Measuring South Asia's progress towards the Millennium Development Goals

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Introduction

In September 2000, at the United Nations Headquarters in New York, world leaders came together to adopt what would become known as the Millennium Development Goals (MDGs). The eight goals provide a concrete, time-bound, measurable framework for tackling various dimensions of extreme poverty and environment degradation. They are arguable the most comprehensive, ambitious and broadly supported development goals ever agreed upon by the international community.

The MDGs represent the idea that there exists a fundamental level of rights and freedoms to which all humans are entitled. They are: 1 - End poverty and hunger. 2 - Achieve a universal primary education for all. 3 - Promote gender equality and empower women. 4 - Reduce child mortality. 5 - Improve maternal health. 6 - Combat HIV/AIDS malaria and other diseases. 7 - Ensure environmental sustainability. 8 - Promote a global partnership for development. The goals are further split into 21 targets, measurable via 60 indicators. In most cases the baseline year is 1990 and the deadline for completion is 2015. The setting of such ambitious targets and the regular reporting of results has helped maintain the international communities focus on the task ahead, as well as ensuring that those responsible for ensuring the goals are met be held accountable

With only five years left to the 2015 deadline this report is an attempt to measure the progress of South Asian countries towards the MDGs. The South Asian region contains huge diversity and contrasting group of countries. It includes the second most populous country in the world, India as well as a small island developing state, the Maldives. Sri Lanka and Nepal are still recovering from decades of ongoing conflict, whilst low levels of conflict remains ongoing in Pakistan and Afghanistan. Bhutan is in the process of transforming itself from a monarchy into a constitutional regime and Bangladesh, despite current high levels of poverty has been singled out as having the potential to become one of the world's largest economies. Consequently each country has faced unique challenges whilst pursuing the MDGs, with subsequently variable results.

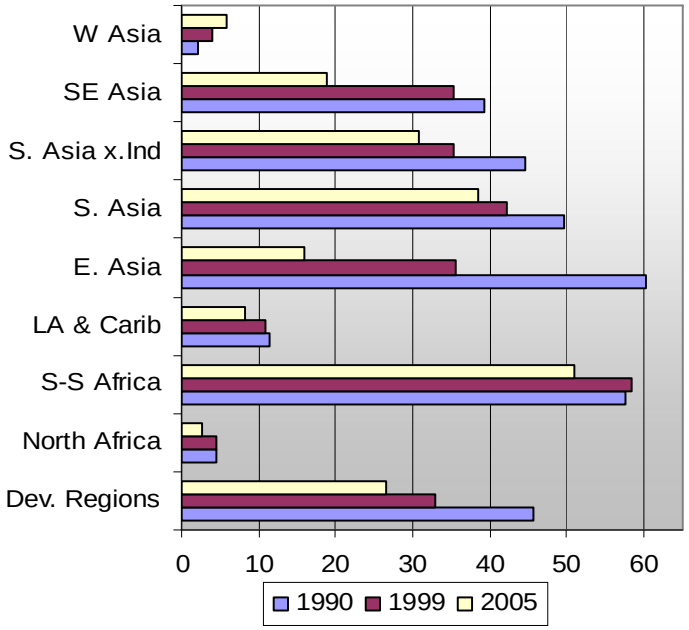
It should be noted that one of the issues highlighted by the MDGs is the lack of high quality, comparable, regular statistics that are available. This report uses the most up to date data available, however, in some cases the most recently available data is from 2005. Since then the world has undergone the biggest financial crisis since the 1930's, as well as the subsequent associated global recession. The crisis, although originating in developed countries was transmitted to developing regions as exports, private capital flows, commodity prices, and remittances declined. Consequently the magnitude of the impact on the progress towards several of the MDG indicators is still unknown.

