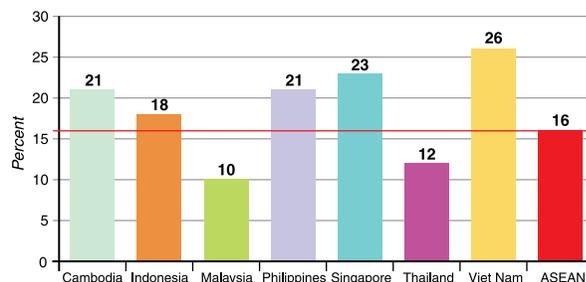
Source: Based on Table 3.7.

Note: ASEAN level data includes Indonesia, Malaysia, Philippines, Singapore, Thailand and Viet Nam.

Singapore and Philippines have the highest proportion of seats held by women in national parliament among the ASEAN-6. In 2010, 23 percent of the seats in the national parliament are held by women in Singapore. In the Philippines, it is slightly lower at 21 percent. Malaysia has the lowest percentage at 10 percent, followed by Thailand at 12 percent, while Cambodia and Viet Nam showed high proportion of 21 and 26, respectively.



Graph 3.8. Proportion of seats held by women in national parliament in ASEAN and ASEAN Member States, 2010



Source: Based on Table 3.7.

Note: ASEAN level data includes Indonesia, Malaysia, Philippines, Singapore, Thailand and Viet Nam.

8 The ratio of girls to boys in primary education is the ratio of the number of female students enrolled in primary schools to the number of male students enrolled in primary schools.

9 The ratio of girls to boys in secondary education is the ratio of the number of female students enrolled in secondary schools to the number of male students enrolled in secondary schools.

10 The ratio of girls to boys in tertiary education is the ratio of the number of female students enrolled in tertiary schools to the number of male students enrolled in tertiary schools.

11 The proportion of seats held by women in national parliament is the number of seats held by women expressed as a percentage of all occupied seats.

Goal 4:

Reduce Child Mortality



Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

11. Under-five mortality rate¹²

Trends

Child deaths are declining in the ASEAN region, and it is likely that it will achieve the target of under-five mortality rate (U5MR) of 27 by 2015. The rate has declined from 80 child deaths per 1000 live births in 1990 to 35 in 2010. If this rate of progress continues, the mortality rate is likely to reach 22 by 2015.

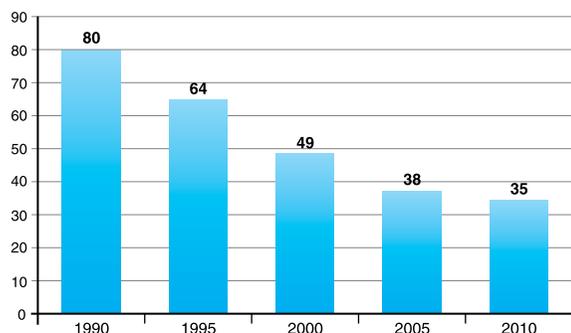
Despite the progress, there still exists considerable variation among countries. In 2010, Lao PDR exhibited the highest ratio at 88, followed by Cambodia at 54 and Myanmar at 48. On the other hand, Singapore registered the lowest U5MR at 3. Brunei Darussalam and Malaysia have both lower than 10 U5MR.

Table 4.1. Under-five mortality rate in ASEAN and ASEAN Member States, 1990-2010

Country	Year				
	1990	1995	2000	2005	2010
Brunei Darussalam	10.3	9.8	10.3	9.5	7.3
Cambodia	181	146	124	83	54
Indonesia	101	81	55	45	42
Lao PDR	233	170	107	98	88
Malaysia	16.8	13.2	8.9	8.5	8.5 ^p
Myanmar	130	82	75	61	48
Philippines	80	67	49	34	36
Singapore	8	5	4	3	3
Thailand	13	12	12	11	10
Viet Nam	58	52	45	27	24
ASEAN	80	64	49	38	35

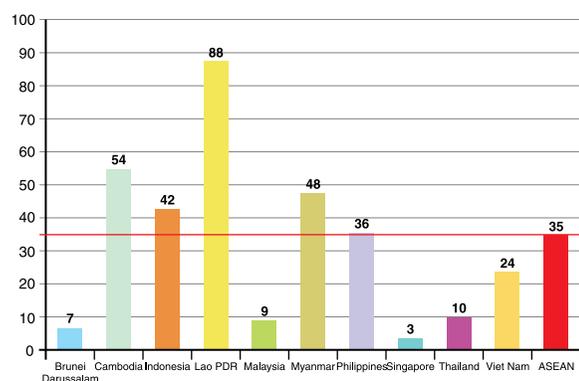
Source: ASEAN Member States' submission.
 Note: ASEAN aggregate is ASEANstats' estimate. Imputations for the few missing years were done by ASEANstats (see Appendix of the original data received from Member States).
 p Preliminary

Graph 4.1. Under-five mortality rate in ASEAN, 1990-2010
 (Deaths per 1,000 live births)



Source: Based on Table 4.1.

Graph 4.2. Under-five mortality rate in ASEAN and ASEAN Member States, 2010 (Deaths per 1,000 live births)



Source: Based on Table 4.1.



Regional Disparity

The ASEAN-6 figure covers the six founding members, while the CLMV estimate includes the four newer members.

The under-five mortality rate for ASEAN-6 has gone down from 75 in 1990 to 35 in 2010. CLMV exhibited a faster rate of decline from 91 to 38 over the same period.

The gap between ASEAN-6 countries and the CLMV countries have been reduced significantly over time, as the latter continued to perform well. In 2010, the under-five mortality rate disparity between the two groups is almost closing.

Table 4.2. Under-five mortality rate in ASEAN-6 and CLMV and the ratio of CLMV to ASEAN-6, 1990-2010

	1990	1995	2000	2005	2010
ASEAN-6	75	62	44	35	35
CLMV	91	69	62	46	38
Ratio of CLMV to ASEAN-6	0.82	0.90	0.72	0.76	0.91

Source: ASEANstats' estimates based on Table 4.1.

12. Infant mortality rate¹³

Trends

The infant mortality rate has declined from 59 infant deaths per 1,000 live births in 1990 to 27 infant deaths per 1,000 live births in 2010. Despite the progress, there were still an estimated 150,000 children who die before they reach the age of one year old in 2010. This means that about 415 infants die each day in the region.

Goal 4 : Reduce Child Mortality

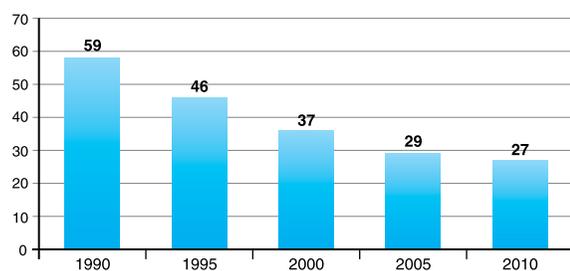
Table 4.3. Infant mortality rate in ASEAN and ASEAN Member States, 1990-2010

Country	Year				
	1990	1995	2000	2005	2010
Brunei Darussalam	7.4	7.9	7.4	7.4	6.1
Cambodia	141.5	113.5	95.0	65.0	44.9
Indonesia	71	57	42	34	34
Lao PDR	134	104	82	70	58
Malaysia	13.1	10.3	6.5	6.6	6.8 ^p
Myanmar	98	55	54	48	40
Philippines	57	49	37	27	27
Singapore	7	4	3	2	2
Thailand	8	7	6	8	7
Viet Nam	45	38	31	18	16
ASEAN	59	46	37	29	27

Source: ASEAN Member States' submission.
Note: ASEAN aggregate is ASEANstats' estimate. Imputations for the few missing years were done by ASEANstats (see Appendix of the original data received from Member States).

^p Preliminary

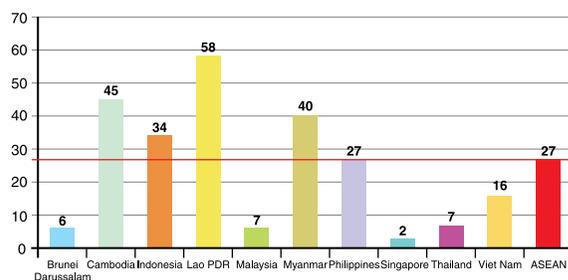
Graph 4.3. Infant mortality rate in ASEAN, 1990-2010
(Deaths per 1,000 live births)



Source: Based on Table 4.1.

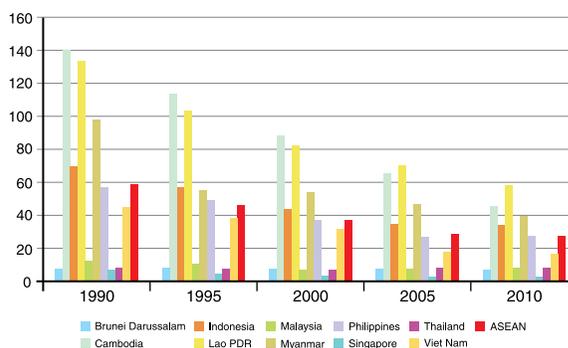
Singapore, Brunei Darussalam, Malaysia and Thailand have low infant mortality rates, all at less than ten infant deaths per 1,000 live births in 2010. Viet Nam has infant mortality rate lower than the ASEAN average. On the other hand, Lao PDR, Cambodia, Myanmar and Indonesia have infant mortality rates higher than the ASEAN average. In Lao PDR, there are 58 infant deaths per 1,000 live births, while there are 45 infant deaths per 1,000 live births in Cambodia. The infant mortality rates in Myanmar and Indonesia are 40 and 34, respectively.

Graph 4.4. Infant mortality rate in ASEAN and ASEAN Member States, 2010
(Deaths per 1,000 live births)



Source: Based on Table 4.3.

Graph 4.5. Infant mortality rate in ASEAN and ASEAN Member States, 1990-2010
(Deaths per 1,000 live births)



Source: Based on Table 4.3.

Regional Disparity

The ASEAN-6 figure is based on the combined data of the six founding members, while the CLMV figure is based on the aggregated data of the four newer members.

CLMV has reached the level of the ASEAN-6, almost closing the gap between the two groups. From an infant mortality rate of 69 in 1990, infant mortality rate in CLMV has gone down significantly to 28 infant deaths per 1,000 live births in 2010. The rate in Cambodia has been reduced by two-thirds, the rate in Lao PDR and Myanmar by more than half, and the rate in Viet Nam by almost two-thirds.

ASEAN-6 has also displayed a significant reduction, halving the rate during the 20-year period. The infant mortality rate has decreased from 55 infant deaths per



1,000 live births in 1990 to 27 infant deaths per 1,000 live births in 2010. The ratio of CLMV to ASEAN-6 is close to 1 in 2010, a significant increase from the 0.80 ratio recorded in 1990.

Table 4.4. Infant mortality rate in ASEAN-6 and CLMV and the ratio of CLMV to ASEAN-6, 1990-2010

	1990	1995	2000	2005	2010
ASEAN-6	55	45	35	27	27
CLMV	69	48	44	33	28
Ratio of CLMV to ASEAN-6	0.80	0.94	0.79	0.82	0.97

Source: ASEANstats' estimates based on Table 4.3.

13. Proportion of 1 year-old children immunised against measles¹⁴

Trends

There has been a steady increase in the proportion of 1-year olds who are immunized against measles in the ASEAN. The immunization programmes for children played a major role in the decline of infant and child mortality rates. From 77 percent in 1995, the proportion of 1-year old children immunized against measles has gone up to 81 percent.

In Thailand, 99 out of every 100 one-year old children have been immunized against measles. Viet Nam, Malaysia, Brunei Darussalam, Myanmar and Cambodia

have immunization coverage higher than the ASEAN average. On the other hand, the Philippines has the lowest proportion where only 71 out of every 100 one-year children are immunized against measles. Indonesia has the second lowest at 75 percent and Lao PDR at 78 percent.

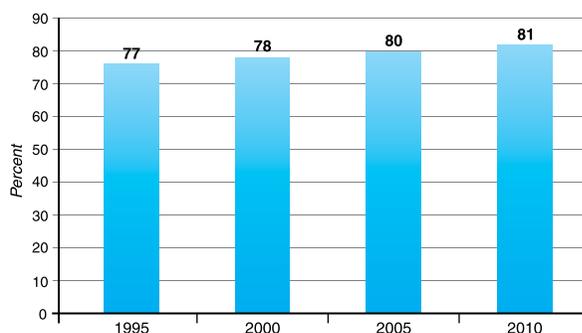
Table 4.5. Proportion of 1 year-old children immunised against measles in ASEAN and ASEAN Member States, 1995-2010

Country	Year			
	1995	2000	2005	2010
Brunei Darussalam	99.5	99	97	94
Cambodia	22	55	77	82
Indonesia	50	50	62	75
Lao PDR	68	60	69	78
Malaysia	85.5	88.4	89.9	96.1
Myanmar	82	84	81	88
Philippines	84	86	84	71
Singapore	97	96	96	95
Thailand	93	95	97	99
Viet Nam	95	96	97	98
ASEAN	77	78	80	81

Source: ASEAN Member States' submission.

Note: ASEAN aggregate is ASEANstats' estimate. Imputations for the few missing years were done by ASEANstats (see Appendix of the original data received from Member States). Singapore's data has a slightly different coverage; the first (primary) dose of measles vaccination is given to children sometime between the ages of 1 and 2 years.

Graph 4.6. Proportion of one-year old children immunized against measles in ASEAN, 1995-2010

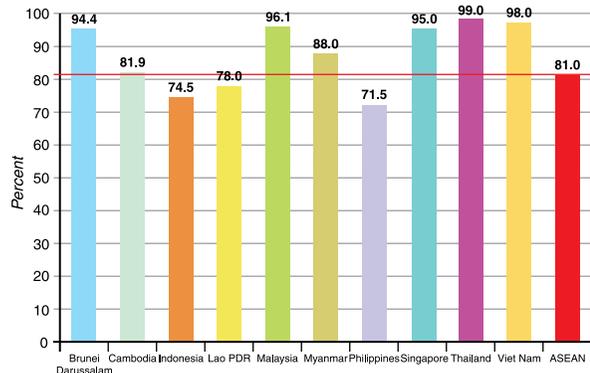


Source: Based on Table 4.5.

Note: ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Viet Nam. Singapore's data has a slightly different coverage; the first (primary) dose of measles vaccination is given to children sometime between the ages of 1 and 2 years.

Goal 4 : Reduce Child Mortality

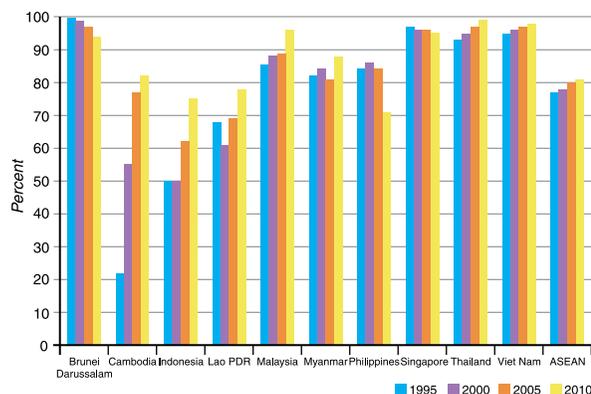
Graph 4.7. Proportion of one-year old children immunised against measles in ASEAN and ASEAN Member States, 2010



Source: Based on Table 4.5.

Note: ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Viet Nam. Singapore's data has a slightly different coverage; the first (primary) dose of measles vaccination is given to children sometime between the ages of 1 and 2 years.

Graph 4.8. Proportion of one-year old children immunised against measles in ASEAN and ASEAN Member States, 1995-2010



Note: ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Viet Nam. Singapore's data has a slightly different coverage; the first (primary) dose of measles vaccination is given to children sometime between the ages of 1 and 2 years.

Regional Disparity

For this indicator, ASEAN-6 refers to five countries, namely Brunei Darussalam, Indonesia, Malaysia, Philippines and Thailand. The CLMV estimate includes all the four newer member countries.

The proportion of one-year old children immunized against measles in ASEAN-6 has risen from 70 percent in



1995 to 77 percent in 2010. The CLMV has outperformed the ASEAN-6, posting coverage of 89 percent in 1995 to 92 percent in 2010. This remarkable performance is largely due to the very high coverage in Viet Nam, the most populous among the CLMV countries, registering 98 percent in 2010.

The improvements in both groups have reduced the gap closer to a value of 1. CLMV, however, consistently exhibits better performance than the ASEAN-6 during the periods in review.

Table 4.6. Proportion of 1 year-olds immunized against measles in ASEAN-6 and CLMV and ratio of CLMV to ASEAN-6, 1995-2010

	1995	2000	2005	2010
ASEAN-6	70	74	77	77
CLMV	89	88	88	92
Ratio of CLMV to ASEAN-6	0.78	0.83	0.87	0.83

Source: ASEANstats' estimates based on Table 4.5.

Note: ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Viet Nam. Singapore's data has a slightly different coverage; the first (primary) dose of measles vaccination is given to children sometime between the ages of 1 and 2 years.

12 The under-five mortality rate is the probability of a child born in a specified year dying before reaching the age of five if subject to current age-specific mortality rates, expressed as per 1,000 live births. It is a measure of child survival and is regarded as a good indicator of the health status of children.

13 The infant mortality rate is defined as the number of infants dying before reaching the age of one year per 1,000 live births in a given year.

14 The proportion of 1-year-old children immunized against measles is the percentage of children under one year of age who have received at least one dose of measles vaccine.

Goal 5:

Improve Maternal Health



Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

14. Maternal Mortality Ratio (MMR)¹⁵

Trends

For 2010, Singapore has the lowest maternal mortality ratio at three maternal deaths per 100,000 live births. Malaysia and Brunei Darussalam also have relatively low maternal mortality ratios, at 27 and 16, respectively.

