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REGIONAL OVERVIEW

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Regional context

During the period 1990-2003, economic growth in East Asia and the Pacific was the fastest in the world, with an average annual rate of 6.2 per cent. However, 2004 was an even more remarkable year for the region, with widespread economic growth, driven by sharp increases in fixed investment, commodity exports and retail sales. Regional growth rates exceeded 7 per cent, while for the developing countries in the region growth exceeded 8 per cent. This was the strongest growth performance since the East Asian financial crisis of 1997/98. As might be expected, this growth was accompanied by a strong reduction in poverty, as measured by the proportion of people living on US\$2 per day or less. It is estimated that over 300 million people in the region have escaped poverty since the financial crisis.

As compared with the larger countries in East and Southeast Asia, however, the Pacific Islands subregion has experienced lacklustre economic growth in recent years. These countries face particular challenges in sustaining social and economic development. Their economies are typically small, isolated and remote from major markets; physical and human resources are limited, and their resource bases are narrow; and freight, transportation and communication costs are high. These island countries are unusually dependent on imported goods and services, including food, fuel, equipment and industrial materials, as well as a wide range of manufactured products – exports are a vital source of foreign exchange, income and employment. Domestic markets are mainly primary resource based and have limited absorptive capacity, making these countries particularly vulnerable to international market fluctuations, internal shocks and natural hazards. The geographic dispersion of territory and populations is also a major challenge to the delivery of social services in the Pacific Island countries, contributing greatly to the cost and logistical obstacles that must be overcome.

The EAP region has also become increasingly interconnected through trade, investment and transport linkages. As was amply demonstrated at the most recent ASEAN summit, countries of the region are increasingly working together to resolve some of their common challenges. Progress towards the establishment of free trade areas and increased technical cooperation, as well as cross-border agreements on issues of common concern, such as human trafficking and the control of infectious diseases, are driving the region towards a common vision for the future. Notable in this regard is the Declaration on Human Trafficking, proclaimed at the recent ASEAN Summit in Vientiane. The periodic Ministerial Consultations on children have also contributed to the unity of purpose within the region.

Countries have begun to prioritize children's issues in recognition of the central place the younger generation occupies in the long-term development process. Laws and policies have been adopted to promote and facilitate the achievement of child rights. A number of countries have also submitted periodic reports to the Committee on the Rights of Child, through which they have been able to identify issues needing improvement. Recently, memoranda of understanding have been signed among several countries to reduce child trafficking, and national plans of action to reduce sexual exploitation have been prepared and are being implemented. It is gratifying to note that much progress has been made toward achieving the goals for 2005, agreed in Bali in May 2003, as well as toward the goals of a World Fit for Children and the Millennium Declaration.

However, while the region has much to be proud of, a number of more complex challenges have emerged that need to be addressed if these positive trends are to be sustained. These challenges include growing economic uncertainty resulting from high oil prices, the weakening US dollar and the opening of markets to foreign competition as a result of globalization, and a widening of social and economic disparities in a number of countries. There are also the environmental impacts that often accompany rapid economic growth, which have contributed to the global problem of climate change and unstable weather patterns, reflected in the increasing frequency of severe floods, droughts and typhoons. And with increasing travel, encouraged by an easing of visa restrictions, there is increased susceptibility to the spread of infectious diseases such as SARS and avian influenza across international borders. HIV/AIDS prevalence is growing across the region, and unless this epidemic can be controlled and contained, it could become the single biggest challenge facing the East Asia and Pacific region. Equally important is the unfinished business of the World Summit for Children and the World Fit for Children, completion of which will make a major contribution to achieving the Millennium Development Goals.

Regional overview of progress towards the Bali Consensus Goals

At the Ministerial Consultation in Bali the following specific goals were adopted to be achieved, mostly by 2005:

- The sustainable elimination of iodine deficiency;
- The elimination of maternal and neonatal tetanus;
- Increasing net primary school enrolment, or participation in alternative good quality primary education programmes, to at least 90 per cent by 2010;
- Eliminating gender disparities in primary and secondary education;

- Reducing by 20 per cent the proportion of infants with HIV;
- Reducing by 25 per cent HIV infection among 20 to 24 year-olds in the most severely affected countries;
- Developing systems to ensure the registration of every child at or shortly after birth; and
- Raising awareness of the illegality and harmful consequences of failing to protect children from violence, abuse and exploitation.