GOAL 1:
ERADICATE EXTREME POVERTY AND HUNGER

Poverty is a term for which there is no universally agreed definition. Multidimensional measures of poverty incorporate income as well as aspects such as health, education, shelter and nutrition, amongst others. Viewed in this light the goal of eradicating poverty would incorporate many of the subsequent MDGs. However, in the context of the MDGs extreme poverty is more narrowly defined in terms of income, as the proportion of people living on less than $1.25 a day.

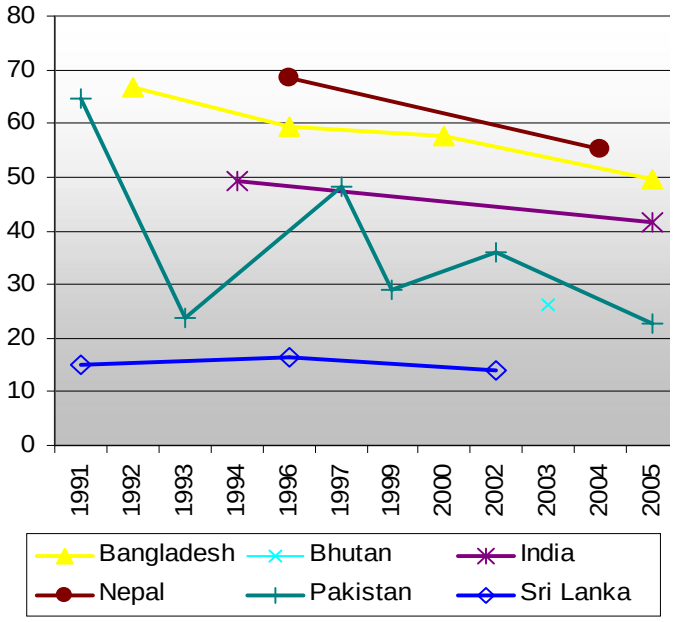
Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than $1 a day
(Updated poverty line now $1.25 a day)

Percentage of people living on less than $1.25 a day (2005 PPP)



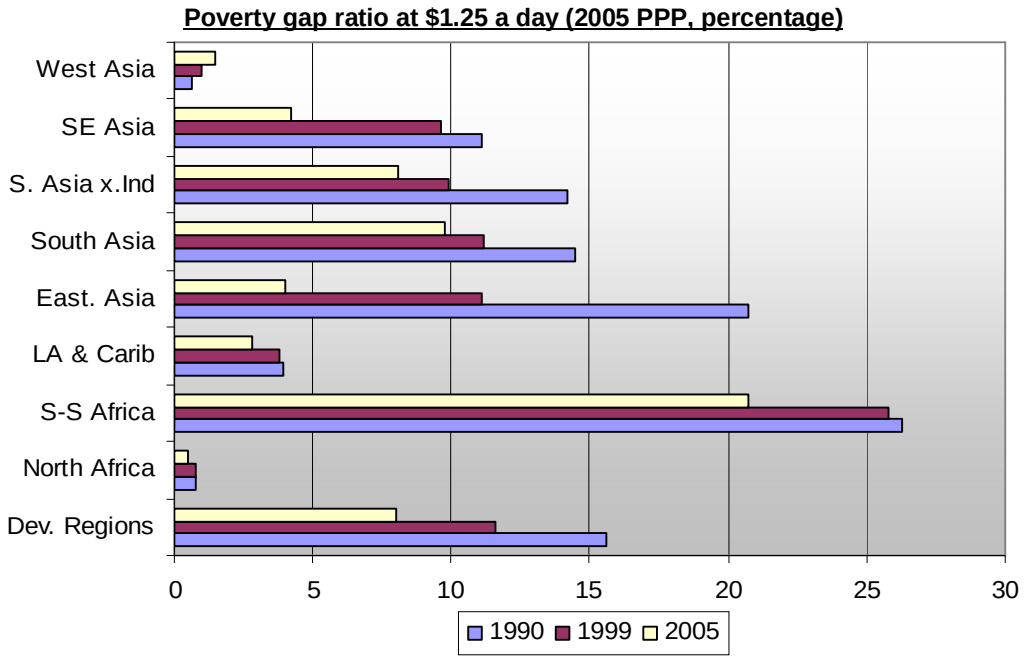
Extreme poverty has fallen by over 10 percentage points in Southern Asia since 1990, however it remains the second poorest region in the world, with 38.6% of the population living below the poverty line in 2005. There is some disagreement as to whether South Asia will manage to half the proportion of people living on less than $1.25 a day, with the World Bank projecting success whilst the UN does not believe progress has been fast enough.