Table 5.1. Maternal Mortality Ratio in ASEAN and ASEAN Member States, 1990-2010

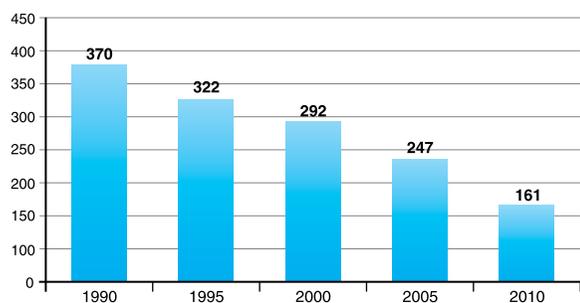
Country	1990	1995	2000	2005	2010
Brunei Darussalam	0	0	27	14	16
Cambodia	367	402	437	472	206
Indonesia	399	353	320	268	169
Lao PDR	680	605	530	405	280
Malaysia	-	46.9	30.6	27.9	27.3 ^p
Myanmar	420	350	290	250	233
Philippines	164	170	176	144	129
Singapore	2	4	17	13	3
Viet Nam	233	182	131	80	69
ASEAN	370	322	292	247	161

Source: ASEAN Member States' submission.

Note: ASEAN aggregate is ASEANstats' estimate. Imputations for the few missing years were done by ASEANstats (see Appendix of the original data received from Member States).

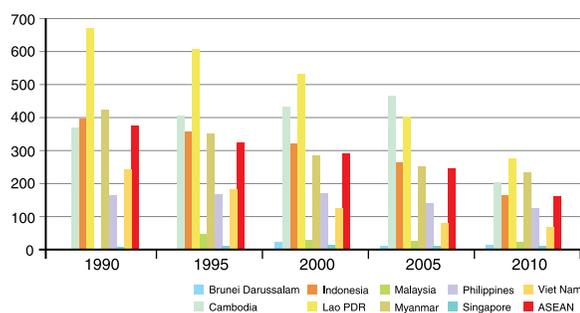
^p Preliminary

Graph 5.1. Maternal Mortality Ratio in ASEAN, 1990-2010
(Maternal deaths per 100,000 live births)



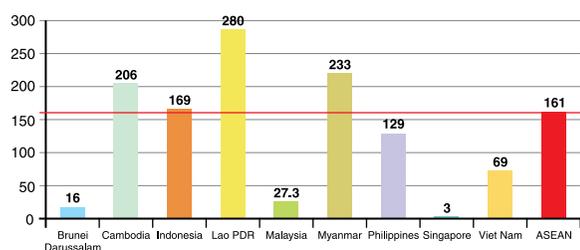
Source: Based on Table 5.1.

Graph 5.2. Maternal Mortality Ratio in ASEAN Member States, 1990-2010
(Maternal deaths per 100,000 live births)



Source: Based on Table 5.1

Graph 5.3. Maternal Mortality Ratio in ASEAN and ASEAN Member States, 2010
(Maternal deaths per 100,000 live births)



Source: Based on Table 5.1

Regional Disparity

Both ASEAN-6 and CLMV experienced significant progress in improving maternal health. In 2010, ASEAN-6 MMR fell to 163 from 379 maternal deaths per 100,000 live births while the MMR in CLMV was more than halved at 146 from 324 per 100,000 live births in 1990.

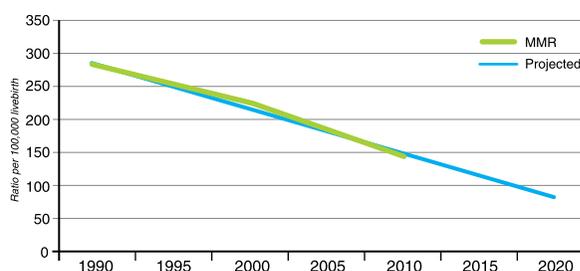
The relatively high ratio in Philippines and Indonesia's MMR accounted for the ASEAN-6 higher ratio compared to that of the CLMV. Both groups of countries saw sharp declines in MMR, and the gap between ASEAN-6 and CLMV has improved from its level in 1990.

Table 5.2. Maternal Mortality Ratio in ASEAN-6 and CLMV and the ratio of CLMV to ASEAN-6, 1990-2010
(Maternal deaths per 100,000 live births)

	1990	1995	2000	2005	2010
ASEAN-6	379	330	299	253	163
CLMV	324	277	243	198	146
Ratio of CLMV to ASEAN-6	0.85	0.84	0.81	0.78	0.90

Source: ASEANstats' estimates based on Table 5.1

Graph 5.4. Maternal Mortality Ratio in ASEAN: Target and Achievement



Source: Based on Table 5.1.

In view of the developments on the ASEAN Maternal Mortality Rate, the target level of 79 is perceived to be achieved in 2020.



15. Proportion of births attended by skilled health personnel¹⁶

The proportion of births attended by skilled health personnel has been steadily rising but one out of every five births is still unattended by skilled personnel. In 1990, less than half of the births were attended. Twenty years later, 4 out of every 5 of the births are attended by health personnel.

In 2010, practically all of the births in Singapore, Brunei Darussalam, Thailand and Malaysia are attended by skilled health personnel.

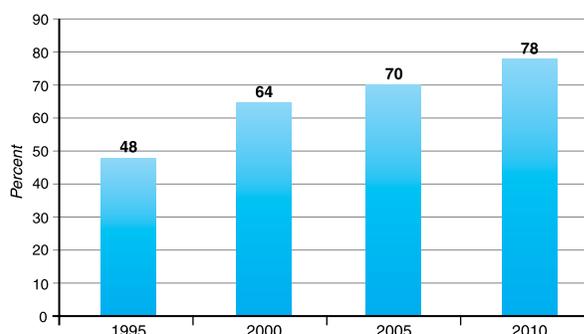
Table 5.3. Proportion of births attended by skilled health personnel In ASEAN and ASEAN Member States, 1995-2010

Country	Year			
	1995	2000	2005	2010
Brunei Darussalam	98.6	99.6	99.7	99.8
Cambodia	20	32	44	71
Indonesia	46	63	70	80
Lao PDR	15	17	23	29
Malaysia	95.2	96.8	98.1	98.6
Myanmar	11	33	58	62
Philippines	63	69	68	76
Singapore	99.8	99.8	99.8	99.8
Thailand	91	94	100	100
Viet Nam	48	63	96	96
ASEAN	48	64	70	78

Source: ASEAN Member States' submission.

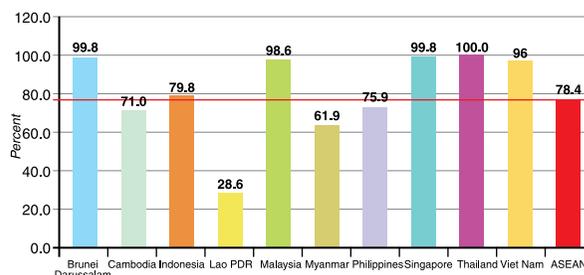
Note: ASEAN aggregate is ASEANstats estimate. Imputations for the few missing years were done by ASEANstats (see Appendix of the original data received from Member States).

Graph 5.5. Proportion of births attended by skilled health personnel In ASEAN, 1995-2010



Source: Based on Table 5.3.

Graph 5.6. Proportion of births attended by skilled health personnel In ASEAN and ASEAN Member States, 2010



Source: Based on table 5.3.

Regional Disparity

The ASEAN-6 estimate represents all the six founding members while the CLMV figure covers all the four newer member countries.

ASEAN-6 saw a steady increase in the proportion of births attended by skilled health personnel from 51 percent in 1995 to 81 percent in 2010. Similarly, CLMV also experienced a significant increase from 32 births attended by skilled health personnel per 100 births in 1995 to 59 in 2010. The CLMV has performed at a much faster pace than ASEAN-6 resulting to a lower gap from the 1995 level.



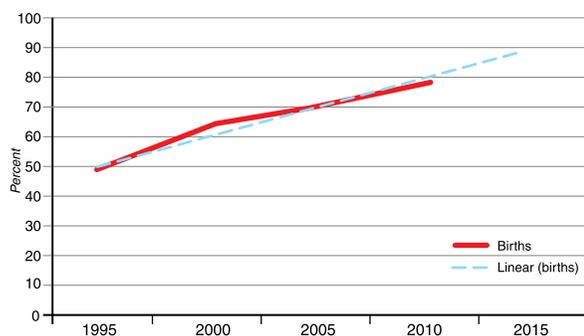
Table 5.4. Proportion of births attended by skilled health personnel in ASEAN-6 and CLMV and the ratio of CLMV to ASEAN-6, 1995-2010

	1995	2000	2005	2010
ASEAN-6	51	66	72	81
CLMV	32	47	57	59
Ratio of CLMV to ASEAN-6	0.64	0.70	0.79	0.73

Source: ASEANstats' estimates based on Table 5.3.

With the progress made in the ASEAN Region, the proportion of births attended by skilled health personnel is expected to increase to meet its target of 89 per 100 births in 2015.

Graphic 5.7. Proportion of births attended by skilled health personnel In ASEAN: Target and Achievement



Source: Based on Table 5.3.

15 The maternal mortality ratio is the number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births.

16 The proportion of births attended by skilled health personnel is the percentage of deliveries attended by personnel trained to give the necessary supervision, care and advice to women during pregnancy, labor and the post-partum period; to conduct deliveries on their own; and to care for newborns. Skilled health personnel include only those who are properly trained and who have appropriate equipment and drugs. Traditional birth attendants, even if they have received a short training course, are not to be included.

Goal 6:

Combat HIV/AIDS, Malaria and Other Diseases



Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

16. Incidence of Malaria¹⁷

Trends

The ASEAN Region has been successful in reducing the incidence of malaria in the region. The incidence of malaria has declined from 755 new cases per 100,000 population in 1990 to 198 per 100,000 population in 2010.

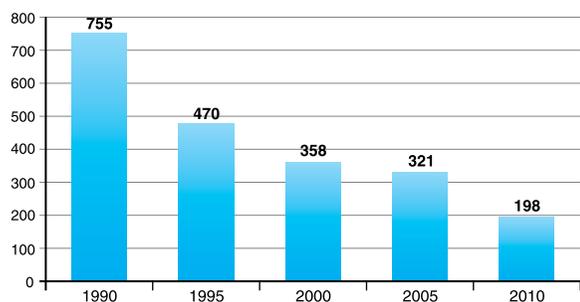
Table 6.1. Incidence of malaria in ASEAN and ASEAN Member States, 1990-2010

Country	Year				
	1990	1995	2000	2005	2010
Brunei Darussalam	15	12	9	4	4
Cambodia	2783	1881	1103	550	407
Indonesia	468	283	362	410	196
Malaysia	284	286	55	21	24
Myanmar	2046	1249	1011	1121	943
Philippines	119	89	67	43	13
Singapore	7	9	7	4	4
Thailand	520	171	136	49	34
Viet Nam	1357	915	377	121	62
ASEAN	755	470	358	321	198

Source: ASEAN Member States' submission.

Note: ASEAN aggregate is ASEANstats' estimate. Imputations for the few missing years were done by ASEANstats (see Appendix of the original data received from Member States). ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Viet Nam.

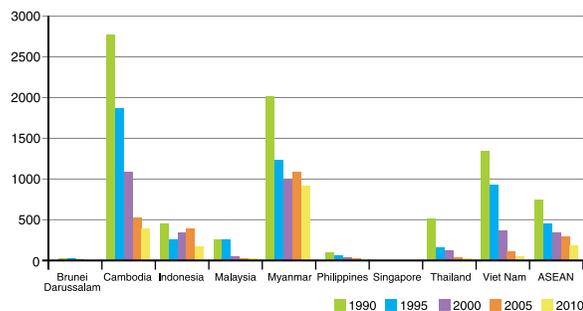
Graph 6.1. Incidence of malaria in ASEAN, 1990-2010
Number of cases per 100,000 population (incidence)



Source: Based on Table 6.1.

Note: ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Viet Nam.

Graph 6.2. Incidence of malaria in ASEAN and ASEAN Member States, 1990-2010
Number of cases per 100,000 population (incidence)



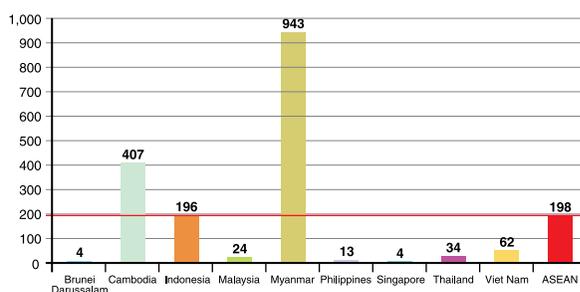
Source: Based on table 6.1.

Note: ASEAN level data excludes Lao PDR

For 2010, Incidence is highest in Myanmar, where 943 out of every 100,000 population were affected. This is followed by Cambodia at 407 cases per 100,000 population. All the other seven countries have incidence lower than the ASEAN average. Incidence is lowest in Brunei Darussalam and Singapore at four cases per 100,000 population.



Graph 6.3. Incidence of malaria in ASEAN and ASEAN Member States, 2010
Number of cases per 100,000 population (incidence)



Source: Based on table 6.1.

Note: ASEAN level data excludes Lao PDR.

Regional Disparity

The ASEAN-6 estimate represents all the six founding members while the CLMV figure covers Cambodia, Myanmar and Viet Nam. Both ASEAN-6 and CLMV have experienced remarkable progress in reducing the incidence of malaria. The gap between the two groups has narrowed until 2005. However, latest data indicate a reversal towards greater disparity as ASEAN-6 continues to post faster progress in recent years.

Table 6.2. Incidence of malaria in ASEAN-6 and CLMV and the ratio of CLMV to ASEAN-6, 1990-2010

	1990	1995	2000	2005	2010
ASEAN-6	393	224	238	243	116
CLMV ^a	1723	1117	667	525	420
Ratio of CLMV to ASEAN-6	4.39	4.97	2.81	2.16	3.61

^aExcludes Lao PDR

Source: ASEANstats' estimates based on Table 6.1.

17. Incidence of Tuberculosis¹⁸

Trends

The ASEAN region has achieved moderate progress towards reducing the incidence of tuberculosis. The incidence of tuberculosis has gone down from 166 cases per 100,000 population in 2000 to 140 cases per 100,000 population a decade after.

Singapore has the lowest tuberculosis incidence at 39 cases per 100,000 population. This is followed by Brunei Darussalam at 57 and Viet Nam at 62. On the other hand, Indonesia posted the highest incidence at 222 cases per 100,000 population. It is the only country that has a higher incidence than the regional average for ASEAN. While it has experienced steady reduction, its high level in 2000 has made it more challenging to catch up with the rest of the countries in the region.

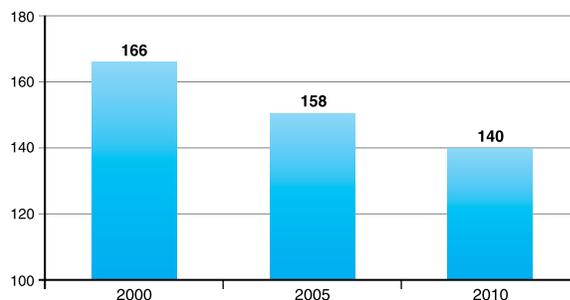
Table 6.3. Incidence of tuberculosis in ASEAN and ASEAN Member States 2000-2010

Country	Year		
	2000	2005	2010
Brunei Darussalam	96	44	57
Cambodia	254	175	125
Indonesia	282	252	222
Lao PDR	357	306	-
Malaysia	64.7	61.2	68.3
Myanmar	74	76	86
Philippines	88	93	97
Singapore	46	38	39
Thailand	71	94	101
Viet Nam	117	116	62
ASEAN	166	158	140

Source: ASEAN Member States' submission.

Note: ASEAN aggregate is ASEANstats' estimate. Imputations for the few missing years were done by ASEANstats (see Appendix of the original data received from Member States). ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Malaysia Myanmar, Philippines, Singapore, Thailand and Viet Nam.

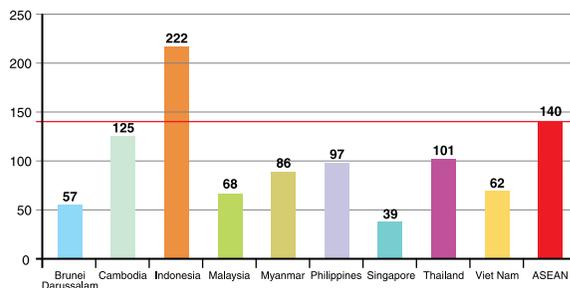
Graph 6.4. Incidence of tuberculosis in ASEAN, 2000-2010
Number of cases per 100,000 population (incidence)



Source: Based on Table 6.3.

Note: ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam.

Graph 6.5. Incidence of tuberculosis in ASEAN and ASEAN Member States, 2010
Number of cases per 100,000 population (incidence)



Source: Based on Table 6.3.

Note: ASEAN level data excludes Lao PDR.





Table 6.4. Incidence of tuberculosis in ASEAN-6 and CLMV and the ratio of CLMV to ASEAN-6, 2000-2010

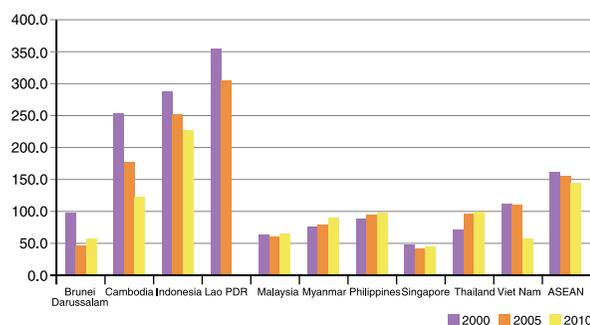
	2000	2005	2010
ASEAN-6	189	177	164
CLMV ^a	109	105	76
Ratio of CLMV to ASEAN-6	0.58	0.60	0.46

^a Excludes Lao PDR

Source: ASEANstats' estimates based on Table 6.3.

Graph 6.6. Incidence of tuberculosis in ASEAN and ASEAN Member States, 2000-2010

Number of cases per 100,000 population (incidence)



Source: Based on Table 6.3.

Note: ASEAN level data excludes Lao PDR.

Regional Disparity

The ASEAN-6 estimate represents Brunei Darussalam, Indonesia, Malaysia, Philippines, Singapore and Thailand while the CLMV figure covers Cambodia, Myanmar and Viet Nam. The ASEAN has a higher incidence of tuberculosis than the CLMV, primarily on account of the high incidence rate in Indonesia. The ASEAN-6 has 164 cases of tuberculosis for every 100,000 population while the CLMV showed a sudden decline in 2010 at 76. In 2005, the gap has increased brought by the faster decline in the incidence in ASEAN-6.