Less than two years have passed since the Bali Ministerial Consultation, so results of actions taken since the Consultation are not yet fully evident, and the lack of much new data since that time make the monitoring of progress towards specific goals somewhat problematic. Nevertheless, a stock-taking of improvements achieved in the past two years has been attempted.

The sustainable elimination of iodine deficiency by 2005:

Not many countries in the region can report on the prevalence of iodine deficiency disorders (IDD), since such information is collected infrequently through surveys. More easily available proxy indicators, such as the consumption of iodated salt at the household level, are more commonly used to assess progress. Globally, 67 per cent of households use iodated salt. This compares with an average of 84 per cent in the East Asia and Pacific region.

Making iodated salt available and encouraging its use is an issue around which significant activity has been taking place since Bali. China is the only country to have achieved the Universal Salt Iodization goal of 90 per cent, though Viet Nam is getting close. The use of iodated salt in other countries varies widely. Philippines and Thailand report that they may not be able to achieve the goal by the target year, but are making good progress. Efforts in most other countries are paying off, and if this momentum is maintained, all countries will eventually achieve the goal. Recent progress in salt iodization programmes suggests that a number of countries, including Lao People's Democratic Republic (Lao PDR), Cambodia and Papua New Guinea, should be on track to achieve 80-90 per cent by 2005.

The elimination of maternal and neonatal tetanus by 2005:

For Mongolia, DPR Korea, Malaysia, Fiji and other Pacific Island countries, the goal of eliminating maternal and neonatal tetanus appears to have been achieved. Eight countries in the region have been prioritized for support by WHO and UNICEF in an effort to achieve the goal by 2005. They are: Indonesia, Viet Nam, Cambodia, Lao PDR, Papua New Guinea, China, Myanmar and Philippines. Among this group, it appears as though Indonesia and Viet Nam will achieve the goal by 2005, while the others will take longer.

For many countries in the region information is lacking about the actual number of maternal and neonatal tetanus cases. More accurate information is often available about the tetanus toxoid vaccination coverage, which does confer some protection against tetanus. Therefore, the proportion of women of child-bearing age immunized against tetanus is often used as proxy indicator for the maternal and neonatal tetanus situation in any given country. Between 1999 and 2004, approximately 7.4 million women of child-bearing age in the priority countries were vaccinated with tetanus toxoid.

Increasing net primary school enrolment or participation in alternative good quality primary education programmes to at least 90 per cent by 2010:

The region is characterized by a high net enrolment (NER) in primary school, with a regional average of 90 per cent and very little gender disparity. Several countries have already achieved the targets of Education For All. The countries reporting some difficulties in achieving the goal are Papua New Guinea and Timor-Leste, with enrolment estimated at 73 per cent and 75 per cent, respectively. Lao PDR and Myanmar, each with a net enrolment ratio of 80 per cent or higher, can and should be able to reach the goal within the next few years.

Eliminating gender disparities in primary and secondary education by 2005:

Gender parity has been achieved in primary education in most countries and, on aggregate, is close to being achieved in secondary education, though some countries, such as Mongolia and Philippines, report higher enrolment for girls. Thailand and Viet Nam report a gender gap, which, although narrow at the moment, is widening or unlikely to narrow in the near future. Only Lao PDR reports a serious under-representation of girls in both primary and secondary education systems. National averages, however, mask disparities at the sub-national level. Among disadvantaged regions or groups, girls often receive less education, in particular secondary education, than their male peers.