Poverty headcount ratio at $1.25 a day (PPP) (% of population)

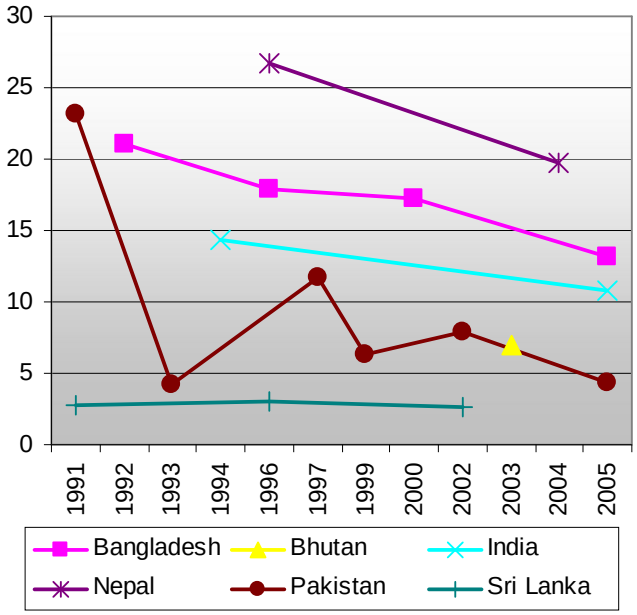


This overall reduction obscures highly variable country level experiences: Pakistan has been the biggest success - reducing its poverty rate by 42 percentage points. Sri Lanka has had the smallest improvement overall, with only a 1% drop in extreme poverty from 1991 levels, although at 15%, it still has the lowest rate in South Asia. At the other end of the spectrum Nepal, although having reduced extreme poverty by 13 percentage points, still has over 50% of its population living on less than $1.25 a day.

Another measure of poverty is the poverty gap ratio, which measures the magnitude of poverty. It is an expressed as a percentage of how far those that live below the poverty line are, on average, from the poverty line. Southern Asia is doing particularly badly in this regard with an average poverty gap of 9.8% in 2005. Only Sub Saharan Africa (20.7%, 2005) is in a worse position. Progress has also been slow vis-à-vis all developing countries; in 1990 South Asian countries had a lower poverty gap (14.5%) than developing countries (15.6%). However, by 2005 South Asia had reduced its poverty gap to just 9.8% (a reduction of 7.6 percentage points).



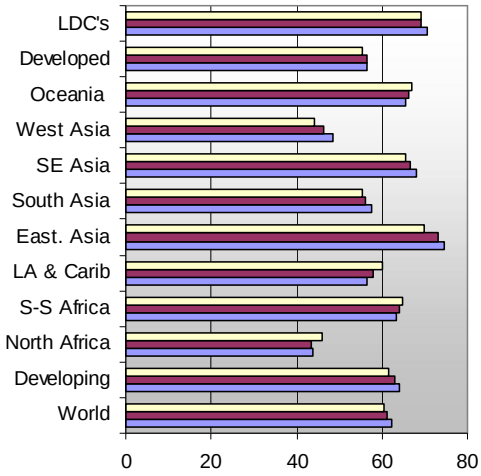
Within South Asia Pakistan is again the biggest success story, with a reduction in the poverty gap from 23% in 1991 to 4.35% in 2005 (over 18 percentage points), moving from the second highest poverty gap to the second lowest. Elsewhere the reduction in the poverty gap has been less impressive – Nepal has seen a reduction of 6.94 percentage points but continues to have the biggest poverty gap (19.7%). India has seen reduction of 3.52 percentage points to 10.8%. Sri Lanka has seen the smallest reduction (0.7 percentage points) but also has the lowest poverty gap of all South Asian countries (2.64%).