17 Incidence of malaria is the number of new cases of malaria per 100,000 population for a given period, in this case, one year.

18 Incidence of tuberculosis is the number of new cases of tuberculosis per 100,000 population for a given period, in this case, one year.

Goal 7:

Ensure Environmental Sustainability



Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

18. Proportion of land area covered by forest¹⁹

Trends

The region has not managed to reverse the loss of forest resources. As of 2010, 53 percent of the region's land area is covered by forest. This is 5 percentage points lower than the proportion registered in 1990. Despite the overall decline in the proportion of land area covered by forest, some countries in the region have started to post increases in the proportion.

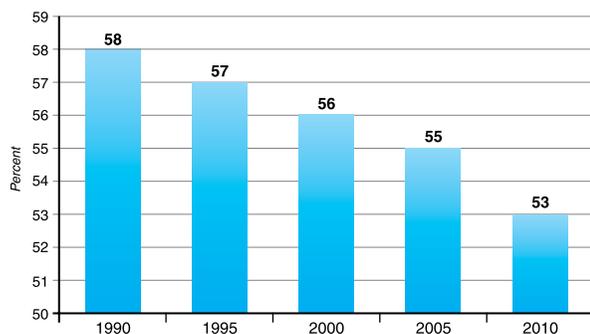
On the other hand, the Philippines has the lowest proportion, followed by Thailand and Viet Nam. Recently, Thailand and Viet Nam have achieved some progress in reversing the loss of forest resources as manifested by an increasing trend in the proportion of forest cover, particularly in the last decade.

Table 7.1. Proportion of land area covered by forest in ASEAN and ASEAN Member States, 1990-2010

Country	Year				
	1990	1995	2000	2005	2010
Brunei Darussalam	80	79	78	76	75
Cambodia	60	59	60	60	58
Indonesia	60	57	53	50	48
Lao PDR	47	47	42	42	42
Malaysia	59.1	57.7	56.6	55.8	54.0
Myanmar	58	55	52	49	47
Philippines	21	19	27	24	23
Thailand	27	26	33	32	36
Viet Nam	28	28	33	37	40
ASEAN	58	57	56	55	53

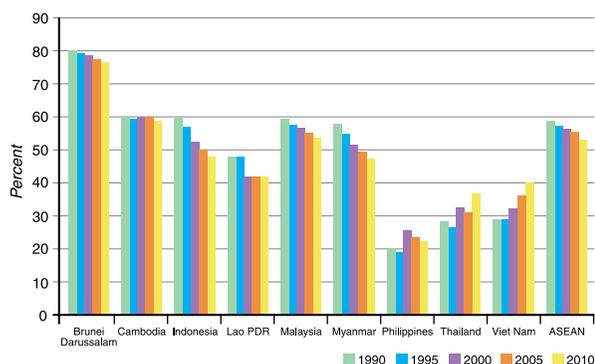
Source: ASEAN Member States' submission.
 Note: ASEAN aggregate is ASEANstats' estimate. Imputations for the few missing years were done by ASEANstats (see Appendix of the original data received from Member States). ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Viet Nam. Singapore's land area covered by forest stood at 3.2% in 2009.

Graph 7.1. Proportion of land area covered by forest in ASEAN, 1990-2010



Source: Based on Table 7.1.
 Note: ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Viet Nam.

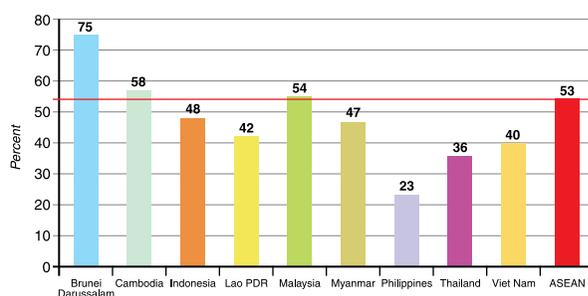
Graph 7.2. Proportion of land area covered by forest in ASEAN and ASEAN Member States, 1990-2010



Source: Based on table 7.1.
 Note: ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Viet Nam.



Graph 7.3. Proportion of land area covered by forest in ASEAN and ASEAN Member States, 2010



Source: Based on Table 7.1.
 Note: ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Viet Nam.

Regional Disparity

The ASEAN-6 estimate represents Brunei Darussalam, Indonesia, Malaysia, Philippines and Thailand while the CLMV figure covers Cambodia, Lao PDR, Myanmar and Viet Nam.

CLMV has been more successful in protecting its forest resources. The proportion of land area covered by forest in CLMV has increased from 43 percent in 1990 to 45 percent in 2010. While ASEAN-6 started with a higher proportion in 1990, and has declined to 53 percent in 2010. This has reduced the difference in the percentage of forest cover between the two groups of countries.

Table 7.2. Proportion of land area covered by forest in ASEAN-6 and CLMV and the ratio of CLMV to ASEAN-6, 1990-2010

	1990	1995	2000	2005	2010
ASEAN-6 ^a	58	57	56	55	53
CLMV	43	43	43	45	45
Ratio of CLMV to ASEAN-6	0.74	0.75	0.77	0.81	0.85

^a Excluding Singapore
 Source: ASEANstats estimates based on Table 7.1.

Target 7.B: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

19. Proportion of population using an improved drinking water source²⁰

Trends

Sixty five out of every one hundred persons in the ASEAN region have access to improved drinking water. This is significant improvement over the 56 percent posted in 1995. It is important to note that the access in the ASEAN region has been the same between 2005 and 2010 in spite of the decline observed in Indonesia. While all countries are experiencing increase in access to improved drinking water source, Indonesia has shown a reversal trend.

Only 44 percent of the population in Indonesia has access to improved drinking water. This has led to the Indonesian population's mounting reliance on bottled water which at 19 percent in 2010 from less than 1 percent in 2000 and 4 percent in 2005.

In contrast, in 2010, the whole population of Brunei Darussalam and Singapore have access to improved drinking water.

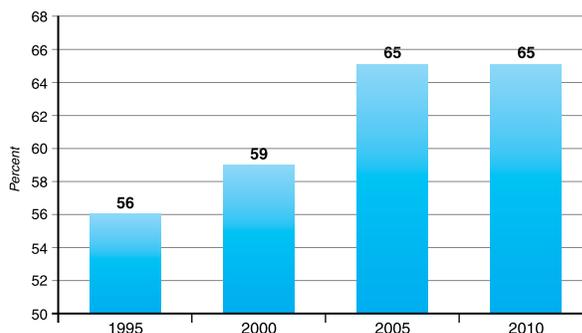


Table 7.3. Proportion of population using an improved drinking water source in ASEAN and ASEAN Member States, 1995-2010

Country	Year			
	1995	2000	2005	2010
Brunei Darussalam	100	100	100	100
Cambodia	12	31	50	69
Indonesia	38	38	48	44
Lao PDR	40	52	70	82
Malaysia	84.6	88.5	92.4	92.9
Philippines	76	79	81	86
Singapore	100	100	100	100
Thailand	91	94	92	94
ASEAN	56	59	65	65

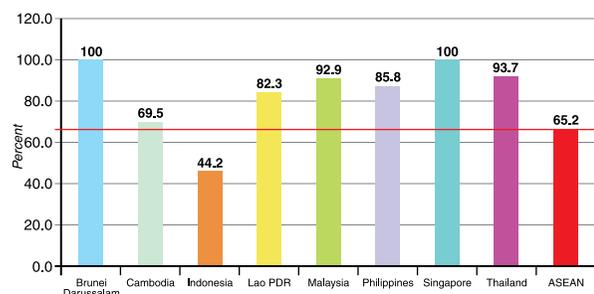
Source: ASEAN Member States' submission.
 Note: ASEAN aggregate is ASEANstats' estimate. Imputations for the few missing years were done by ASEANstats (see Appendix of the original data received from Member States). ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Philippines, Singapore and Thailand.

Graph 7.4. Proportion of population using an improved drinking water source in ASEAN, 1995-2010



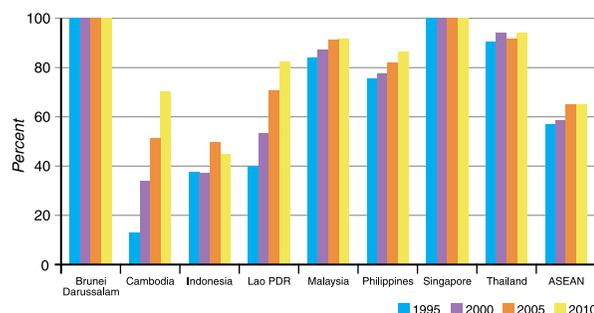
Source: Based on Table 7.3.
 Note: ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Philippines, Singapore and Thailand.

Graph 7.5. Proportion of population using an improved drinking water source in ASEAN and ASEAN Member States, 2010



Source: Based on Table 7.3.
Note: ASEAN level data excludes Myanmar and Viet Nam.

Graph 7.6. Proportion of population using an improved drinking water source in ASEAN and ASEAN Member States, 1995-2010



Source: Based on Table 7.3.
Note: ASEAN level data excludes Myanmar and Viet Nam.

Regional Disparity

The ASEAN-6 estimate represents Brunei Darussalam, Indonesia, Malaysia, Philippines, Singapore and Thailand while the CLMV figure covers Cambodia and Lao PDR.

The proportion of the population with access to improved drinking water source has improved significantly in ASEAN-6 and CLMV. However, the performance of CLMV was more pronounced as it has registered substantial leap to 74 percent in 2010 from 20 percent in 1995. It has surpassed that of ASEAN-6, mainly because of the low access level in Indonesia, where a large proportion of the population uses bottled water - not classified as improved drinking water source.

Table 7.4. Proportion of population using an improved drinking water source in ASEAN-6 and CLMV and the ratio of CLMV to ASEAN-6, 1995-2010

	1995	2000	2005	2010
ASEAN-6	58	60	66	65
CLMV ^a	20	38	57	74
Ratio of CLMV to ASEAN-6	0.35	0.64	0.88	1.15

^a Excludes Myanmar and Viet Nam
Source: ASEANstats' estimates based on Table 7.3.

20. Population using an improved sanitation facility²¹

Trends

In 1990, thirty seven out of the total population in the seven countries have access to improved sanitation facility. Twenty years later, this has gone up to 70 percent. Despite the progress in providing access to basic sanitation, three persons out of ten do not have access to improved sanitation facility in the ASEAN region.

In Singapore, all have access to improved sanitation facility while more than 98 percent of the populations in Thailand and Malaysia have access to improved sanitation facility.

On the other hand, slightly over half of Indonesia's population has access to improved sanitation facility. In Cambodia and Lao PDR, less than half of the population have access to improved sanitation facility.



Goal 7 : Ensure Environmental Sustainability

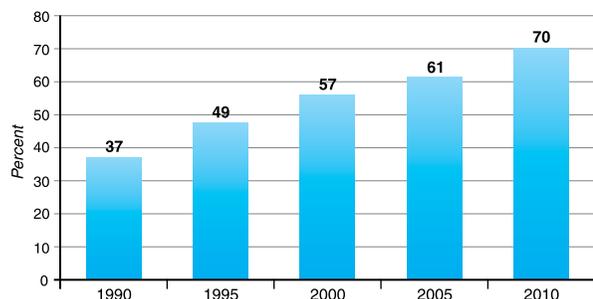
Table 7.5. Proportion of population with improved sanitation facility in ASEAN and ASEAN Member States, 1990-2010

Country	Year				
	1990	1995	2000	2005	2010
Brunei Darussalam	65	69	70	80	80
Cambodia	1	11	22	27	42
Indonesia	16	22	33	37	51
Lao PDR	11	29	37	45	49
Malaysia	n.a.	93.5	96.3	97.9	98.4
Philippines	68	76	79	87	90
Singapore	100	100	100	100	100
Thailand	91	95	99	99	99
ASEAN	37	49	57	61	70

Source: ASEAN Member States' submission.

Note: ASEAN aggregate is ASEANstats' estimate. Imputations for the few missing years were done by ASEANstats (see Appendix of the original data received from Member States). ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Philippines, Singapore and Thailand. n.a. means no data available

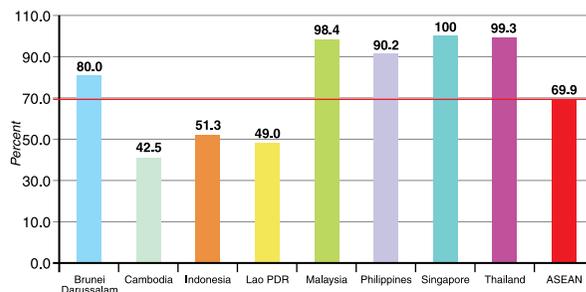
Graph 7.7. Proportion of population with access to improved sanitation facility in ASEAN, 1990-2010



Source: Based on Table 7.5.

Note: ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Philippines, Singapore and Thailand.

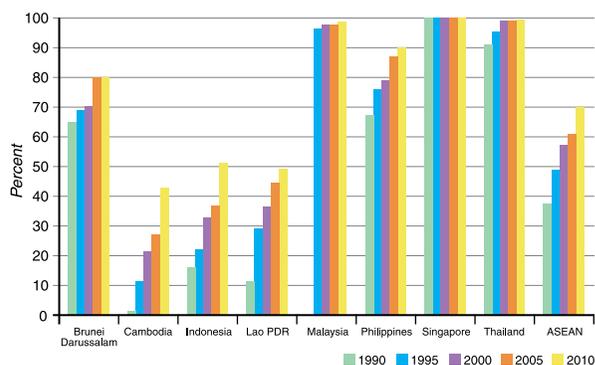
Graph 7.8. Proportion of population with access to improved sanitation facility In ASEAN and ASEAN Member States, 2010



Source: Based on Table 7.5.

Note: ASEAN level data excludes Myanmar, and Viet Nam.

Graph 7.9. Proportion of population with access to improved sanitation facility in ASEAN and ASEAN Member States, 1990-2010



Source: Based on Table 7.5.

Note: ASEAN level data excludes Myanmar, and Viet Nam.

Regional Disparity

The ASEAN-6 estimate represents Brunei Darussalam, Indonesia, Malaysia, Philippines, Singapore and Thailand while the CLMV figure covers Cambodia and Lao PDR.

In 1990, 41 percent of the population in ASEAN-6 had access to improved sanitation facility. This has risen to 71 percent in 2010. On the other hand, only 4 percent of the population in CLMV had access to improved sanitation facility in 1990 and had gone up to 45 percent in 2010.



Consequently, the gap between ASEAN-6 and CLMV has contracted considerably. In 1990, the proportion of the ASEAN-6 population with access to improved sanitation facility was almost ten times that of CLMV. Two decades later, the access in CLMV was close to two-third that in ASEAN-6.

Table 7.6. Proportion of population with improved sanitation facility in ASEAN-6 and CLMV and the ratio of CLMV to ASEAN-6, 1990-2010

	1990	1995	2000	2005	2010
ASEAN-6	41	50	59	62	71
CLMV ^a	4	17	27	33	45
Ratio of CLMV to ASEAN-6	0.10	0.34	0.46	0.53	0.63

^aExcludes Myanmar and Viet Nam

Source: ASEANstats' estimates based on Table 7.5.

19 The proportion of land area covered by forest is the forest areas as a share of total land area.

20 The proportion of the population with sustainable access to an improved water source, urban and rural, is the percentage of the population who use any of the following types of water supply for drinking: piped water, public tap, borehole or pump, protected well, protected spring or rainwater. Improved water resources do not include vendor-provided water, bottled water, tanker trucks or unprotected wells and springs. For this indicator, the ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Philippines, Singapore and Thailand.

21 The proportion of the population with access to improved sanitation refers to the percentage of the population with access to facilities that hygienically separate human excreta from human, animal and insect contact. These would include pour-flush latrines and simple pit or ventilated improved pit latrines.

Goal 8:

Develop a Global Partnership for Development



Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

21. Telephone lines per 100 population²²

Trends

Demand for information and communication technologies has soared with the advancements in technology. The population has favored the cellular phone over landlines as manifested by fast-growing number of cellular subscribers and slowdown in the growth of telephone/landline users.

Table 8.1. Telephone lines per 100 population in ASEAN and ASEAN Member States, 2000-2010

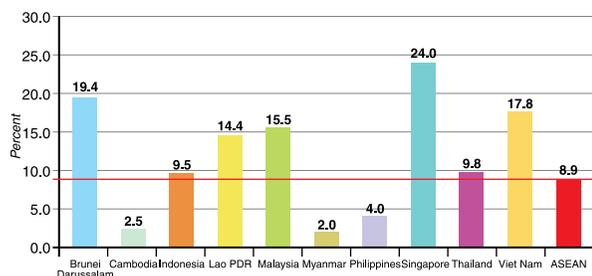
Country	Year		
	2000	2005	2010
Brunei Darussalam	25	23	19
Cambodia	0	0	3
Indonesia	1	10	9
Lao PDR	5	8	15
Malaysia	19.7	16.6	15.5
Myanmar	1	1	2
Philippines	4	4	4
Singapore	29	26	24
Thailand	13	11	10
Viet Nam	3	9	18
ASEAN	4	8	9

Source: ASEAN Member States' submission.

Note: ASEAN aggregate is ASEANstats' estimate. Imputations for the few missing years were done by ASEANstats (see Appendix of the original data received from Member States).

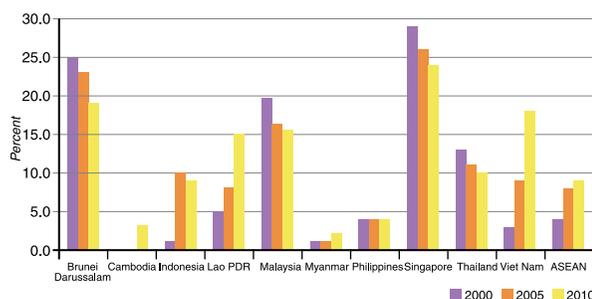
Telephone lines per 100 population increased from four in 2000 to nine in 2010. It is interesting to note that for several countries, including Brunei Darussalam, Malaysia and Singapore, there is a decreasing trend in telephone lines per 100 population. This is likely an offshoot of the shift towards the cellular phones as the preferred means of communication over the landlines, particularly for these countries.