Reducing by 20 per cent the proportion of infants with HIV by 2005:

Most countries do not have reliable data on the prevalence or incidence of infants with HIV. Countries with a low HIV prevalence tend to be complacent about the issue. The prevention of mother-to-child transmission (PMTCT) is key to reducing the incidence of HIV in infants. Many countries have started PMTCT interventions, but many of these programmes need further strengthening and to be taken to scale in order to make a serious dent in mother-to-child transmission rates. Thailand stands out as a country with a relatively high HIV-infection level, but having an effective PMTCT programme has managed to reduce transmission rates to as little as 2 per cent of those babies born to HIV-positive mothers.

Reducing by 25 per cent HIV infection among 20 to 24 year-olds in the most affected countries by 2005:

Age breakdown of HIV incidence is usually not available, but even if it were, it is unlikely that any country could report a reduction of 25 per cent in new HIV cases in the short time since the Bali meeting. Some countries have organized awareness campaigns targeting young people. Sometimes these campaigns reach the majority of this vulnerable age group, though in other countries a greater commitment is needed. A relatively low HIV prevalence in a country tends to make the society complacent about the seriousness of the HIV threat to young people. For those countries that have managed to reverse the pandemic in this region and elsewhere, a common feature has been large-scale, high-profile social mobilization and awareness campaigns, with a special emphasis on young people.

Developing systems to ensure the registration of every child at or shortly after birth:

While most countries demonstrate a sincere commitment to realize the right of a newborn child to a name and nationality, some still face substantial obstacles in doing so, and in other countries pockets of unreached children remain. In most countries for which data are available, birth registration exceeds 80 per cent, and in 11 of these the rate is 90 per cent or above. In Cambodia, Timor-Leste and Papua New Guinea, however, only about one-quarter or less of new babies are registered. Not all countries have separate statistics on urban and rural rates, but of those that do there is usually a pronounced deficit in rural areas; urban registration may be as much as twice as high as rural levels. This is an indicator on which the Pacific Islands countries appear to do uniformly well. Of the six countries in the subregion that have data on this topic, all show registration rates above 80 per cent, and only one of those is below 90 per cent.

Raising awareness about the illegality and harmful consequences of failing to protect children from violence, abuse and exploitation:

Roughly one third of global trafficking in women and children either occurs within or originates from Southeast Asia. Vulnerability is increasing, in part because of the increasing complexity of modern society, in which traditional social safety nets are rapidly eroding. However, most countries have taken some action to address violence, abuse and exploitation through national plans of action, awareness-raising campaigns, enhanced legislation or better enforcement. In addition, a number of regional initiatives are underway that are attempting to deal with the issue.

The Secretary-General's study on Violence against Children is currently being carried out in four countries of the region, and is ultimately expected to lead to further concrete measures. A mid term review in 2004 of the East Asia and Pacific Regional Commitment and Action Plan against the Commercial Sexual Exploitation of Children resulted in a number of proposed measures to strengthen the response to sexual abuse. In addition, several multi-country memoranda of understanding on trafficking have been adopted. At a recent ASEAN Summit, a Declaration on Human Trafficking was adopted, which further reinforced the commitment of the member states to put an end to this deplorable practice.

Regional overview of progress towards World Fit for Children goals

The final decade of the 20th century and the opening years of the 21st have seen a marked increase in attention to the rights and welfare of children. From the World Summit for Children and the World Conference on Education for All in 1990, through the Millennium Summit and the UN Special Session on Children in the early 2000s, a wide-ranging agenda has been established, refined and pursued. Goals have been established and targets set, and most countries in East Asia and the Pacific have subscribed to these commitments. Likewise, EAP Ministerial Consultations have been held at regular intervals throughout this period. The purposes of these Consultations include: to remind those most directly responsible for policies and programmes for children of their promises and commitments; to monitor progress toward the goals; and to encourage all regional governments to give prominence to children's issues among their national priorities.

We are now just past the mid-point between 1990, the baseline year for most international goals for children, and 2015, the year by which most of them are to be achieved. It is thus a particularly appropriate time to review and assess the status of the goals and commitments on a regional basis, to see in which areas progress has been most rapid and where it is lagging, to identify those areas where greater effort, emphasis and resources – and perhaps a revision of policies and programmes – are most needed.