As we have seen there have been some improvements in South Asia in reducing the level of extreme poverty and the poverty gap, although the progress has not been fast enough to achieve the MDG target by 2015. However, if we expand our analysis to take account of inequality the picture does not look so good. Although South Asia as a whole is performing well vis-à-vis other regions in this regard, with the second highest share of income accruing to the poorest quintile in 2005, a look at the time series data paints a worsening picture. The poorest quintiles share of consumption remains below 10% for all countries, with decreases in Bangladesh, Nepal and Sri Lanka. Only Pakistan has seen an increase in share (1 percentage point, from 8.1% to 9.1%). The richest quintile has however seen an increase in its share of consumption for all South Asian countries, with the exception of Pakistan. These results suggest an increase in inequality. Thus although the high levels of economic growth have reduced the number of people living in extreme poverty and the poverty gap, the lions share of the benefits has been accrued by the richest quintile of society.

Target 2: Achieve, full and productive employment and decent work for all, including women and young people.

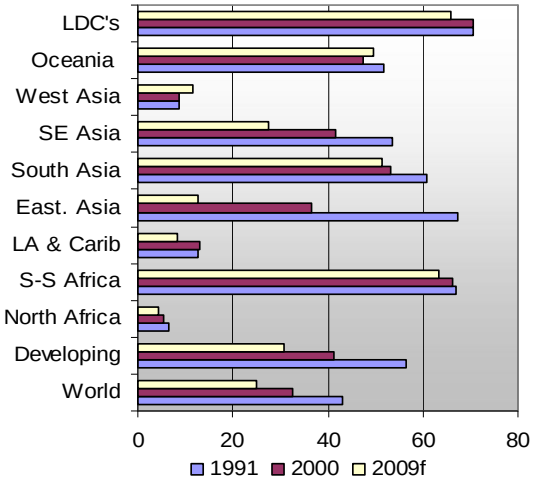
Employment-to-population ratio, percentage



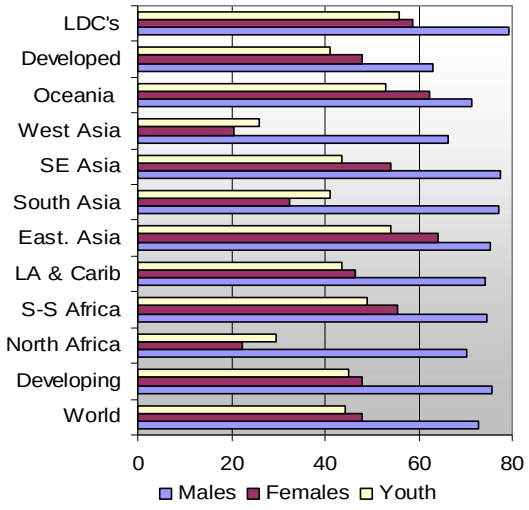
Lack of opportunities for gainful employment is a root cause of poverty at the individual level in South Asia. As can be seen from the data below, just over half of the population of working age (15+) was employed in 2009. Furthermore the percentage of those employed has been falling since 1991. At the same time South Asia has the highest proportion (70% in 2008) of those employed working in vulnerable employment, which is defined as the sum of own-account workers and contributing family workers who are not typically bound by formal work arrangements. Vulnerable workers typically earn less, have fewer benefits and work in poorer conditions than those in decent work, as well as having no social security or legal rights.

Employed people living below $1.25 (PPP) per day, percentage of total employment

It is therefore unsurprisingly to learn that of those employed 51% still live below the poverty line, although there has been an improvement of almost 9 percentage points (60.9% in 1991 to 51.3% in 2009). This is despite the second highest annual growth rate of output per person in the world (4% from 1991-2008). Within South Asia more than half of those employed in Bangladesh, India and Nepal are living below the poverty line. The quality as well as the incidence of employment opportunities must therefore be increased if poverty is to be reduced. Unfortunately, despite some progress being made South Asian countries at current trends will not achieve target two by 2015.