Graph 8.1. Telephone lines per 100 population in ASEAN and ASEAN Member States, 2010



Source: Based on Table 8.1.

Graph 8.2. Telephone lines per 100 population in ASEAN and ASEAN Member States 2000-2010



Source: Based on Table 8.1.

Regional Disparity

The ASEAN-6 estimate represents Brunei Darussalam, Indonesia, Malaysia, Philippines, Singapore and Thailand while the CLMV figure covers Cambodia, Lao PDR, Myanmar and Viet Nam.

In 2000, there were five telephone lines per 100 population in ASEAN-6. This increased to nine telephone lines per 100 population by 2010. On the other hand, CLMV had less than half of that coverage in 2000 at two telephone lines per 100 population.

In 2000, the number of telephone lines per 100 population in CLMV was 0.4 times that in ASEAN-6. By 2010, the ratio has approached 1, CLMV was able to catch up with ASEAN-6, as the telephone lines per 100 population in both groups of countries were almost the same, with the former at a slight disadvantage.

Table 8.2. Telephone lines per 100 population in ASEAN-6 and CLMV, and the ratio of CLMV to ASEAN-6, 2000-2010

	2000	2005	2010
ASEAN-6	5.1	9.3	9.0
CLMV	2.0	4.2	8.6
Ratio of CLMV to ASEAN-6	0.38	0.45	0.96

Source: ASEANstats' estimates based on Table 8.1.

22. Cellular subscribers per 100 population²³

Trends

Access to telecommunication has risen rapidly over the last five years. Technological advancements have made it easier to communicate. The number of cellular subscribers per 100 population has risen more than threefold in five years. In 2005, there were only 23 cellular subscribers per 100 population; this has risen sharply to 83 cellular subscribers per 100 population in 2010.

In Brunei Darussalam, Malaysia, Singapore, Thailand, and Viet Nam, the number of cellular subscribers surpass the total population in 2010, revealing the increasing practice of owning more than one cellular phone per person.

While most countries showed remarkable growth over the period, Myanmar lagged behind the rest of the region, with only a small segment of the population subscribing to cellular services. Only 2 percent of the population are cellular subscribers, way below the 83 percent average for the region.

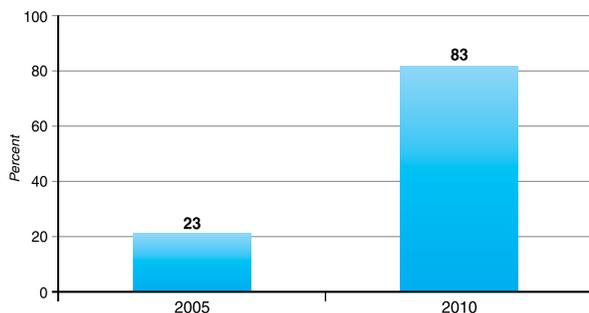
Table 8.3. Cellular subscribers per 100 population in ASEAN and ASEAN Member States, 2005-2010

Country	Year	
	2005	2010
Brunei Darussalam	62	107
Cambodia	6	74
Indonesia	11	72
Malaysia	74.1	119.2
Myanmar	0	2
Philippines	40	89
Singapore	100	144
Thailand	48	107
Viet Nam	11	130
ASEAN	23	83

Source: ASEAN Member States' submission.

Note: ASEAN aggregate is ASEANstats estimate. Imputations for the few missing years were done by ASEANstats (see Appendix of the original data received from Member States). ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Viet Nam.

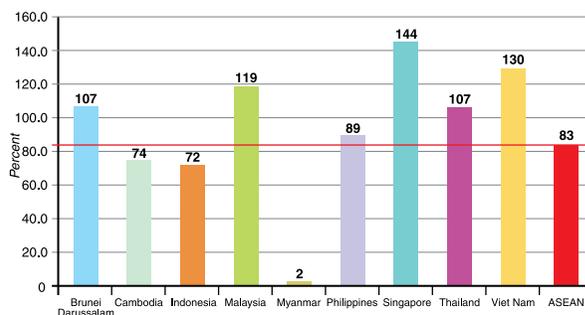
Graph 8.3. Cellular subscribers per 100 population in ASEAN, 2005-2010



Source: Based on Table 8.3.

Note: ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam.

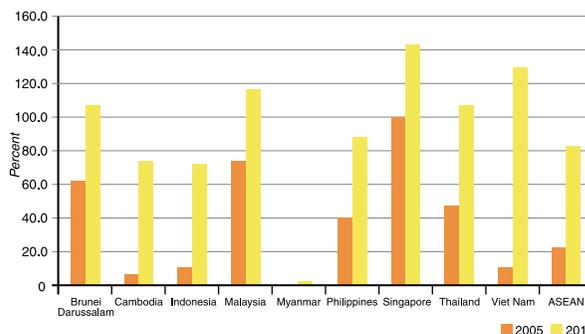
Graph 8.4. Cellular subscribers per 100 population in ASEAN and ASEAN Member States, 2010



Source: Based on Table 8.3.

Note: ASEAN level data excludes Lao PDR.

Graph 8.5. Cellular subscribers per 100 population in ASEAN and ASEAN Member States, 2005-2010



Source: Based on Table 8.3.

Note: ASEAN level data excludes Lao PDR.

Regional Disparity

The ASEAN-6 estimate represents Brunei Darussalam, Indonesia, Malaysia, Philippines, Singapore and Thailand while the CLMV figure covers Cambodia, Myanmar and Viet Nam.

There were 29 cellular subscribers per 100 population in ASEAN-6 in 2005 and this rose sharply to 85 cellular subscribers five years later. CLMV also experienced a major jump in the number of cellular subscribers. Starting with a low 7 subscribers per 100 population in 2005, this went up to 77 in 2010.

The CLMV has not completely caught up with the ASEAN-6 but the gap between the two has declined.



In 2005, the number of cellular subscribers per 100 population in ASEAN-6 was more than four times that in CLMV. Five years later, the number of cellular subscribers per 100 population has dropped to a little over one, indicating the faster growth of cellular subscribers in CLMV.

Table 8.4. Cellular subscribers per 100 population in ASEAN-6 and CLMV and the ratio of CLMV to ASEAN-6, 2005-2010

	2005	2010
ASEAN-6	28.6	85.0
CLMV ^a	6.5	77.2
Ratio of CLMV to ASEAN-6	0.23	0.91

^aExcludes Lao PDR

Source: ASEANstats' estimates based on Table 8.3.

23. Internet users per 100 population²⁴

Trends

The use of internet has expanded rapidly in recent years, facilitating knowledge sharing and connectivity with the rest of the world. Similarly, internet access has increased over the last five years but only 21 out of every 100 have access to it. Nevertheless, this represents more than threefold of the figure in 2005.

Moreover, while more than two-thirds of the population in Brunei Darussalam and Singapore have internet access, less than 2 percent in Myanmar and Cambodia have internet access in 2010.

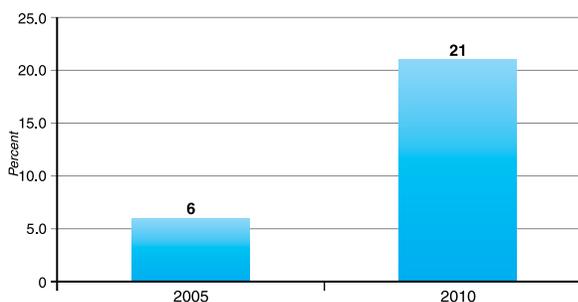
Table 8.5. Internet users per 100 population in ASEAN and ASEAN Member States, 2005-2010

Country	Year	
	2005	2010
Brunei Darussalam	49.91	81.75
Cambodia	0	1
Indonesia	3	23
Malaysia	13.9	16.6
Myanmar	0	0
Singapore	61	71
Thailand	11	18
Viet Nam	13	31
ASEAN	6	21

Source: ASEAN Member States' submission.

Note: ASEAN aggregate is ASEANstats' estimate. Imputations for the few missing years were done by ASEANstats (see Appendix of the original data received from Member States). ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Malaysia, Myanmar, Singapore, Thailand, and Viet Nam.

Graph 8.6. Internet users per 100 population in ASEAN, 2005-2010

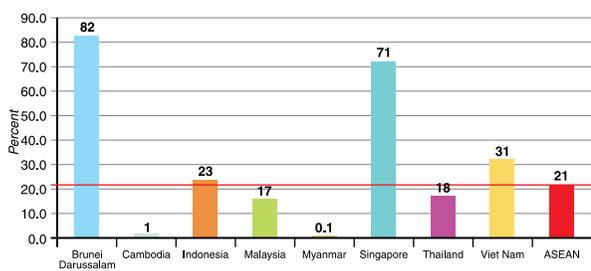


Source: Based on Table 8.5.

Note: ASEAN level data includes Brunei Darussalam, Cambodia, Indonesia, Malaysia, Myanmar, Singapore, Thailand and Viet Nam.



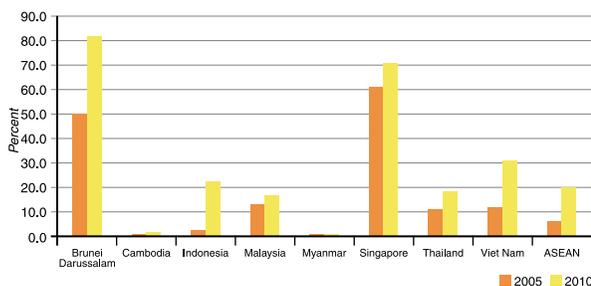
Graph 8.7. Internet users per 100 population in ASEAN and ASEAN Member States, 2010



Source: Based on Table 8.5.

Note: ASEAN level data excludes Lao PDR and Philippines.

Graph 8.8. Internet users per 100 population in ASEAN and ASEAN Member States, 2005-2010



Source: Based on Table 8.5.

Note: ASEAN level data excludes Lao PDR and Philippines.



Table 8.6. Internet users per 100 population in ASEAN-6 and CLMV and the ratio of CLMV to ASEAN-6, 2005-2010

Sub-region	Year	
	2005	2010
ASEAN-6 ^a	6.0	22.3
CLMV ^b	7.1	16.9
Ratio of CLMV to ASEAN-6	1.18	0.76

^aExcludes Philippines

^bExcludes Lao PDR

Source: ASEANstats' estimates based on Table 8.5.

Regional Disparity

The ASEAN-6 estimate represents Brunei Darussalam, Indonesia, Malaysia, Singapore and Thailand while the CLMV figure covers Cambodia, Myanmar and Viet Nam.

Internet users have grown rapidly in the region. ASEAN-6 had 6 internet users per 100 population in 2005 and this has increased to 22 users per 100 population in 2010. CLMV, which started at a low 7 percent in 2005, is fast catching up with the ASEAN-6 and registered 17 internet users per 100 population in 2010. The lower figure in ASEAN-6 in 2005 was due to the low figure in Indonesia which has only three per 100 population. However, Indonesia has caught up and consequently, the ratio of CLMV to ASEAN-6 has gone down from 1.2 in 2005 to 0.8 in 2010. Disparity between the two groups did not really change except that in 2010, ASEAN-6 outperformed CLMV.

22 Telephone lines refer to the number of telephone lines connecting subscribers' terminal equipment to the public switched network and that have a dedicated port in the telephone exchange equipment.

23 Cellular subscribers refer to users of cellular telephones who subscribe to an automatic public mobile telephone service that provides access to the public switched telephone network using cellular technology.

24 The Internet is a linked global network of computers in which users at one computer, if with permission, get information from other computers in the network. The indicator is the number of internet users per 100 population.

Roads Taken on the Millennium Development Goals (MDG)



MDG 1: Eradicate extreme poverty and hunger

Malaysia

Malaysia has made significant progress towards achieving most goals. The MDG review in 2010 noted that Malaysia had achieved most of the MDGs ahead of the target date and had also shown progress in moving towards some of the goals and targets that it had yet to achieve. The areas in which it lagged included maternal mortality; women in managerial positions and female political representation; HIV/AIDS (then on the rise); and the persistence of tuberculosis at a relatively high level. The successful of Malaysia MDG is impact of formulating and implementation of government policy.

Malaysia has experienced five decades of impressive economic and social progress, enabling it to provide for the health and education of its people, to eradicate poverty in large measure, to build excellent infrastructure and provide the better life to the people.

1971 – 1990

The New Economic Policy (NEP) was introduced in 1971 to 1990. The NEP had two prongs, namely “poverty eradication regardless of race” and “restructuring society to eliminate the identification of race with economic function”. The NEP was supposed to create the conditions for national unity by reducing interethnic resentment due to socioeconomic disparities. In practice, the NEP policies were seen as pro-bumiputera, or more specifically, pro-Malay, the largest indigenous ethnic community. Poverty reduction efforts have been seen as primarily rural and Malay, with policies principally oriented to rural Malay peasants. As poverty reduction efforts had been uncontroversial and had declined in significance over time, the NEP came to be increasingly identified with efforts at “restructuring society” efforts to reduce interethnic disparities, especially between ethnic Malay and ethnic Chinese Malaysians.

1991 – 2000

The National Development Policy (1991-2000) was introduced to retain the main elements of the NEP, with several new thrusts to strike a more balanced development. These initiatives served to emphasize the non-materialistic aspects of national development, especially the strengthening of social and spiritual values, as well as the protection of the ecology.

2001 – 2010

The National Vision Policy (NVP) was introduced in the first decade of the new millennium (2001-2010) to guide Malaysia through the impending challenges of the 21st century. In essence, the National Vision Policy represents the consolidation of all past 10i development efforts, aimed at establishing a united, progressive and prosperous Malaysia that lives in harmony and engages its citizenry in full and fair partnership. Again the emphasis is also given to the building of a resilient and competitive nation as well as an equitable healthy society, unity and social stability.

2010 – 2015

Malaysia has achieved or is on track to attaining the MDGs at aggregate level by 2015. As part of its strategy to realizing and exceeding the MDGs, the Government is committed to the MDG-Plus agenda through its recently announced Tenth Malaysia Plan (2011–2015), with 30 per cent of the five-year development expenditures allocated to the social sector. Emphasis will be on providing focused support towards encouraging greater participation in the economy of the specific groups most in need, especially among the bottom 40 per cent of households. Besides that, access to basic infrastructure and services—such as treated water supply, road infrastructure, education and health-care services—will be expanded.

Malaysia has also committed itself to the Government Transformation Programme, a roadmap with detailed objectives, outcomes and an initial set of actions in six areas identified as National Key Result Areas (NKRAs) to support the New Economic Model and Tenth Malaysia Plan. The Government Transformation Programme is focus on delivering services through 1Malaysia principles or concept “People First, Performance Now”.

These are:

- Reducing crime
- Fighting corruption
- Improving student outcomes
- Raising living standards of low-income households
- Improving rural basic infrastructure

Viet Nam

Poverty reduction is a top priority implemented through the Comprehensive Poverty Reduction and Growth Strategy and National Targeted Programs. In addition to the effects of national economic growth, the government has sought to alleviate poverty through targeted programs. From 1992, poverty reduction activities were implemented through the National Targeted Program on Hunger Eradication and Poverty Reduction which was merged with the Job Creation Program in 2001 to become the Hunger Eradication and Poverty Reduction and Job Creation Program. The program provided small loans to household projects which created employment opportunities for hundreds of thousands of people. The program targets the most difficult communes in mountainous and remote areas to improve conditions for ethnic minorities, providing opportunities to escape from poverty and to integrate into overall national development. The program concentrated on building basic infrastructure (electricity, rural roads, school and health facilities, small-scale irrigation projects and market places) for the poor communes. In addition, the program provided support to agricultural and forestry extension.

The government policy was to link poverty reduction objectives with broader socio-economic development programs to generate sustainable development and poverty reduction. The government also carried out social protection policies for the poor such as free medical examination and treatment, support to education of children from poor households, support to improve housing conditions and access to clean water.



MDG 2: Achieve universal primary education

Singapore

The education system in Singapore has evolved significantly in the last few decades to prepare the young for the growing demands of the future so that they are well-equipped with the right skills to lead fulfilling lives and be able to make a positive contribution to society. In the last few years, Singapore has offered students more choices in terms of educational pathways and curriculum flexibilities. Our focus on a “Student-Centric, Values-Driven” education model is based on our belief that every child has different talents and abilities and these abilities should be harnessed to their fullest, and that every child should receive a holistic education, with values and character development at the centre.

Ministry of Education (MOE) has introduced various measures over the years to improve the quality of pre-school education, including developing a kindergarten curriculum framework, and raising the minimum qualifications of pre-school teachers. It has also partnered with community agencies to reach out to children not attending pre-school.

No Singaporean child is denied an education due to financial reasons. To ensure that education is affordable for all children, MOE heavily subsidises primary and secondary education to the extent that it is virtually free for everyone, and free for those who would otherwise be unable to afford it. It also offers Financial Assistance Schemes that help needy students cover a range of school essentials.

In Singapore, education is compulsory by law for 6 years of primary education and participation rate is 100%, and completion of 10 to 11 years of education is almost universal. The goals are for all students to complete at least 10 years of basic education and for at least 9 in 10 to progress into a post-secondary education institution to build strong foundations for employability, future learning and civic participation.



MDG 3: Promote gender equality and empower women

Indonesia

One of Indonesia's human development goals is to achieve gender equality by building human resources without differentiating between men and women. Significant progress has been achieved in the areas of education, employment, and politics

The MDG target for the ratio of literacy of females to males in the 15-24 years age group has been achieved and was almost 100, with both literacy rate of female and male at more than 99 each. However, in some provinces, the literacy rate for female in this age group is slightly lower than that for males.

In the employment sector, the National Labor Force Survey indicated that the open unemployment rate of females had declined by more than 6 percent from 2005 to 2009. While open unemployment rate for male declined by only 1.6 percent during the same period. Meanwhile the labor participation rate of women increased by around 50 percent. Moreover, progress in employment was also shown by the increase in the share of women in the non-agricultural sectors.

In politics, progress has been achieved as indicated by the issuance of laws that mandate a quota of 30 percent women's representation in parliament. These include laws on political parties, election of members to the House of Representatives, the Regional Representative Council, Regional House of Representatives. The quota for female legislative candidates as mandated by the laws has been fulfilled by all political parties that participated in the 2009 General Election.