Table 1.1 shows how East Asia and the Pacific compares with other regions in the world on some of the principal indicators of the World Fit for Children goals. In education, the picture is somewhat mixed. Though a large proportion of primary-age children attend school (NER is 90 per cent), and most of them eventually complete grade 5, it is clear

Table 1.1 Progress toward World Fit for Children goals, by region

	East Asia/Pacific	Sub-Saharan Africa	Middle East/North Africa	South Asia	Latin America/Caribbean	CEE/CIS	Developing Countries	Industrialized Countries
Infant mortality rate (IMR) (2003)	31	104	45	67	27	34	60	5
Under-5 mortality rate (U5MR) (2003)	40	175	56	92	32	41	87	6
Antenatal care coverage (1995-2003)	88	66	72	54	86	80	70	-
Maternal mortality ratio (MMR) (2000)	110	940	220	560	190	64	440	13
Skilled attendant at delivery (1995-2003)	87	41	72	35	82	92	59	99
Lifetime risk of maternal death, 1 in:	360	16	100	43	160	770	61	4,000
Proportion immunized against measles (2003)	82	62	88	67	93	90	75	92
Prevalence of underweight (children under 5) (1995-2003)	17	29	14	46	7	6	27	-
Access to improved water source (2002)	78	57	87	84	89	91	79	100
Access to improved sanitation (2002)	50	36	72	35	75	81	49	100
Adult literacy rate (2000)	87	61	63	54	89	97	74	-
Adult literacy: ratio of females to males (2000)	87	77	70	64	98	97	81	-
Primary education NER (1996-2003)	90	58	79	75	93	87	78	96
Proportion of school children who reach grade 5 (1998-2001)	94	63	91	60	82	-	78	-
Ratio of girls to boys (primary school, GER) (1998-2002)	99	87	91	86	98	97	91	100

Source: UNICEF. The State of the World's Children 2005

that many do not continue to secondary school, where gross enrolment is only about 66 per cent. Adult literacy (above age 15), at 87 per cent, is well above average for all developing countries, but this means that there are still about 130 million of the region's adults who must cope in a rapidly-changing world without the ability to read or write. The largest share of these are female. This pattern – both of a relatively large percentage of adults who are illiterate, and the disproportionate share of female illiterates – is largely a holdover from the past. There are hopeful signs that this will change as the younger generation reaches adulthood. The ratio of girls to boys at primary level, for example, is 99 per cent. But it is vitally important that the quality of primary schooling – how well students are taught and how much they learn – is adequate to provide at least basic learning that is sustainable, relevant and useful throughout life. These are matters about which bare statistics on school enrolment can shed little light.

The reduction of infant and child mortality has shown good improvement. The under-five mortality rate (U5MR) has declined by 31 per cent since 1990, exceeded in the developing world only by the Latin America and Caribbean region (41 per cent). However, the rate of decline in East Asia and the Pacific has slowed in the last decade. From 1960 to 1990, the annual rate of reduction in U5MR was 4.3 per cent, while for the period from 1990 to 2003 it was only 2.3 per cent. In part, this may reflect the greater difficulty of reducing an already relatively low rate. Yet the experience of Latin America shows that high rates of decline can still be attained even in regard to relatively low levels of child mortality. From a base in 1990 of 54 child deaths per 1,000 live births (vs. 58 for EAP), the annual reduction rate in the Latin America/Caribbean region actually increased, from 3.5 per cent in the earlier period to 4.0 per cent from 1990-2003. South Asia has also experienced a faster annual rate of decline in recent years than in the earlier period.

The infant mortality rate (IMR), can be used to assess the relative importance of deaths during infancy (under one year) as a proportion of all those occurring during the first five years of life. In the EAP region, nearly 80 per cent of the under-five deaths occur during infancy. Furthermore, although reliable data are not available to show it statistically, a large proportion of infant mortality takes place during the first month of life, and is due to causes closely associated to the health and nutritional status of the mother and the conditions surrounding delivery, such as birth defects, tetanus, complications in pregnancy and other non-communicable causes, and maternal malnutrition. Further reductions in child mortality reduction within the region will increasingly depend on interventions to address the causes of perinatal and neonatal mortality – promotion of better health and nutrition among pregnant women, training and recruitment of staff to deal with problems associated with pregnancy and delivery and more and better facilities, along with easy access to all who need them.