Employment-to-population ratio (%)



The most vulnerable members of society are those most unlikely to find work. Women in Southern Asia fare worse than their counterparts in almost every other region of the world with the exception of Western Asia and Northern Africa. Male employment on the other hand is relatively high vis-à-vis the rest of the world, suggesting that the low employment to population ratio is being driven by lack of female employment. Whether this is due to discrimination, culture or educational differences is difficult to say.

Target 3: Halve, between 1990 and 2015, the proportion of people who suffer from hunger.

According to the MDGs the standard calorie intake for adults who undertake light activity is 2200. Using this figure 337 million people are classified as hungry in South Asia in 2005. This figure says nothing about the degree of hunger, however, which ranges from the subjacent hungry (1800-2200 calories) to the medial hungry (1600-1800 calories) to the ultra hungry (less than 1600 calories). At the individual level inadequate calorie consumption means lower productivity (especially when undertaking manual labour) and greater susceptibility to illness. Those that become ill then take time off, increasing the likelihood of being sacked or not finding work in the first place. These people are thus less likely to be able to afford food, leading to greater hunger, more difficulty finding work and so on. At the national level lost work hours slows economic growth, increasing poverty.

Adequate calorie and nutrient intake is even more important for women during pregnancy as fetus development can be affected. Babies are then born underweight, leading to higher child mortality. Surviving children with inadequate calorie and nutrient intake can be permanently physically and mental stunted, as well as finding it more difficult to concentrate in school. This lowers their future employment prospects and thus increases their chances of being in poverty.

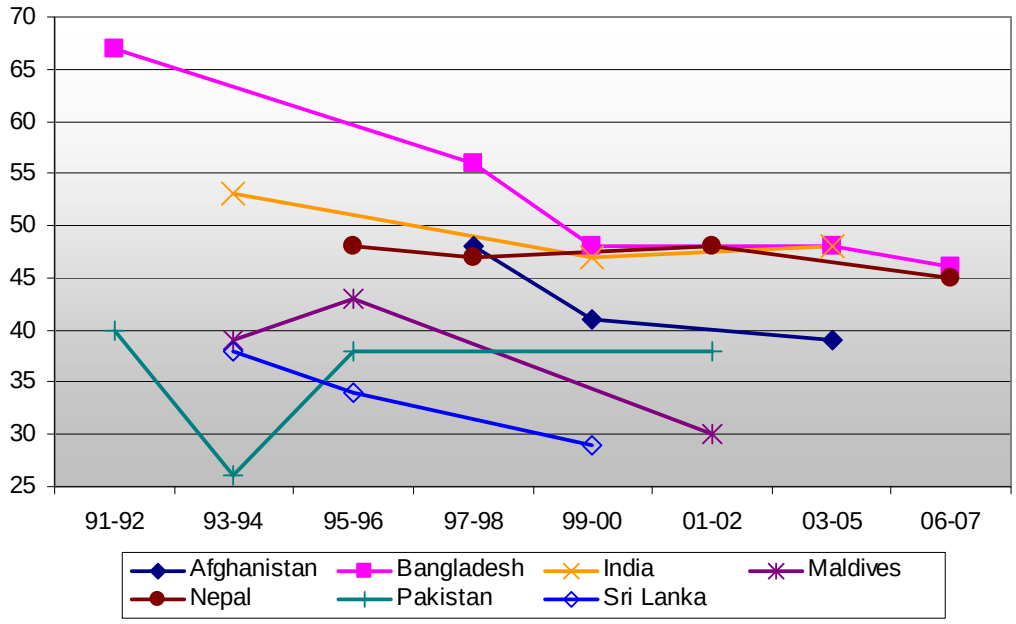
Before looking at the evidence it is pertinent to note we only have data up to 2007/2008. However, food prices spiked in 2008 and remained high throughout 2009. This coupled with the economic crisis is likely to have reversed or seriously slowed any progress that had been made, with the Food and Agricultural Organization of the United Nations estimating that in 2009 the number of hungry people in the world could top 1 billion. It is likely however that the full impact of these twin events has not shown up fully in our data yet. This should be held in mind when interpreting the results below.