MDG 4: Reduce Child Mortality

Cambodia

Child mortality is the MDG where most progress has been made and the target has been reached five years in advance. There are six targets under this goal, grouped into four:

- Reducing infant mortality rate (IMR) by half between 1998 and 2015
- Reducing Under5 child mortality rate by half between 1998 and 2015
- More than 90 percent children are vaccinated by 2015
- Up to 70 percent infants up to six months are breast-fed

There has been an all-round improvement in prenatal and post-natal care, which could be a strong reason for the fall in Infant Mortality Ratio and Child Mortality Ratio.

Since 2006, the Cambodian National Immunisation Programme has replaced DPT vaccines with a Tetravalent Vaccine (it includes DPT and HepB). Since 2010, the authorities introduced DPT and Hemophilus Influenza Type B Vaccine (Hib), and a pentavalent vaccine that includes DPT, Hib, and Hepatitis type B vaccine (HepB). Ninety percent or more of children received BCG vaccines, two doses of tetravalent or pentavalent, and two doses of polio vaccines (CMDG 2015 target for DPT3: 95 percent).

The proportion of children receiving the third dose of tetravalent vaccine or pentavalent vaccine and polio vaccine was 85 percent. More than 93 percent children received Hepatitis B vaccinations (CMDG 2010 target: 95 percent).

From 2005 to 2010:

- The percentage of babies delivered by a health professional increased from 44 percent in 2005 to 71 percent in the 2010;
- The proportion of babies delivered at a health facility more than doubled during the same period, from 22 percent in 2005 to 54 percent in 2010. The

progress has been particularly high in urban areas, where 86 percent of the babies were delivered in a health facility compared to less than 50 percent in rural areas.

- Four out of five children in the age group 12-23 months are fully vaccinated. This result is a considerable betterment over 2005, when it was reported that only 67 percent children in this age group were fully vaccinated¹ ;
- Exclusive breastfeeding is becoming common in Cambodia, with 74 percent children under the age six months being exclusively breastfed. This is a significant increase in the practice compared to 2005, when the Cambodia Demographic Health Surveys (CDHS) reported this to be about 60 percent.



MDG 5: Improve maternal health

Brunei Darussalam

By providing comprehensive and effective health care to its people, Brunei Darussalam has achieved its maternal health indicators almost to the limit. These indicators include maternal mortality ratio, proportion of births attended by skilled health personnel and antenatal care coverage. The development of health care system is based on primary health care aimed at providing a wide range of preventive, promotive, curative, rehabilitative health care and support services to meet the needs of the population. It also puts emphasis on the importance of togetherness and participation of the community as the essence of achieving a healthy nation.

The Maternal and Child Health (MCH) service is a major primary health care service which has been established in Brunei Darussalam for several decades and has gone through rapid expansion. The objective is to provide optimum health care to all children below the age of 5 and all pregnant women throughout their antenatal and postnatal periods. MCH Service includes antenatal

care, postnatal care, child-health care, well-woman clinic and health education, treatment of minor ailments, domiciliary care and home nursing. It is widely distributed and easily accessible in all four districts. Remote areas are served by the flying medical team. Mothers receive postnatal care up to 6 weeks postpartum which includes home nursing by midwives during the early weeks of the confinement period.

Comprehensive emergency obstetric services are available at government hospitals such as RIPAS in the Brunei-Muara District and SSB in the Belait District. The other two district hospitals in Tutong and Temburong provide basic emergency obstetric service with open direct access to the main secondary/tertiary hospital at the capital. The health care service continues to provide access to quality antenatal care, skilled care during childbirth including emergency obstetric care and postnatal care throughout the country as to maintain low levels of maternal mortality.

All pregnant women receive antenatal care. On average, each woman makes about seven antenatal visits during her pregnancy, which is well above the WHO minimum recommendation of four visits per year.

Almost all deliveries in Brunei Darussalam are attended by skilled health personnel who can supervise, provide care and advice to women during pregnancy, labour and the postpartum period. They also conduct deliveries and care for the new born child.

Brunei Darussalam provides excellent antenatal care. As a result, maternal mortality ratio (MMR) is consistently low and is comparable to other developed countries. 1988 and 1992, there were no maternal deaths. Since then, there have been negligible fluctuations in MMR.

MMR has declined over time with increasing attention provided by skilled health personnel. Available information for the period from 1991 to 2008 provides inverse association between the two variables. In other words, this is unambiguous evidence of the effectiveness of the health care provided and its impact on health outcome.

¹ A child is considered fully vaccinated if s/he has received vaccination against tuberculosis; receives three doses of DPT vaccine to prevent diphtheria, tetanus, and pertussis; receives at least three doses of polio vaccine; and receives one dose of measles vaccine. These vaccinations should be administered during the first year of the infant's life.



MDG 6: Combat HIV/AIDS, malaria and other diseases

Brunei Darussalam

Malaria-free status. For the past 20 years, vigilance operations continue to be carried out by the Malaria Vigilance and Vector Control Unit of the MoH to ensure that the country remains free of malaria. Vigilance operations consists of entomological surveys, spraying operations and blood samples taken in rounds in villages bordering with other countries where malaria cases have been reported and where Anopheles have been detected long ago. The principal potent vector *A. balabacensis* has not been detected in the populated areas and potential breeding places. Most of the cases seen were imported cases and were promptly treated. Since there was no vector to begin with, no secondary transmissions have occurred. Only indigenous cases of Zoonotic Simian Malaria have been notified since 2000. In most cases, it occurred to those who are exposed in the line of duty, especially in the deep jungles. However, the incidence has been minimised with the use of prophylaxis and other preventive measures.

Tuberculosis: Stable incidence at low levels. In March 2000, the National Tuberculosis Control Programme (NTP) was launched along with National Tuberculosis (TB) Guidelines. NTP-Committee and the National Tuberculosis Coordinating Centre (NTCC) were formed and established respectively in the same year. The notification of all forms of TB from 1958 to 2009 shows a steady declining trend. Since the inception of NTP, the decline has been significant. Some 311 cases were notified in 2000 and 162 cases in 2005. This is significant in view of the programme parameters such as high cure rates; high success rates; no treatment failures; a very small number of defaulters; no Multiple Drug Resistant Tuberculosis; less relapsed cases; few HIV/AIDS co-infection; no gross fluctuations in notification; age specific; and gender distribution is uniform. Although there has been a significant decline in TB cases over the past few decades, the incidence has remained constant at the rate of approximately 50 per 100,000 population.

Brunei Darussalam has fulfilled WHO requirements for the 5 components of Directly Observed Treatment – Short course (DOTS) namely (i) political commitment with increased and sustained financing; (ii) case

detection through quality assured bacteriology; (iii) standardised treatment with supervision and patient support; (iv) effective drug supply and management system; and (v) monitoring and evaluation system and impact measurement. For example, all main drugs are freely available to all patients including second line of drugs. In addition, WHO recommendation of supervised treatment for the first 2 months has been extended to 6 months. The DOTS coverage is 100 per cent for all patients whilst the treatment success rate achieved above 85.0 per cent up to 2008. All health centres and clinics function as DOTS centres with all nurses fully trained in DOTS.



MDG 7: Ensure environmental sustainability

Brunei Darussalam

Forest cover makes up about 75.0 per cent of the country's land area. Out of 438,000 hectares, 41.0 per cent (235,520 hectares) have already been gazetted as Forest Reserves. Another 15.0 per cent has been proposed for further gazette. Thus, about 55.0 per cent of the total land area comes under forest reserve.

Coupled with conservative forest legislation and coherent forest policy, the country has managed to maintain a significant area of forest cover in tandem with the need to preserve and protect forest biodiversity that represents a wide range of endemic flora and fauna. As such, Brunei Darussalam remains among the top 10 forested nations in the world. The management and administration of the forest resources is governed by the Forestry Act, National Forest Policy 1989, as well as other relevant legislations. In addition to these legal instruments, the Forestry Department's 20-year long-term strategic plan (2004 - 2023) also serves as a strategic planning framework for the country's forestry sector. It focuses on the need to balance out economic development with environmental conservation.

Among the major initiatives implemented by the Forestry Department to further strengthen sustainable forest management is the Heart of Borneo (HoB) initiative, the declaration of which was signed on 12th February 2007. In general, the implementation of the HoB initiative complements and strengthens existing efforts of the

department in ensuring its forest resources are managed and developed in a sustainable manner.

The HoB Initiative seeks to conserve forest resources, mainly upland rainforest, spanning the central highlands of Borneo, which extends through the foothills into adjacent lowlands to retain ecological connectivity. This proposal is based on co-operation and voluntary participation of three countries namely Brunei Darussalam, Indonesia and Malaysia. Its remarkable feature lies in being the largest tropical rainforest conservation measures in this region. The country's commitment is to allocate 58.0 per cent (346,000 hectares) of its land area under HoB management.

Simultaneously, the Government of Brunei Darussalam has pursued policies to promote forestry through the following measures:

- Reduced-cut policy' enforced since 1990 to reduce annual logging rate by 50.0 per cent (from 200,000 m³ to 100,000 m³);
- Increase size of forest reserve' to biodiversity conservation by dedicating at least 55.0 per cent of the country's land area as forest reserves;
- Limit the issuance of logging permits/licenses;
- Ban on the export of raw logs;
- Enhance public awareness;
- Increase forest productivity;
- Establish conservation areas;
- Develop Brunei Tropical Biodiversity Centre; and
- Strengthen regional and international cooperation



MDG 8: Develop a global partnership for development

Philippines

The number of cellular mobile subscribers in the Philippines has steadily grown from 40 per 100 population in 2005 to 88.5 per 100 population in 2010. Mobile telephones are more widely used and distributed in the country, and serve as substitutes for fixed lines. The introduction of the pre-paid payment scheme in 1997 contributed in bringing the service to a greater number of Filipinos. Short messaging system dominated the mobile market. With the estimate of 2 billion text

messages sent daily, the Philippines is one of the countries with the highest rate of text message usage worldwide. Improvements in multimedia messaging service were introduced in 2004 with the third generation (3G) mobile communication technology.

Singapore

In April 2000, the Singapore telecommunications sector was fully liberalised. The limits on the number or type of licences were removed, except when there are physical/resources constraints. Licensees are free to decide on the types of networks, systems, facilities and preferred technology platform to offer their services. Licence applications are assessed and granted on the merits of the licence applications. This increase in market competition allows consumers to enjoy greater service offerings and competitive prices from the various telecommunications service providers.

Robust and Stable Infocomm Infrastructure. Over the years, Singapore has put in place an advanced and reliable infocomm infrastructure that has met the needs and demands of her economy and society. The development of the National Infocomm Infrastructure (NII) started as a key initiative of the IT 2000 Masterplan, with the building of a high-speed nationwide broadband network as a major milestone in its development. Singapore ONE was formally announced as the island-wide broadband initiative in 1996, and it jumpstarted the broadband industry and formed the platform over which all local Internet traffic is exchanged today. Singapore ONE also led to the creation of many broadband companies and applications in schools and businesses.

In 2006, Singapore embarked on her sixth infocomm masterplan to enrich lives, enhance the nation's economic competitiveness and ability to innovate through infocomm. The Intelligent Nation 2015 (iN2015) is a 10-year masterplan with the vision to build Singapore into an Intelligent Nation, a Global City, powered by Infocomm.

One of iN2015's strategies is to establish an ultra-high speed, pervasive, intelligent and trusted infocomm infrastructure. The Next Generation National Infocomm Infrastructure, comprising both wireless (Wireless@SG) and wired components (Next Generation Nationwide

Roads Taken on the Millennium Development Goals (MDG)

Broadband Network), will connect all homes, schools and businesses.

Initiatives were developed to encourage the less infocomm savvy to enrich their lives through adopting infocomm and using infocomm in a more sophisticated way. This includes providing assistance to low income households, senior citizens and people with disabilities to acquire computers and get connected to the Internet.

The above write-up pertains to the initiatives related to ASEAN MDG infocomm indicators only. For a more holistic view of the infocomm initiatives undertaken by the Singapore government, please visit <http://www.ida.gov.sg> for more information.

Updates on MDGs: Contributions from some ASEAN Member States

Cambodia: Achievements and Challenges of Cambodia MDG

Progress in Achieving CMDG

As illustrated², the review of progress in achieving CMDG finds that:

- The most progress has been achieved in CMDG4 (Child Mortality), CMDG9 (De-Mining, UXO and Victim Assistance), CMDG6 (HIV/AIDS and Malaria, Dengue Fever and TB) and in CMDG8 (Partnership for Development) and these are all on track;
- It may be possible, with major changes and focussed attention, to achieve CMDG1 (Poverty and Hunger), and CMDG 3 (Gender Equality);
- Even with drastic changes, given the nature of the indicators and targets and the nature of the systemic problems faced in CMDG2 (Basic Education), CMDG5 (Maternal Health) and CMDG7 (Environment), while much progress can and should be made, these goals are unlikely to be achieved by 2015.

If the issue of domestic violence is not vigorously addressed, CMDG 3 (Gender Equality) may also fall in the “off-track” category.

Key Success Story/Abstract

- Targets relating to income poverty or food poverty appear to have been already met, or will most likely be met.
- Relating to education, the primary education targets are most likely to be met. For instance, children age between 6 and 11, have enrol up to 95.8% in 2010.
- On the CMDG relating to health, such as IMR, CMR and MMR targets have generally been met.

² No score was computed for CMDG8 as no official targets have been set for a localized version of this goal yet

The Government has focused on prevention, by providing vaccination to children covered 95% of all children in Cambodia. While nutrition, women's health and some communicable diseases, along with HIV/AIDS shown a good progress. Before, prevalence rate of HIV/AIDS among women aged 15-49 year olds was 2.6%. Now it has dropped to 0.9% in this age group.

- On the goal relating to gender, while a lot has been achieved, there are gaps in education, and their representation in public offices requiring bringing. However, women rate in decision-making positions in district and provincial levels has goes up.
- On the CMDG relating to environment: This issue needs address on several fronts, like reforestation, preserving fresh water resources, improving likelihoods of people on natural resources, and governance of forest.
- Until so far, the government has been successful in maintaining healthy partnerships in overseas development assistance and increasing use of ICT. However, this momentum will have to be kept up, given that further concessional in-flows will be more in the form of loans and less grants.

National Priorities

Poverty reduction in the fastest possible way is the Royal Government's foremost priority and the National Strategic Development Plan (NSDP) is entirely focused on this goal and the achievement of CMDG. As such the country's priorities are aligned with CMDG achievement. An institutional framework has been put in place to coordinate Government and Development Partner actions and a large number of sectoral strategies have been developed.

Key Challenges

Achieving the CMDG requires addressing a few key challenges. These include:

- maintaining the recent high levels of growth while broadening the base and diversifying the sources of growth and ensuring its more equitable distribution;
- designing and implementing a coherent, dynamic, focused and sustainable safety net that will not only address issues of hunger and shield the poor

from economic shocks, reversals of fortune and the devastating effects of illness, but also stimulate entrepreneurship and empower them to adopt technologies and behaviours to improve their life and their income generation opportunities;

- closing the remaining gap in primary enrolment, and addressing the issues of high levels of overage enrolment in primary education leading to low lower secondary net enrolment rates, low completion rates, low levels of early childhood education, low levels of parent and community participation in education, low quality of education, and relevance of education;
- improving service delivery and access to services in the health sector and particularly, given the high levels of maternal mortality, making available to women a comprehensive package of services which includes family planning, pre-natal care, obstetrics, reproductive health, voluntary confidential counselling and testing and other HIV services;
- improving the gender focus of all sectoral interventions and addressing core issues of behavioural norms for both men and women to allow women improved economic and educational opportunities, access to health, participation in decision-making and protection from violence, exploitation and other risks;
- improving governance at all levels, including the consolidation and rationalization of planning and budgeting systems, linking national and sub-national systems, improved civil service capacity and performance in delivering services, fighting corruption, improving the rule of law and increasing public confidence on judiciary, and improving a constructive dialogue with civil society.

Indonesia: Acceleration in MDGS

Since 2000, mainstreaming achievement of the MDGs in the 2010-2014 RPJMN by determining programs and activities, targets, indicators and measurable targets as well as ensuring the availability of financial resources has been done. MDGs have been an important consideration in preparing national development planning documents. The Indonesian government has

mainstreamed the MDGs in the National Long Term Development Plan (RPJPN 2005-2025), the National Medium-Term Development Plans (RPJMN 2005-2009 and 2010-2014), National Annual Development Plans (RKP) as well the State Budget documents (APBN).

To accelerate the achievement of the MDGs, the President has decreed **Presidential Instruction No. 3 Year 2010** regarding Equitable Development Programs, which instructs the Ministers of the United Indonesia Cabinet II, provincial Governors, Regents and Mayors to take the steps required in accordance with the duties, functions and authority of each, to ensure the implementation of equitable development programs that are pro people; ensure justice for all; and promote the achievement of the MDGs.