Among vaccine-preventable diseases (VPD), measles is the major child killer, causing an estimated 1-5 per cent of all early child mortality. Yet fewer children are currently immunized against measles than against any of the other EPI diseases (82 per cent vs. an average of 88 per cent for BCG, DPT3 and polio). This is a general pattern across most other regions, but the immunization gap between measles and other VPD is much larger in East Asia and the Pacific. Clearly, more needs to be done to bring measles coverage into the forefront of EPI programmes.

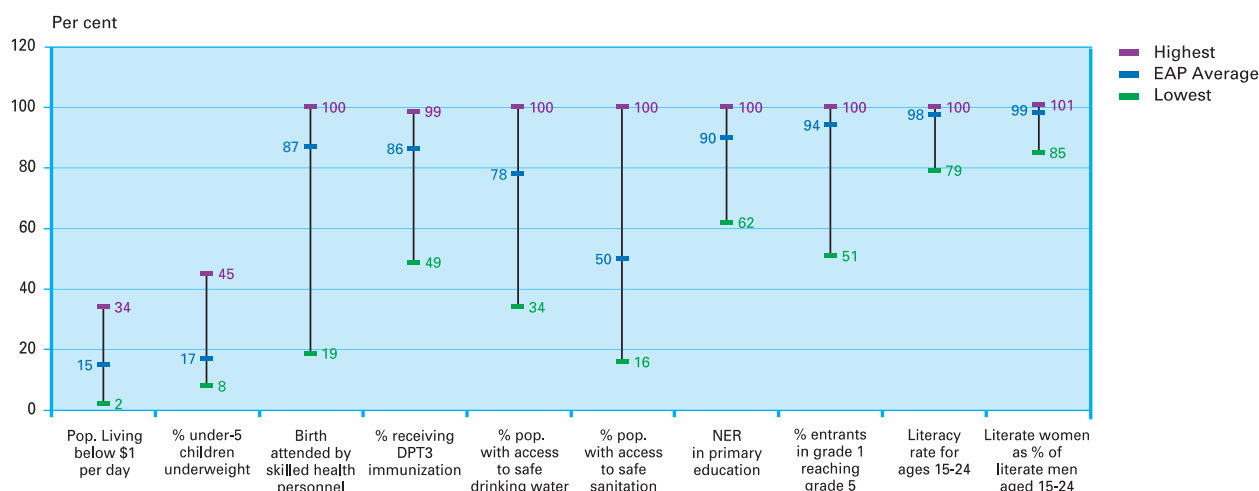
The maternal mortality ratio (deaths due to pregnancy or delivery per 100,000 live births) is a problematic indicator, difficult to measure reliably. Even at high levels, maternal deaths are rare events in any population, and whatever the specific method used in calculating this ratio, the denominator must include an extremely large number of women. For reasons of cost and practicality, this is usually feasible only at infrequent intervals. Thus, data on which the computation of the maternal mortality ratio (MMR) is based are frequently outdated, or old data may simply be extrapolated to a later period. In addition, maternal deaths are often difficult to diagnose with accuracy, particularly if they occur outside medical supervision, as is often the case in developing countries. The margin of error for this indicator is nearly always large. Therefore, MMRs should always be treated with caution.