	Undernourished people in total population (%)			**Underweight children under five**				
				Under 5's (%)		**M/F Ratio**	**Rural (%)**	**Urban (%)**
	90-02	00-02	05-07	1990	2008		2003-2008	
Developing Regions	20	16	16	31	26	0.97	32	18
Northern Africa	<5	<5	<5	11	7		8	6
Sub-Saharan Africa	31	30	26	31	27	1.08	30	19
L. America & Caribbean	12	10	9	11	6	1.14	12	5
Eastern Asia	18	10	10	17	7		9	2
Eastern Asia ex. China	8	13	12	12	6	0.93	6	7
Southern Asia	**21**	**20**	**21**	**51**	**46**	**0.94**	**50**	**39**
Southern Asia ex. India	**26**	**23**	**23**	**49**	**35**	**0.92**	**39**	**47**
South-Eastern Asia	24	17	14	37	25	1	27	21
Western Asia	5	8	7	14	14	1.05	21	8

South Asia suffers from some of the highest levels of hunger in the world, with just over one fifth of the population not consuming the guideline 2200 calories a day. This makes it the second hungriest region on earth after Sub-Saharan Africa. It has also failed to decrease the proportion of overall hungry in the last 20 years, and looks extremely unlikely to achieve the MDG by 2015. The situation is even worse for the under fives, with almost 50% of all children in this age bracket underweight, and only a five percentage point improvement since 1990. Gender disparities also exist with only 46% of boys being underweight compared to 49% of girls. This is not surprising, as many studies have shown that boys are favoured over girls during times of food scarcity, negative income shocks and price increases. Indeed Amaryta Sen (1990) estimated that 'more than 100 million women are missing'.

The high numbers of underweight children are being driven by the rural areas in India, with half of all rural children being classed as underweight, compared to 39% in urban areas. Exclude India from the analysis and the situation is reversed, with the proportion of underweight children higher in urban areas (47%) than in rural ones (39).

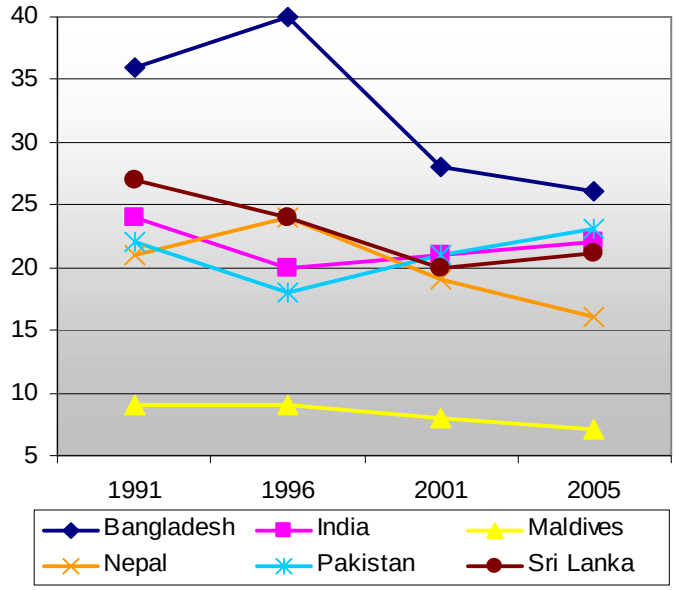
Children under 5 moderately or severely underweight (%)



Within South Asia there have actually been reasonable reductions in the proportion of underweight children, although Nepal and India have only seen slight improvements. Bangladesh has seen the biggest fall, from (67% to 46%), although 46% of all children being underweight is clearly still unacceptable.