As the **implementation of the Presidential Instruction**, several important activities have been and will be conducted, as follows:

- The Minister of National Development Planning/ National Development Planning Agency, in collaboration with the ministries/agencies related to the MDGs, has established a **National MDGs Team** that consists of a Steering Committee, Advisor, and a working group for each of the eight goals. The **National MDGs Secretariat** was established to support and assist coordination within the National MDGs Team and also with the **Provincial MDG Teams** that have been established by provincial Governors.
- The Government has developed the “**Roadmap to Accelerate Achievement of the MDGs in Indonesia 2010 – 2015**” which will be used as a reference for all stakeholders to carry out the accelerated achievement of the MDGs in Indonesia
- Based on a decree of Minister of National Development Planning/National Development Planning Agency, all provinces, in collaboration with districts/cities, are developing **Provincial Action Plans (RAD) for the MDGs**, 31 provincial RADs have been completed and another 2 are being finalized
- Funding mechanisms are being formulated to provide **incentives to local governments** that perform well in achieving the MDGs

- The mechanism for the expansion of **CSR (Corporate Social Responsibility) initiatives** will be strengthened in order to support the achievement of the MDGs
- **Government and Private Partnerships or Public-Private Partnership (PPP)** in social sectors, especially education and health, will be developed to increase the financial resources to support the achievement of the MDGs
- A **Joint Ministerial Decree to Accelerate MDG Achievement** between Ministry of Planning and Ministry of Home Affairs has been enacted. It is given to the ministries and governors to accelerate the achievement of the MDGs to synchronize among institutions, supports the program and allocates funds especially to the goals that still require hard work to be achieved and also to control and evaluate them.
- **The breakdown of the MDG National Targets** into Provincial MDG Targets is established to predict and monitor the National and Sub National achievement until 2015.
- **The breakdown of Ministerial Budgets** into Provincial Budgets to support MDG achievement. The allocation of central government, provincial and district level funds will continue to be improved to support the intensification and expansion of programs to achieve the MDGs and for better budget allocation from APBN and APBD.
- **Enhanced cooperation with creditor countries** will be sought for the conversion of debt (debt swap) for achieving the MDGs.
- Strengthen mechanisms and strategy for multi stakeholder coordination and partnerships at all levels by establishing **Multi-Stakeholder Forum**
- Establish **MDG Monitoring and Evaluation Framework and Guideline** as a guide in monitoring and evaluating the achievement and implementation to accelerate the achievement of the MDGs
- **MDG Award** for Private Sectors, Local Governments and other MDG Champions to appreciate and also motivate all sectors to contribute in achieving MDGs targets.
- **The MDGs database is being strengthened** to increase the availability and accurate data and

achievement in all regions and also as the center for data sources

- **MDG e-network, website, newsletters/bulletins** is going to be developed to as a media to socialize and to publish update information about MDGs

Philippines: Monitoring the MDGs

The Philippine National Statistical Coordination Board (NSCB), as the coordinator of the Philippine Statistical System (PSS), coordinates data generation and improvement by enjoining oversight agencies to provide resources and other assistance and by calling on the international community, private sector and civil society for assistance and advocacy. To provide the data for monitoring of the country's progress towards the attainment of the MDGs, the NSCB exerted best efforts to transform statistics into knowledge in spite of manpower and resource constraints. The NSCB has embarked on activities not only in disseminating, but more importantly, on communicating statistics on the Internet by making MDG statistics more appealing and understandable to various users and stakeholders. Some of these initiatives are as follows:

a) The official webpage of Philippine MDG Indicators

The NSCB, as the repository of official MDG statistics of the country, created the webpage of official Philippine MDG Indicators. This is lodged at the NSCB website at: <http://www.nscb.gov.ph/stats/mdg>. It primarily serves as the official source of consolidated MDG statistics in the Philippines.

The MDG statistics webpage is the one-stop source of all relevant statistical information relating to the Philippine MDGs, e.g., FAQs, data assessment, among others.

b) MDGWatch

This is a 3-page presentation of the progress of the MDGs in the Philippines by indicator (http://www.nscb.gov.ph/stats/mdg/mdg_watch.asp). Specifically, it provides statistical information on three data points of the Philippine MDGs: 1) baseline; 2) target; and 3) latest statistics. It also provides the

probability of achieving the MDGs. For easier reference and greater understanding of users, the probabilities are illustrated through “smileys”. Aside from the “smileys”, NSCB also applied to the MDGs the time-distance measures the time dimension of deviation between the actual implementation and the implied path to target in 2015 for a given target. A positive sign of time-distance means that implementation is ahead of the target while a negative sign implies a time lag. This was first developed by Prof. Pavle Sicherl of the University of Ljubljana, Slovenia.

Versions of the MDGWatch are available at the national level as well as regional levels, where NSCB Regional Divisions are present.

c) MDG poster and brochure

The MDG Watch, considered to be a powerful advocacy tool to aid national and local policy- and decision-makers in integrating the MDG framework in the formulation and/or implementation of their programs and projects, was used as a starting point in the preparation of an MDG poster as well as a brochure.

Aside from highlighting the MDGWatch, the poster and brochure, also include the following:

- An illustration of the overall status of the MDGs, by Goal (represented by “smileys” and “discs” to represent probabilities);
- Time distance measures of Philippine MDG indicators at the national level, to determine whether progress is ahead or behind the path to target; and
- Status of the MDGs in the region, by indicator

For easier access to MDG data, the poster was converted to a 4-fold one-page brochure. This is available at the official MDG statistics website for free download.

d) MDG interactive online database

To provide users a user-friendly and interactive experience on monitoring the MDGs, the NSCB developed the MDG interactive online database, which contains: 1) time series data of MDG indicators starting from 1990 to the latest available data; and 2) subnational MDG data (<http://www.nscb.gov>.

ph/iMDGs/). Graphs, thematic maps and a bubble chart can be generated online and datasets can be downloaded for free in various file formats.

e) Statistically Speaking

Statistically Speaking by Dr. Romulo A. Virola on MDGs were also prepared to better communicate the statistics to various users and stakeholders. These Statistically Speaking article seek to assist in informing those who do not know, enlightening those who may be confused and guiding those who may have been misled in terms of monitoring the MDGs.

Latest Statistically Speaking article focusing/ highlighting the MDGs was recently released on 14 November 2011. This article was featured by at least in four media news print.

f) International Conferences on MDG Statistics, Consultative Fora and other Statistical Advocacy Activities on MDG Monitoring

Consultative forums and other fora on MDGs provide a venue for the exchange of ideas and discussion of MDG monitoring. It also develops awareness among national government agencies, the academe, non-government organizations, local government units, and other institutions/organizations on the importance of MDG monitoring.

Last month, the Philippine government, through the NSCB, and the United Nations Statistics Division (UNSD) co-hosted two important events relative to the monitoring of the MDGs. These are the 20th Meeting of the Inter-Agency and Expert Group (IAEG) on MDG Indicators and the 2nd International Conference on MDG Statistics (ICMDGS) last 17-18 October and 19-21 October 2011, respectively.

The hosting of the twin international events on MDG statistics was made possible through the International Commitments Fund (ICF) managed by the Department of Foreign Affairs (DFA). Additional funding support were also provided by the United Nations Children’s Fund (UNICEF-Philippines), United Nations Development Programme (UNDP-Philippines), and the Department of Labor and Employment (DOLE) through the Bureau of Labor and Employment Statistics (BLES).

Funding assistance to country participants of the 2nd ICMDGS was provided by the UNSD, EU-ASEAN Statistical Capacity Building (EASCAB) Programme, through the ASEANstats, and the Asian Development Bank (ADB).

The Conference brought together representatives from national agencies (particularly from statistical agencies), international agencies/organizations, media, among others. Participants include the following:

- 27 representatives from 21 countries from the Asia and the Pacific region, Africa, South and West Asia, Europe, and America;
- 27 representatives from UN Agencies, Regional Commissions and other International Organizations; and
- At least 28 local participants and observers

The 2nd ICMDGS reviewed the MDG monitoring strategies in place and proposed recommendations for improved monitoring approaches, aimed at reaching/helping countries which are lagging behind in terms of mechanisms/strategies on monitoring the MDGs.

Thailand: MDG Plus

According to the 2009 MDGs Report, Thailand has achieved most of the international MDGs targets including the end of poverty and hunger, gender equality, the combat of HIV/AIDS and the malaria prevention. Particularly, Thailand has been successful in reducing poverty as reflected in the rapid decline in poverty ratio from 33.7 percent in 1990 to 11.2% in 2000 and 7.8% in 2009. At the same time, although some targets such as the goal set for universal of education have not yet been achieved, it is very likely that the target will eventually be achieved in accordance with the designated time line. However, constant efforts and systematic policy designs are necessary conditions or key success factors. Moreover, attention has been placed on sustainability of MDGs' achievement.

As being illustrated in the MDGs report, development direction has been set on an aggressive trajectory

and the MDGs have been internalized and aligned with national development strategies. In Thailand, we have established a set of more challenging goals called "MDG Plus" which targets the progress of each indicator beyond the internationally agreed MDGs and prioritizes the commitments to promote the development for sustainability.

As an illustration, after achieving the MDGs target of halving the proportion of people living in poverty, we set the MDG plus aiming to reduce poverty to below 4% by the early of 2009. The MDG plus targets have been set for the universal of education, health, gender equality, and the environmental sustainability as well.

Regarding the education, the MDG plus aims to complete the universal of lower secondary education by 2015. Moreover, the gender disparity in education has lessened as the proportion of women in national parliament and local governments have increased. Also, the proportion of female civil servant in executive positions has been doubled, during 2002 to 2006. Most of MDG plus have already designed in accordance with the national development and strategies planning.

Thailand's strategy to promote the social quality under the 11th National Economic and Social Development Plan (2012-2016) are expected to help elevate the achievement of MDGs targets and sustain those which have already been achieved. Some development guidelines under the so-called "promoting just and quality societies are as follows:

1. Developing socio-economic security by expanding the accessibility of social security to all groups, improving the equitable resource allocation and enhancing people's quality of life.
2. Providing social services to all groups by strengthening the social protection, encouraging the decision making participation, expanding equally and equitably access to public services, preparing social safety nets for the poor to cope with internal and external changes.
3. Promoting the social unity and coherence by encouraging all stakeholders' participation which in turn helps support the good governance. Improving governance at all levels is also key development guideline to help build resiliency of society.

In moving towards long term sustainability of

development with MDGs achievement, however, at times Thailand faces with challenges and obstacles which pose threats on people's quality of life. After short period of economic recovery from 2008-2009 economic crisis, Thailand is currently confronting the huge inundation in 26 provinces. This flood crisis has calamitous impacts on economy, society and environment. In overall, we do believe that the achievement of the remaining MDGs and maintaining MDGs which have been achieved are unlikely to be jeopardized. However, urban poor, rural poor, marginalized groups, children and elderly tend to be badly affected and will lead to widening disparity in Thai society and make the matter worse. Measures and policy packages are, therefore, designed to cope with problems relevant to each particular group rather than focusing only on overall situation of the country.

TECHNICAL NOTES

A. Data sources:

- Submissions of ASEAN Member States (AMSs)
- Official websites of AMS National Statistics Offices
- National MDG Reports of AMSs
- \$1 a day poverty line computations using PPP estimates from ICP

B. Methodology for generating ASEAN-level data from the country data:

1. Proportion of population below \$1 (PPP)

Required data:

A_i = Number of persons with income below \$1 (PPP) per day in country i

B_i = Total population in country i

Formula:

$$\left(\frac{\sum A_i}{\sum B_i} \right) \times 100$$

2. Proportion of population below the national poverty line

Required data:

A_i = Number of persons with income below national poverty line in country i

B_i = Total population in country i

Formula:

$$\left(\frac{\sum A_i}{\sum B_i} \right) \times 100$$

3. Share of poorest quintile in national consumption

Required data:

A_i = Total consumption (or income) of the poorest quintile in local currency in current prices in country i

B_i = Total consumption (or income) of the poorest quintile expressed in US dollars (PPP) in country i

C_i = Total consumption (or income) of the entire population in country i

D_i = Total consumption (or income) of the entire population expressed in US dollars (PPP) in country i

Formula:

$$\left(\frac{\sum B_i}{\sum D_i} \right) \times 100$$

4. Growth rate of GDP per person employed

Required data:

A_i = GDP in current prices in country i

B_i = GDP expressed in US dollars (PPP) in country i

C_i = Total employment in country i

Formula:

$$D = \text{GDP per person} = \left(\frac{\sum B_i}{\sum C_i} \right)$$

$$\text{Growth rate} = \left(\frac{D_t}{D_{t-1}} - 1 \right) \times 100$$

5. Employment-to-population ratio

Required data:

A_i = total number of employed persons aged 15 and over in country i

B_i = total population aged 15 and over in country i

Formula:

$$C = \left(\frac{\sum A_i}{\sum B_i} \right) \times 100$$

6. Prevalence of underweight children under-five years of age

Required data:

A_i = total number of underweight children under 5 years of age in country i

B_i = total population under 5 years of age in country i

Formula:

$$C = \left(\frac{\sum A_i}{\sum B_i} \right) \times 100$$

7. Net enrolment ratio in primary education

Required data:

A_i = total number of children of official school age enrolled in primary education in country i

B_i = total population of official school age (as determined by the country) in country i

Formula:

$$C = \left(\frac{\sum A_i}{\sum B_i} \right) \times 100$$

8. Literacy rate of population aged 15 and over

Required data:

A_i = number of persons aged 15-24 years old who are literate in country i

B_i = total population aged 15-24 years old in country i

Formula:

$$C = \left(\frac{\sum A_i}{\sum B_i} \right) \times 100$$

9. Ratio of girls to boys in primary education

Required data:

A_i = number of girls who are enrolled in primary school in country i

B_i = number of boys who are enrolled in primary school in country i

Formula:

$$C = (\sum A_i / \sum B_i) \times 100$$

10. Ratio of girls to boys in secondary education

Required data:

A_i = number of girls who are enrolled in secondary school in country i

B_i = number of boys who are enrolled in secondary school in country i

Formula:

$$C = (\sum A_i / \sum B_i) \times 100$$

11. Ratio of girls to boys in tertiary education

Required data:

A_i = number of girls who are enrolled in tertiary education in country i

B_i = number of boys who are enrolled in tertiary education in country i

Formula:

$$C = (\sum A_i / \sum B_i) \times 100$$

12. Proportion of seats held by women in national parliament

Required data:

A_i = number of seats held by women in the national parliament in country i

B_i = number of seats in the national parliament in country i

Formula:

$$C = (\sum A_i / \sum B_i) \times 100$$

13. Under-five mortality rate (U5MR)

Required data:

U5MR_i = under five mortality rate in country i

P_i = population of under-five years of age in country i

Formula:

$$WP = \sum (U5MR_i \times P_i) / (\sum P_i)$$

14. Infant mortality rate (IMR)

Required data:

IMR_i = infant mortality rate in country i

P_i = population of under one year of age in country i

Formula:

$$WP = \sum (IMR_i \times P_i) / (\sum P_i)$$

15. Proportion of 1 year-old children immunized against measles

Required data:

M_i = number of children aged 1 year old or younger who have been immunized against measles in country i

P_i = number of children aged 1 year old or younger in country i

Formula:

$$I = (\sum M_i / \sum P_i) \times 100$$

16. Maternal mortality ratio per 100,000 live births

Required data:

M_i = number of maternity- related deaths in country i

B_i = number of livebirths in country i

Formula:

$$MMR = (\sum M_i / \sum B_i) \times 100,000$$

17. Proportion of births attended by skilled health personnel

Required data:

A_i = number of births attended by skilled health personnel in country i

B_i = number of births in country i

Formula:

$$C = (\sum A_i / \sum B_i) \times 100$$

18. Incidence of malaria per 100,000 population

Required data:

A_i = number of new cases of malaria in country i

B_i = population in country i

Formula:

$$C = (\sum A_i / \sum B_i) \times 100,000$$

19. Incidence of tuberculosis per 100,000 population

Required data:

A_i = number of new cases of tuberculosis in country i

B_i = population in country i

Formula:

$$C = (\sum A_i / \sum B_i) \times 100,000$$

20. Proportion of land area covered by forest

Required data:

A_i = land area covered by forest in country i

B_i = total land area of country i

Formula:

$$C = (\sum A_i / \sum B_i) \times 100$$

21. Proportion of population using an improved drinking water source

Required data:

A_i = population using an improved drinking water source in country i

B_i = total population in country i

Formula:

$$C = (\sum A_i / \sum B_i) \times 100$$

22. Proportion of population using an improved sanitation facility

Required data:

A_i = population using an improved sanitation facility in country i

B_i = total population in country i

Formula:

$$C = (\sum A_i / \sum B_i) \times 100$$

23. Telephone lines per 100 population

Required data:

A_i = population with telephone line in country i

B_i = total population in country i

Formula:

$$C = (\sum A_i / \sum B_i) \times 100$$

24. Cellular subscribers per 100 population

Required data:

A_i = number of cellphone subscribers in country i

B_i = total population in country i

Formula:

$$C = (\sum A_i / \sum B_i) \times 100$$

25. Internet users per 100 population

Required data:

A_i = number of internet users in country i

B_i = total population in country i

Formula:

$$C = (\sum A_i / \sum B_i) \times 100$$

C. Methodology for imputations:

Estimates are needed for 1990, 1995, 2000, 2005 and 2009/2010. When the 1990 data is not available, targets that require a baseline use the 1995 data as the baseline.

In cases where data from the countries are not available on the selected years, they are estimated from available data using simple linear regression.

$$y = mx + b$$

where:

y is the variable of interest

x is the year

Simple linear interpolation using two nearest available data points encompassing the year of interest.

Example:

If data are available for 2001, 2003 and 2008, we use the data for 2003 and 2008 and use simple linear regression (TREND command in Excel) to estimate data for 2005

If year of interest is beyond the available data, we use the two nearest available data points.

It is important to note that the ASEAN level data are shown if at least 50 percent of the population is represented in the latest data and at least 5 countries are represented.

D. Definitions of indicators are derived from the United Nations Statistics Division's concepts of the Millennium Development Goals indicators.