Nevertheless, the most recent available figures are shown in **table 1.1** At 110, MMR for East Asia and the Pacific is the lowest for any developing region except CEE/CIS, and one-quarter the ratio for all developing countries. The range among developing regions is enormous: from 64 in CEE/CIS to 940 in Sub-Saharan Africa, while in the Industrialized Countries the MMR stands at only 13. Another way of assessing the relative seriousness of maternal mortality is to calculate the lifetime risk of a woman dying from pregnancy related causes. The risk of maternal death is 1 in 16 in Sub-Saharan Africa, 1 in 43 in South Asia and 1 in 61 in all developing countries. For the EAP region, the lifetime risk is somewhat better, at 1 in 360. Nevertheless, as compared with some countries in the region – Brunei Darussalam's risk factor is 1 in 830, Singapore's 1 in 1,700 and Japan's 1 in 6,000 – it is clear that there is still much to be done to reduce the risks associated with childbirth in many countries.

The least successful indicators in this region, taken as a whole, are in reducing the prevalence of child malnutrition and improving access to safe water and improved sanitation. Malnutrition (weight for age for under-five children) stands at 17 per cent. This is certainly better than in the South Asia and Sub-Saharan Africa regions, in which underweight prevalence is 46 and 29 per cent, respectively. However, it should be noted that the low [weighted] average for this region is brought down considerably by China's 10 per cent. Progress in many countries has been slow and sporadic, and given the very large contribution of malnutrition to several common childhood diseases, including diarrhoea, malaria and pneumonia (see the situation review on Child Survival), aggressively addressing child malnourishment should be high on the regional agenda.

Likewise, providing access to clean water and sanitation both need serious attention. As compared with other regions, EAP indicators are near the bottom, and are barely above the developing country average. Though relatively good performance in some large countries (China and Indonesia) may help reach the overall goal for access to clean water, for sanitation these countries are well below the rate of change necessary to reach the World Fit for Children goal, and achieving the goal will be much more difficult. And it should be noted that the WFFC goal is to halve the 1990 level of unmet. As the average levels in 1990 were very low, even a 50 per cent reduction will leave 210 million people living in East Asia and the Pacific without safe water, and 480 million without proper sanitation.

Figure 1.1 Regional variation on selected goals, developing countries



Source: UNICEF. The State of the World's Children 2005; UNESCO. EFA Global Monitoring Report 2005; UNDP. Human Development Report 2004

Disparities within the region

The previous section has looked at the region as a whole, and how it compares with other regions. In **figure 1.1** we look at variation among countries within the EAP region to see which indicators are roughly similar everywhere, and where extreme disparities among countries exist.

Countries of the region are most similar on indicators of literacy and primary education, where the gap for literacy in the 15-24 age group, the ratio of female to male literacy in the same age group and the primary net enrolment rate (NER) is around 20 points or less between the lowest country and the highest. The percentage of primary school entrants who eventually reach grade 5, however, shows a considerably wider gap of 49 points. The regional averages for these education indicators are also high – more than 90 per cent in each case. There are few countries (or countries with large populations) at the lower end of the range to pull the average down.

The most extreme disparities exist for access to clean water and safe sanitation and the percentage of births attended by skilled health personnel. For these indicators, the gap between countries varies by 66 to 84 percentage points. Those at the upper end of the scale tend to be very high (in some cases reaching 100 per cent), while countries at the lower

end have coverage at only one-third to one-fifth that level. At the high end of the scale for safe sanitation (100 per cent) are Cook Islands, Niue and Samoa. At the opposite end are Cambodia (16 per cent) and Lao PDR (24 per cent). For births attended by skilled health personnel, some of the industrialized states and small Pacific Island countries again manage to achieve 100 per cent, while Lao PDR is able to reach only 19 per cent. Though the regional spread for access to clean water is very wide, at 66 percentage points, the minimum value of 34 per cent is considerably higher than for sanitation and births attended by skilled personnel, for which the minimum in both instances is less than 20 per cent.

For two of the indicators in **figure 1.1** – the proportion of the population living in extreme poverty (below US\$1 per day) and the prevalence of malnutrition among young children – low values are at the positive end of the spectrum, though they still show the degree of disparity among countries. Thus, the lowest rate of extreme poverty is 2 per cent of the population in the Republic of Korea, Malaysia and Thailand, whereas the highest rate, 34 per cent, is found in Cambodia. For underweight children, values range between 8 per cent (Fiji) and 45 per cent (Cambodia).

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