DATA OF 25 INDICATORS OF MDG IN BRUNEI DARUSSALAM

Goal	Indicators of Brunei	Unit	1990	1995	2000	2005	2010	Source
Goal 1: Eradicate extreme poverty and hunger								
	1. Proportion of population below \$ 1.25 (PPP) per day	%	n.a.	n.a.	n.a.	n.a.	n.a.	
	2. Proportion of population below the national poverty line	%	n.a.	n.a.	n.a.	n.a.	n.a.	
	3. Prevalence of 20% poorest population in national consumption	%	n.a.	n.a.	n.a.	n.a.	n.a.	
	4. Growth rate of GDP per person employed at current prices	%	n.a.	5.17	28.10	15.02	4.97	JPKE (DOS)
	5. Employment-to-population ratio	%	41.14	40.65	43.52	45.20	46.69	JPKE (DOS)
	6. Prevalence of underweight children under-five years of age	%	n.a.	n.a.	n.a.	n.a.	n.a.	MOH
Goal 2: Achieve universal primary education								
	7. Net enrolment ratio in primary education	%	104.86	102.26	99.78	97.43	97.38	MOE
	8. Literacy rate of population aged 15 and 24 year olds	%	98.02	98.41	98.81	99.40	99.61	JPKE (DOS)
Goal 3: Promote gender equality and empower women								
	9. Ratio of girls in primary education	%	90.49	89.91	90.04	91.85	93.42	MOE
	10. Ratio of girls in secondary education	%	105.49	107.60	102.74	97.26	95.90	MOE
	11. Ratio of girls in tertiary education	%	91.40	98.52	124.71	136.07	127.24	MOE
	12. Proportion of seats held by women in national parliament	%	n.a.	n.a.	n.a.	n.a.	n.a.	
Goal 4: Reduce child mortality								
	13. Under-five mortality rate	%	10.27	9.81	10.29	9.52	7.33	MOH
	14. Infant mortality rate	%	7.42	7.90	7.35	7.36	6.08	MOH
	15. Proportion of 1 year-old children immunised against measles	%	108.00	99.50	99.00	97.40	94.40	MOH
Goal 5: Improve maternal health								
	16. Maternal mortality ratio per 100,000 live births		0.00	0.00	26.73	14.42	15.60	MOH
	17. Proportion of births attended by skilled health personnel	%	97.75	98.59	99.55	99.71	99.79	MOH
Goal 6: Combat HIV/AIDS, malaria and other diseases								
	18. Incidence of malaria per 100,000 population	cases	15.39	11.83	8.93	4.05	4.10	MOH
	19. Incidence of tuberculosis per 100,000 population	cases	n.a.	47.69	95.75	44.04	57.19	MOH
Goal 7: Ensure environmental sustainability								
	20. Proportion of land area covered by forest	%	80.00	79.00	78.00	76.00	75.00	MIPR
	21. Proportion of population using an improved drinking water source	%	100.00	100.00	100.00	100.00	100.00	MOD
	22. Proportion of population using an improved sanitation facility	%	65.00	69.00	70.00	80.00	80.00	MOD
Goal 8: Develop a global partnership for development								
	23. Telephone lines per 100 population	%	12.52	23.71	24.97	22.69	19.40	MinComm
	24. Cellular subscribers per 100 population	%	n.a.	6.59	33.7	62.06	106.72	MinComm
	25. Internet users per 100 population	%	0.00	0.29	6.1	49.91	81.75	MinComm

Sources of data:

JPKE (DOS) : Dept. of Statistics, Dept. of Economic Planning & Development

MOE : Ministry of Education

MOH : Ministry of Health

MOD : Ministry of Development

MinComm : Ministry of Communication

DATA OF 25 INDICATORS OF MDG IN CAMBODIA

Goal	Indicators of Cambodia	Unit	1990	1995	2000	2005	2010	Source*
Goal 1: Eradicate extreme poverty and hunger								
	1. Proportion of population below \$ 1.25 (PPP) per day	%						
	2. Proportion of population below the national poverty line	%	39	39 (36-1997)	37 (36-1999)	33 (35-2004)	26 (2009)	MOP
	3. Prevalence of 20% poorest population in national consumption	%	8 (1993/94)	7.2 (1997)	6.9 (2004)	6.5 (2007)	8 (2009)	MOP
	4. Growth rate of GDP per person employed at current prices	%						
	Growth rate of GDP per person employed by PPP	%						
	5. Employment-to-population ratio	%				48.8 (2004)	53.5 (2009)	MOP
	6. Prevalence of underweight children under-five years of age	%	69	56	45	36	28	MOP/MOH
Goal 2: Achieve universal primary education								
	7. Net enrolment ratio in primary education	%	72	76	86	92	95	MOEYS
	8. Literacy rate of population aged 15 and 24 year olds	%	42	57	70	84	88	MOP
Goal 3: Promote gender equality and empower women								
	9. Ratio of girls in primary education	%	61	75	85	89	91	MOEYS
	10. Ratio of girls in secondary education	%	70	59	53	72	86	MOEYS
	11. Ratio of girls in tertiary education	%			34	48	69	MOEYS
	12. Proportion of seats held by women in national parliament	%				17	21	MOWA
Goal 4: Reduce child mortality								
	13. Under-five mortality rate	%	181	146	124	83	54	MOP/MOH
	14. Infant mortality rate	%	141.48	113.51	95.00	65.00	44.93	MOP/MOH
	15. Proportion of 1 year-old children immunised against measles	%		22	55	77	82	MOP/MOH
Goal 5: Improve maternal health								
	16. Maternal mortality ratio per 100,000 live births		367	402	437	472	206	MOP/MOH
	17. Proportion of births attended by skilled health personnel	%		20	32	44	71	MOP/MOH
Goal 6: Combat HIV/AIDS, malaria and other diseases								
	18. Incidence of malaria per 100,000 population	Cases	2783	1881	1103	550	407	MOH
	19. Incidence of tuberculosis per 100,000 population	Cases			254	175	125	MOH
Goal 7: Ensure environmental sustainability								
	20. Proportion of land area covered by forest	%	60	59	60	60	58	MAFF
	21. Proportion of population using an improved drinking water source	%			31	50	69	MOP
	22. Proportion of population using an improved sanitation facility	%		11	22	27	42	MOP
Goal 8: Develop a global partnership for development								
	23. Telephone lines per 100 population	%			0	0	3	MOPC
	24. Cellular subscribers per 100 population	%				6	74	MOPC
	25. Internet users per 100 population	%				0	1	MOPC

Note:

MAFF : Ministry of Agriculture, Fishery and Forestry

MOEYS : Ministry of Education, Youth and Sports

MOP : Ministry of Planning

MOPC : Ministry of Post and Telecommunication

MOWA : Ministry of Women Affairs

MOH : Ministry of Health

DATA OF 25 INDICATORS OF MDG IN INDONESIA

Goal	Indicators of Indonesia	Unit	1990	1995	2000	2005	2010	Source
Goal 1: Eradicate extreme poverty and hunger								
	1. Proportion of population below \$ 1 (PPP) per day							
	2. Poverty rate	%	15.10	11.30	19.14	15.97	13.33	BPS, Susenas
	3. Prevalence of 20% poorest population in national consumption	%						
	4. Growth rate of GDP per person employed at current prices	%						
	5. Employment-to-population ratio	%	64.64	63.72	63.64	59.28	62.89	BPS, Sakernas August
	6. Prevalence of underweight children under-five years of age	%	31.0	28.0	22.0	25.0	17.9	
Goal 2: Achieve universal primary education								
	7. Net enrolment ratio in primary education	%	95.0	91.0	92.0	93.0	95.0	
	8. Literacy rate of population aged 15 and 24 year olds	%	98.1	97.5	98.4	98.7	99.5	
Goal 3: Promote gender equality and empower women								
	9. Ratio of girls in primary education	%		100.17	100.34	99.86	99.86	
	10. Ratio of girls in secondary education	%		101.06	104.23	103.31	102.02	
	11. Ratio of girls in tertiary education	%			85.0	94.0	110.0	
	12. Proportion of seats held by women in national parliament	%		12.0	9.9	11.6	17.9	
Goal 4: Reduce child mortality								
	13. Under-five mortality rate	%	101.0	81.0	55.0	45.0	42.0	BPS, SDKI
	14. Infant mortality rate	%	68 (1991)	57	46 (1999)	35 (2002)	34 (2007)	BPS, SDKI
	15. Proportion of 1 year-old children immunised against measles	%		44.5 (1991)		67 (2007)	74.5	BPS, Susenas
Goal 5: Improve maternal health								
	16. Maternal mortality ratio per 100,000 live births		399	353	320	268	228 (2007)	BPS, SDKI
	17. Proportion of births attended by skilled health personnel	%		46.0	63.5	70.5	79.8	BPS, Susenas
Goal 6: Combat HIV/AIDS, malaria and other diseases								
	18. Incidence of malaria per 100,000 population	Cases	468	283	362	410	196	Ministry of Health
	19. Incidence of tuberculosis per 100,000 population	Cases	343				228 (2009)	TB Global Report 2009, WHO
Goal 7: Ensure environmental sustainability								
	20. Proportion of land area covered by forest	%	60			50		
	21. Proportion of population using an improved drinking water source	%		38	38	48	44	BPS, Susenas
	22. Proportion of population using an improved sanitation facility	%	16	22	33	37	51	BPS, Susenas
Goal 8: Develop a global partnership for development								
	23. Telephone lines per 100 population	%			1	10	9	BPS, Susenas
	24. Cellular subscribers per 100 population	%				11	72	BPS, Susenas
	25. Internet users per 100 population	%				3	23	BPS, Susenas

DATA OF 25 INDICATORS OF MDG IN LAO PDR

Goal	Indicators of LAO PDR	Unit	1990	1995	2000	2005	2010	Source
Goal 1: Eradicate extreme poverty and hunger								
	1. Proportion of population below \$ 1 (PPP) per day	%	56.9 (1992)	49.5 (1998)	44.2 (2002)		37.4 (2008)	DoS
	2. Proportion of population below the national poverty line	%	40.8	31.9 (1998)	33.5 (2002)		27.6 (2008)	DoS, MPI
	3. Prevalence of 20% poorest population in national consumption	%						
	4. Growth rate of GDP per person employed at current prices	%						
	5. Employment-to-population ratio	%		47.0		49.0		DoS, MPI
	6. Prevalence of underweight children under-five years of age	%	44 (1992)		40	37		DoS, MPI
Goal 2: Achieve universal primary education								
	7. Net enrolment ratio in primary education	%	58 (1992)	65	77.3	84.2	94.1	Lao_MOE_ Annual Report
	8. Literacy rate of population aged 15 and 24 year olds	%		71	79 (2001)	84		DoS, MPI (Census)
Goal 3: Promote gender equality and empower women								
	9. Ratio of girls in primary education	%	77.3 (1992)	78.3	82.4	85	93.3	Lao_MOE_ Annual Report
	10. Ratio of girls in secondary education	%	66 (1992)	66.8	69.7	76	58.4	Lao_MOE_ Annual Report
	11. Ratio of girls in tertiary education	%	49 (1992)	39	52	66	30.0	Lao_MOE_ Annual Report
	12. Proportion of seats held by women in national parliament	%	6.3	9.4	21.2	22.9		Lao_NA_ Annual report
Goal 4: Reduce child mortality								
	13. Under-five mortality rate	%		170	106.9	97.6		Lao_DoS_ MPI_Census
	14. Infant mortality rate	%	134	104	82.2	70		Lao_SK_ FAIM, Lao_ NSC_FBSS, Lao_SPC_ RHR, Lao_ DoS_MPI_ Census
	15. Proportion of 1 year-old children immunised against measles	%		68	60	69		Lao_MOH_ Immunization center
Goal 5: Improve maternal health								
	15. Maternal mortality ratio per 100,000 live births			605	530	405		Lao_DoS_ MPI_LRHS & Census
	16. Proportion of births attended by skilled health personnel	%		14 (1994)	17.4	23		Lao_DoS_ MPI_LRHS & Census
Goal 6: Combat HIV/AIDS, malaria and other diseases								
	17. Incidence of malaria per 100,000 population	Cases						
	18. Incidence of tuberculosis per 100,000 population	Cases	472		357	306		Lao_MOH_ NTBC
Goal 7: Ensure environmental sustainability								
	19. Proportion of land area covered by forest	%	47		41.5 (2002)			Lao_MOAF_ DoF_NRS &FS

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	20. Proportion of population using an improved drinking water source	%	28		52	67		Lao_MOH_NCEHWS
	21. Proportion of population using an improved sanitation facility	%	11	29	37		49 (2008)	Lao_MOH_NCEHWS
Goal 8: Develop a global partnership for development								
	23. Telephone lines per 100 population	%	0	0	1	8.4	15.0 (2008)	DoS, MPI
	24. Cellular subscribers per 100 population	%	n.a.	n.a.	n.a.	n.a.	n.a.	
	25. Internet users per 100 population	%	n.a.	n.a.	n.a.	n.a.	n.a.	

Sources of Data:
n.a.: not available

DATA OF 25 INDICATORS OF MDG IN MALAYSIA

Goal	Indicators of Malaysia	Unit	1990	1995	2000	2005	2010	Source
Goal 1: Eradicate extreme poverty and hunger								
	1. Incidence of poverty	%	16.5	8.7	8.5	5.7	3.8	EPU
	2. Share of poorest bottom 40% in national income	%	14.5	13.7	14.0	13.2	14.3	EPU
	3. Growth rate of GDP per person employed	%	n.a.	n.a.	n.a.	n.a.	n.a.	
	4. Employment-to-population ratio (working age 15-64 years)	%	63.5	62.7	63.4	61.0	60.6	DOS
	5. (a) Children under-five with moderate malnutrition	%	24.5	19.5	13.0	7.5	5.6	MOH
	(b) Children under-five with severe malnutrition	%	0.5	0.6	1.0	0.6	0.5	MOH
Goal 2: Achieve universal primary education								
	6. (a) Net enrolment ratio in primary education	%	99.8	96.7	96.8	91.7	94.2	MOE
	(b) Net enrolment ratio in secondary education	%	69.7	72.3	80.1	79.3	82.9	MOE
	7. Literacy rate of population aged 15 - 24 year-olds	%	98.0	98.1	98.2	98.4	98.4	DOS
Goal 3: Promote gender equality and empower women								
	8. Ratio of girls in primary education	%	94.3	94.5	94.5	94.9	94.7	MOE
	9. Ratio of girls in secondary education	%	100.5	102.6	102.1	99.8	99.4	MOE
	10. Ratio of girls in tertiary education	%	101.4	121.8	130.1	151.6	138.7	MOHE, DOS
	11. Proportion of seats held by women in national parliament	%	5.3	7.3	10.4	9.6	10.4	MWFCDM
Goal 4: Reduce child mortality								
	12. Under-five mortality rate	%	16.8	13.2	8.9	8.5	8.5 ^p	DOS
	13. Infant mortality rate	%	13.1	10.3	6.5	6.6	6.8 ^p	DOS
	14. Proportion of 1 year-old children immunised against measles	%	70.1	85.5	88.4	89.9	96.1	MOH
Goal 5: Improve maternal health								
	15. Maternal mortality ratio per 100,000 live births	%	-	46.9	30.6	27.9	27.3 ^p	DOS, MOH
	16. Proportion of births attended by skilled health personnel	%	92.9	95.2	96.8	98.1	98.6	MOH
Goal 6: Combat HIV/AIDS, malaria and other diseases								
	17. Incidence of malaria per 100,000 population	ratio	284.0	286.0	55.0	21.0	24.0	MOH
	18. Incidence of tuberculosis per 100,000 population	ratio	61.2	56.9	64.7	61.2	68.3	MOH
Goal 7: Ensure environmental sustainability								
	19. Proportion of land area covered by forest	%	59.1	57.7	56.6	55.8	54.0	1) Forestry Department of Peninsular Malaysia, 2) Sabah Forestry Department, 3) Forest Department of Sarawak
	20. Proportion of population using an improved drinking water source ¹	%	-	84.6	88.5	92.4	92.9	DOS
	21. Proportion of population using an improved sanitation facility	%	-	93.5	96.3	97.9	98.4	DOS
Goal 8: Develop a global partnership for development								
	22. Telephone lines per 100 population	%	10.9	15.7	19.7	16.6	15.5	MCMC, TM
	23. Cellular subscribers per 100 population	%	-	4.2	21.8	74.1	119.2	MCMC
	24. Internet users per 100 population ²	%	-	-	7.1	13.9	16.6	MCMC

Note:

EPU : Economic Planning Unit
 DOS : Department of Statistics
 MOE : Ministry of Education
 MOHE : Ministry of Higher Education
 MOH : Ministry of Health
 MWFCDM : Ministry of Women, Family & Community Development Malaysia

MCMC : Malaysian Communication and Multimedia Commission
 TM : Telekom Malaysia
 n.a. : not available
 p : preliminary
 1 : refers to treated drinking water
 2 : Include broadband subscriber

DATA OF 25 INDICATORS OF MDG IN MYANMAR

Goal	Indicators of Myanmar	Unit	1990	1995	2000	2005	2010	Source
Goal 1: Eradicate extreme poverty and hunger								
	1. Proportion of population below \$ 1.25 (PPP) per day	%						
	2. Proportion of population below the national poverty line	%						
	3. Prevalence of 20% poorest population in national consumption	%				32.1		IHLCA Survey Estimate
	4. Growth rate of GDP per person employed at current prices	%						
	5. Employment-to-population ratio	%				54.3	57.1	IHLCA Survey Estimate
	6. Prevalence of underweight children under-five years of age	%			35		32	MOH
Goal 2: Achieve universal primary education								
	7. Net enrolment ratio in primary education	%			77	82	85	MOE
	8. Literacy rate of population aged 15 and 24 year olds	%			94	97		MOE
Goal 3: Promote gender equality and empower women								
	9. Ratio of girls in primary education	%	93	94	97	99	98	MOE
	10. Ratio of girls in secondary education	%	94	100	105	97	105	MOE
	11. Ratio of girls in tertiary education	%			156	158	152	MOE
	12. Proportion of seats held by women in national parliament	%						MOE
Goal 4: Reduce child mortality								
	13. Under-five mortality rate	%	130	82.0				MOH
	14. Infant mortality rate	%	98	55.0				MOH
	15. Proportion of 1 year-old children immunised against measles	%		82	84	81	88	MOH
Goal 5: Improve maternal health								
	16. Maternal mortality ratio per 100,000 live births		420	350	290	250		MOH
	17. Proportion of births attended by skilled health personnel	%				58		MOH
Goal 6: Combat HIV/AIDS, malaria and other diseases								
	18. Incidence of malaria per 100,000 population	cases	2,046		1,011			MOH
	19. Incidence of tuberculosis per 100,000 population	cases					86	MOH
Goal 7: Ensure environmental sustainability								
	20. Proportion of land area covered by forest	%	58		52	49	47	MOF
	21. Proportion of population using an improved drinking water source	%						
	22. Proportion of population using an improved sanitation facility	%						
Goal 8: Develop a global partnership for development								
	23. Telephone lines per 100 population	%			1	1		MOCPT
	24. Cellular subscribers per 100 population	%				0		MOCPT
	25. Internet users per 100 population	%						

Sources of Data:

MOH : Ministry of Health

MOE : Ministry of Education

MOF : Ministry of Forestry

MOC PT : Ministry of Communications, Posts, and Telegraphs

n.a. : not available

DATA OF 25 INDICATORS OF MDG IN PHILIPPINES

Goal	Indicators of Philippines	Unit	1990	1995	2000	2005	2010	Source
Goal 1: Eradicate extreme poverty and hunger								
	1. Proportion of population below \$ 1 (PPP) per day	%						
	2. Proportion of population below the national poverty line	%	34	32	26	26	24	ASEANstats ^{1/}
	3. Prevalence of 20% poorest population in national consumption	%	6 (1991)	8 (1994)	5	6 (2006)	6 (2009)	NSCB
	4. Growth rate of GDP per person employed at current prices	%	1.6	2.00	7.1	2.7	4.4	Philippine National Accounts, NSCB and LFS, NSO
	5. Employment-to-population ratio	%	59.02	59.50	56.51	59.41	59.43	LFS, NSO
	6. Prevalence of underweight children under-five years of age	%	35	31	31	25	27	ASEANstats ^{2/}
Goal 2: Achieve universal primary education								
	7. Net enrolment ratio in primary education	%	85	93	97	84	86 ^{3/}	BEIS, DepEd
	8. Literacy rate of population aged 15 and 24 year olds	%	97	97	95	97	99	ASEANstats ^{4/}
Goal 3: Promote gender equality and empower women								
	9. Ratio of girls in primary education	%	102	97	96	94	92 ^{5/}	BEIS, DepEd
	10. Ratio of girls in secondary education	%	100	104	105	107	104 ^{5/}	BEIS, DepEd
	11. Ratio of girls in tertiary education	%	n.a.	n.a.	125	120	122 ^{5/}	CHED
	12. Proportion of seats held by women in national parliament	%	n.a.	11,0	12,3	17,5	21,4	COMELEC
Goal 4: Reduce child mortality								
	13. Under-five mortality rate	%	80	67	49	34	36	ASEANstats ^{6/}
	14. Infant mortality rate	%	57.00	49.00	36.70	26.80	26.80	ASEANstats ^{7/}
	15. Proportion of 1 year-old children immunised against measles	%	78	84	86	84	71 ^{8/}	FHSIS, DOH
Goal 5: Improve maternal health								
	16. Maternal mortality ratio per 100,000 live births ^{9/}		164	170	176	144	129	Technical Working Group on Mortality Statistics, NSCB
	17. Proportion of births attended by skilled health personnel	%	59	63	69	68	76 ^{8/}	FHSIS, DOH
Goal 6: Combat HIV/AIDS, malaria and other diseases								
	18. Incidence of malaria per 100,000 population	Cases	119	89	67	43	13.3 (2008)	FHSIS, DOH
	19. Incidence of tuberculosis of 100,000 population	Cases			88	93	97 ^{8/}	FHSIS, DOH
Goal 7: Ensure environmental sustainability								
	20. Proportion of land area covered by forest	%	21	19	27	24	23	ASEANstats ^{10/}
	21. Proportion of population using an improved drinking water source	%	73	76	79	81	86	ASEANstats ^{11/}
	22. Proportion of population using an improved sanitation facility ^{10/}	%	68	76	79	87	90	ASEANstats ^{11/}
Goal 8: Develop a global partnership for development								
	23. Telephone lines per 100 population	%	2	2	4	4	4	NTC
	24. Cellular subscribers per 100 population	%	n.a.	1	9	40.00	88.50	NTC
	25. Internet users per 100 population	%	n.a.	n.a.	n.a.	n.a.	n.a.	

Notes:

- 1/ Special computations made by the ASEANstats using the 1991, 2003, 2006 and 2009 data on the proportion of population below the national poverty line of the NSCB
- 2/ Special computations made by the ASEANstats using the data on prevalence of underweight children under-five years of age of the NNS, FNRI-DOST
- 3/ Special computations made by the ASEANstats using the BEIS data of the NSO
- 4/ Special computations made by the ASEANstats using the data on literacy rate of population aged 15 years and over of the FLEMMS, NSO
- 5/ Special computations made by the ASEANstats using the ratio of girls in tertiary education data of CHED
- 6/ Special computations made by the ASEANstats using the data on under-five mortality rate of the National Demographic and Health Survey of the NSO
- 7/ Special computations made by the ASEANstats using the data on infant mortality rate of the National Demographic and Health Survey of the NSO
- 8/ Special computations made by the ASEANstats using the FHSIS, DOH

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- 9/ Maternal mortality ratio per 100,000 live births are the midpoint estimates of the 7-12 PMDF range
10/ Special computations made by the ASEANStats using the data on proportion of land area covered by forest of the DENR
11/ Special computations made by the ASEANStats using the data from FIES and APIS of the NSO

Sources of Data:

NSCB	: National Statistical Coordination Board
FIES, NSO	: Family Income and Expenditure Survey, National Statistics Office
LFS, NSO	: Labor Force Survey
NNS, FNRI	: National Nutrition Survey, Food and Nutrition Research Institute, Department of Science and Technology
BEIS, DepEd	: Basic Education Information System, Department of Education
FLEMMS, NSO	: Functional Literacy Education and Mass Media Survey, National Statistics Office
CHED	: Commission on Higher Education
COMELEC	: Commission on Elections
NDHS, NSO	: National Demographic and Health Survey, National Statistics Office
FHSIS, DOH	: Field Health Service Information System, Department of Health
PHS, DOH	: Philippine Health Survey, Department of Health
DENR	: Department of Environment and Natural Resources
NTC	: National Telecommunications Commission

DATA OF 25 INDICATORS OF MDG IN SINGAPORE

Goal	Indicators of Singapore	Unit	1990	1995	2000	2005	2010	Source
Goal 1: Eradicate extreme poverty and hunger								
	1. Proportion of population below \$ 1.25 (PPP) per day ¹	%	NA	NA	NA	NA	NA	
	2. Proportion of population below the national poverty line ¹	%	NA	NA	NA	NA	NA	
	3. Share of poorest quintile in national consumption ²	%	5.7	5.4	4.9	4.2	4.1	DOS
	4. Growth rate of GDP per person employed ³	%	3.7 ⁴	2.2	4.8	2.9	10.7	DOS
	5. Employment-to-population ratio ⁵	%	62.0	60.0	59.4	59.5	63.5	DOS, MOM
	6. Prevalence of underweight children under-five years of age ⁶	%	n.a.	n.a.	3.4	n.a.	n.a.	NHGP
Goal 2: Achieve universal primary education								
	7. Net enrolment ratio in primary education ⁷	%	96.1	96.4	95.7	97.3	100.0	MOE
	8. Literacy rate of population aged 15-24 year olds, women and men ⁸	%	99.0	n.a.	99.5	n.a.	99.8	DOS
Goal 3: Promote gender equality and empower women								
	9. Gender parity index in primary level enrolment ⁹		0.99	0.99	0.99	0.99	1.00	MOE
	10. Gender parity index in secondary level enrolment ⁹		1.06	1.01	1.00	1.00	1.00	MOE
	11. Gender parity index in tertiary level enrolment ⁹		0.77	0.86	0.91	0.98	1.08	MOE
	12. Proportion of seats held by women in national parliament	%	4.8	4.7	6.5	16.0	23.4	PARL
Goal 4: Reduce child mortality								
	13. Under-five mortality rate ¹⁰		7.5	5.0	3.8	2.9	2.9	DOS
	14. Infant mortality rate ¹¹		6.6	3.8	2.5	2.1	2.0	DOS
	15. Percentage of measles immunization coverage for children at 2 years of age, with at least one dose ¹²	%	n.a.	97	96	96	95	MOH
Goal 5: Improve maternal health								
	16. Maternal mortality ratio per 100,000 live births ¹³		2.0	4.1	17.0	13.3	2.6	MOH
	17. Proportion of births attended by skilled health personnel	%	99.7	99.8	99.8	99.8	99.8	ICA
Goal 6: Combat HIV/AIDS, malaria and other diseases								
	18. Incidence of malaria per 100,000 population		7.1	9.0	6.6	3.9	3.7	MOH
	19. Incidence of tuberculosis per 100,000 resident population ¹⁴		49.9	51.9	46.4	37.9	39.2	MOH
Goal 7: Ensure environmental sustainability								
	20. Proportion of land area covered by forest	%	n.a.	n.a.	n.a.	n.a.	3.2 ¹⁵	NParks
	21. Proportion of population using an improved drinking water source	%	100	100	100	100	100	MEWR
	22. Proportion of population using an improved sanitation facility	%	100	100	100	100	100	MEWR
Goal 8: Develop a global partnership for development								
	23. Residential fixed lines per 100 population		21.3	24.3	28.6	25.5	23.7	IDA
	24. Cellular subscribers per 100 population		1.5	8.3	60.6	99.8	143.6	IDA
	25. Internet users per 100 resident population ¹⁶		n.a.	n.a.	36	61	71	IDA

ICA : Immigration and Checkpoints Authority

DOS : Department of Statistics

IDA : Infocomm Development Authority of Singapore

PARL : Parliament of Singapore

MEWR : Ministry of the Environment and Water Resources

MOE : Ministry of Education

NParks : National Parks Board

MOM : Ministry of Manpower

MOH : Ministry of Health

NA : not applicable

NHGP : National Healthcare Group Polyclinics

n.a. : not available

1. Not applicable, Singapore does not have an official poverty line.

2. Based on lowest quintile's share in monthly household income from work. Income quintile is based on the ranking of all employed households by their monthly household income from work per household member.

3. Based on GDP at 2005 market prices.

4. Refers to 1992 data.

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5. Based on total employed residents and resident population aged 15 years and older.
6. Based on one-off study conducted in 2000.
7. Based on resident population. Resident population comprises of Singapore citizens and permanent residents. For 2010, indicator is adjusted for residents who are based overseas and cannot be enrolled in Singapore.
8. Data refer to resident population aged 15-24 years old.
9. Based on resident population. Obtained from enrolment ratios. From 2010, enrolment ratios are adjusted for residents who are based overseas and cannot be enrolled in Singapore.
10. Data are per 1000 resident live births. Data for 2010 is preliminary. Data refer to resident population (Singapore citizens and permanent residents).
11. Data are per 1000 resident live births. Data refer to resident population (Singapore citizens and permanent residents).
12. In Singapore, the first (primary) dose of measles vaccination is given to children sometime between the ages of 1 and 2 years.
13. Number of deaths of mothers owing to deliveries and complications arising from pregnancy, childbirth and puerperium per 100,000 live-births.
14. TB incidence in Singapore is computed based on notification data, and among resident cases only.
15. Refers to 2009 data.
16. From 2008, the data refers to that of residents (Singapore citizens and permanent residents) aged 7 years and above. Prior to 2008, the data refer to residents (Singapore citizens and permanent residents) aged 15 years and above.

DATA OF 25 INDICATORS OF MDG IN THAILAND

Goal	Indicators of Thailand	Unit	1990	1995	2000	2005	2010	Source
Goal 1: Eradicate extreme poverty and hunger								
	1. Proportion of population below \$ 1.25 (PPP) per day	%	13.38	15.03	15.90	15.93	17.16	NESDB, NSO
	2. Proportion of population below the national poverty line	%	33.69		20.98		8.95 (2008)	NESDB
	3. Prevalence of 20% poorest population in national consumption		6.00	6.1 (1996)	6.15	6.15 (2006)	6.64 (2008)	
	4. Growth rate of GDP per person employed at current prices	%						
	Growth rate of GDP per person employed by PPP	%						
	5. Employment-to-population ratio	%	39.60	46.17	52.00	54.16	56.51	NSO
	6. Prevalence of underweight children under-five years of age	%	41.68 (1988)	31.3	11.3 (2003)	9.3 (2006)		NESDB
Goal 2: Achieve universal primary education								
	7. Net enrolment ratio in primary education	%	70 (1992)	74	86	87	86	MoE, NESDB (2000 onwards)
	8. Literacy rate of population aged 15 and 24 year olds	%	91	94	96	98	99	MoE
Goal 3: Promote gender equality and empower women								
	9. Ratio of girls in primary education	%	91	92	93	93	94	ICT Center, MoE
	10. Ratio of girls in secondary education	%	83	85	89	99	109	ICT Center, MoE
	11. Ratio of girls in tertiary education	%			112	117	131	ICT Center, MoE
	12. Proportion of seats held by women in national parliament	%		8	8	8	12	OECT
Goal 4: Reduce child mortality								
	13. Under-five mortality rate	%	12.8	11.6	11.9	10.8	9.9	MPH, NESDB (2000 onwards)
	14. Infant mortality rate	%	8.0	7.0	6.0	8.0	7.0	MPH
	15. Proportion of 1 year-old children immunised against measles	%		93	95	97	99	MPH
Goal 5: Improve maternal health								
	16. Maternal mortality ratio per 100,000 live births							BHPS, OPS, MPH
	17. Proportion of births attended by skilled health personnel	%	90.8	94.4	99.0 (1998)	98.0 (2001)		
Goal 6: Combat HIV/AIDS, malaria and other diseases								
	18. Incidence of malaria per 100,000 population	Cases	520	171	136	49		DDC
	19. Incidence of tuberculosis per 100,000 population	Cases			71	94	101	DDC
Goal 7: Ensure environmental sustainability								
	20. Proportion of land area covered by forest	%	28	26	33	32	36	NSO
	21. Proportion of population using an improved drinking water source	%	86	91	94	92	94	NSO
	22. Proportion of population using an improved sanitation facility	%	91	95	99	99	99	NESDB
Goal 8: Develop a global partnership for development								
	23. Telephone lines per 100 population	%			13	11	10	NTC
	24. Cellular subscribers per 100 population	%				48	107	NTC
	25. Internet users per 100 population	%				11	18	NTC

Sources of Data :

NESDB : National Economic and Social Development Board

NSO : National Statistical Office

MOE : Ministry of Education

OECT : Office of the Election Commission of Thailand

MPH : Ministry of Public Health

BHPS, OPS, MPH : Bureau of Health Policy and Strategy, Office of the Permanent Secretary, MPHealth

DDC : Department of Disease Control

NTC : National Telecommunications Commission

DATA OF 25 INDICATORS OF MDG IN VIET NAM

Goal	Indicators of Viet Nam	Unit	1990	1995	2000	2005	2010	Source
Goal 1: Eradicate extreme poverty and hunger								
	1. Proportion of population below \$ 1.25 (PPP) per day	%	n.a.	n.a.	17.7 (2002)	10.6 (2006)	8.3 (2008)	GSO: survey: calculations based on data of Household Living Standard Survey
	2. Proportion of population below the national poverty line	%	n.a.	58.1 (1993)	28.9 (2002)	16.0 (2006)	14.5 (2008)	GSO: survey: calculations based on data of Household Living Standard Survey
	3. Prevalence of 20% poorest population in national consumption	%	n.a.	n.a.	9.2 (2002)	7.2 (2006)	7.3 (2008)	GSO: survey: calculations based on data of Household Living Standard Survey
	4. Growth rate of GDP per person employed at current prices	%	78.40 (1991)	25.40	7.15	13.90	16.43	GSO: calculations based on data sources
	5. Employment-to-population ratio	%	44.41	45.88	47.76	51.90	56.40	GSO: survey: calculations based on data of Labor and Employment survey on 1st April annually
	6. Prevalence of underweight children under-five years of age	%	41.00	44.90	33.80	25.20	20.00	GSO, National Institute of Nutrition - Ministry of Health: survey
Goal 2: Achieve universal primary education								
	7. Net enrolment ratio in primary education	%	87.0	78.0 (1993)	92.6 (1998)	89.3 (2006)	88.3 (2008)	GSO, Ministry of Education and Training: report
	8. Literacy rate of population aged 15 and 24 year olds	%	86.8 (1989)	n.a.	90.3 (1999)	93.6 (2006)	93.7	GSO: Population and Housing Census; Labor and Employment survey on 1st April annually
Goal 3: Promote gender equality and empower women								
	9. Ratio of girls to boys in primary education	%	93.0	88.0	90.0	93.2	92.9	GSO, Ministry of Education and Training: report
	10. Ratio of girls to boys in secondary education	%	91.1	85.8	87.8	94.4	95.6	GSO, Ministry of Education and Training: report
	11. Ratio of girls to boys in tertiary education	%	89.5	81.5	87.9	97.4	114.3	GSO, Ministry of Education and Training: report

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	12. Proportion of seats held by women in national parliament	%	17.8 (1987-92)	18.5 (1992-97)	26.2 (1992-2000)	27.3 (2002-07)	25.8 (2007-11)	Ministry of Home Affairs of The Socialist Republic of Viet Nam: report
Goal 4: Reduce child mortality								
	13. Under-five mortality rate	%	58.0	n.a.	45.3 (2001)	26.8	23.8	GSO: survey
	14. Infant mortality rate	%	45.9 (1989)	n.a.	29.5 (2001)	17.8	15.8	GSO: survey
	15. Proportion of 1 year-old children immunised against measles	%	93.3	95.4	95.7 (2001)	97.1	98.0	GSO, Ministry of Health: report
Goal 5: Improve maternal health								
	16. Maternal mortality ratio per 100,000 live births		233.0	n.a.	n.a.	80.0	69.0	GSO; Ministry of Health: report
	17. Proportion of births attended by skilled health personnel	%	88.0 (1993)	88.0 (1996)	95.0	96.1	96.0	Ministry of Health: survey
Goal 6: Combat HIV/AIDS, malaria and other diseases								
	Number of malaria patients	1000 persons	899 (1992)	659.2	293.0	99.3	54.3	
	18. Incidence of malaria per 100,000 population		1313.4	915.6	377.4	119.5	62.5	GSO, Ministry of Health: survey
	Number of tuberculosis	Cases	98374 (1993)	95165	90754	95970	54297	
	19. Incidence of tuberculosis per 100,000 population		141.3	132.2	116.9	115.5	62.5	GSO; Ministry of Health: report
Goal 7: Ensure environmental sustainability								
	20. Proportion of land area covered by forest	%	27.8	28.2	33.2	37.0	40.0	Ministry of Agriculture and Rural Development
	21. Proportion of population using an improved drinking water source	%	n.a.	n.a.	30.0	62.0	83.0	GSO: survey: calculations based on data of Household Living Standard Survey
	22. Proportion of rural population using an improved sanitation facility	%	10.3 (1993)	17.5 (*)	44.1 (2002)	48.6 (2006)	55.2 (2008)	GSO: survey: calculations based on data of Household Living Standard Survey
Goal 8: Develop a global partnership for development								
	23. Telephone lines per 100 population	%	n.a.	1.0	3.2	8.6	17.8	GSO: calculations based on data sources
	24. Cellular subscribers per 100 population	%	n.a.	n.a.	1.0	10.6	129.6	GSO: calculations based on data sources
	25. Internet users per 100 population	%	n.a.	n.a.	n.a.	12.9	31.0	GSO: calculations based on data sources

* Based on the results of Multi-purpose Household Survey 1995



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