Population undernourished (%)

Unfortunately the improvements seen amongst the under 5's do not carry over to the population as a whole. The exception is Bangladesh which has seen an almost 10 percentage point drop in the proportion of undernourished people since 1991. On the other hand Pakistan has actually seen a small increase in the number of hungry. The Maldives has by far the lowest levels of hunger in South Asia, with less than 10% of its population being undernourished.



GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Target 1: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

Schooling not only increases an individual's productivity, therefore helping to increase

economic growth and thus decrease poverty, but it also has many other benefits besides. Better educated households have better health outcomes and are less likely to discriminate against female family members both in youth and in adulthood. They also suffer lower levels of female infanticide and have lower levels of death during pregnancy, as well as having a lower level of pregnancies occurring in adolescence. They are more likely to find employment, and thus less likely to be in poverty. Thus improving education in South Asia is likely to accelerate the attainment of the other MDGs as well. It is however important to note that quality, as well as quantity, of schooling matters. Teacher and school quality, access to textbooks, time in school and class size have all been shown to have a significant positive effect on educational attainment. Thus education budgets must be increased in line with the number of children in school so that educational quality does not suffer.

Net enrolment ratio in primary education									
	1991			**2000**			**2008**		
	All	Boys	Girls	All	Boys	Girls	All	Boys	Girls
World	82.2	86.1	78	84.3	87	81.5	89.6	90.6	88.6
Developing Regions	79.9	84.4	75.1	82.6	85.6	79.4	88.8	89.9	87.6
Northern Africa	80.2	86.9	73.3	88	90.7	85.2	94.4	96.3	92.5
Sub-Saharan Africa	53.4	58	48.8	60.3	63.9	56.6	76.4	78.3	74.5
Latin America & Caribbean	85.8	85.4	86.3	94.1	93.7	94.4	94.9	95.1	94.8
Eastern Asia	97.5	99.9	94.9	94.4	93.4	95.4	96	94.2	98.1
Eastern Asia ex. China	98.1	98.1	98.2	97.6	98.1	97	98	98.3	97.7
Southern Asia	**75.3**	**83.4**	**66.7**	**80**	**86.7**	**72.8**	**89.7**	**91.7**	**87.5**
Southern Asia ex. India	**64.1**	**71.7**	**56.2**	**68.5**	**73.7**	**63.1**	**76.3**	**78.8**	**73.7**
South-Eastern Asia	94	96	91.9	93.6	94.9	92.2	94.7	95.5	93.8
Western Asia	82.1	87.1	76.9	83.3	87.8	78.6	88	90.7	85.3
LDC's	52.3	57.8	46.8	59.5	63	56	78.8	80.7	76.7

As can be seen from the charts above and below, South Asian countries have made good progress in education over the last 25 years, and are on track to achieve this MDG if current trends persist. South Asia initially trailed the rest of the world considerably in all educational indicators. However through significant public and private expenditure it has largely made up the gap. More impressive is the closing of the gender gap – females now enjoy close to educational parity with males in terms of primary school enrolment/completion rate. This is especially impressive considering only 20 years ago the female primary school completion rate was almost 20 percentage points below that of males.

Proportion of pupils starting grade 1 who reach last grade of primary									
	1991			**2000**			**2008**		
	All	Boys	Girls	All	Boys	Girls	All	Boys	Girls
World	79.6	82.0	74.1	82.1	84.9	79.2	88.1	89.6	86.9
Developing Regions	77.0	79.5	69.8	79.5	82.8	76.2	86.7	88.6	85.3
Northern Africa	72.2	80.1	64.6	81.1	84.2	77.9	96.3	99.4	93.0
Sub-Saharan Africa	50.5	55.8	45.9	52.0	57.0	47.9	63.8	69.3	59.8
Latin America & Caribbean	84.2	84.5	86.1	97.5	97.1	97.8	101	101.8	103.0
Eastern Asia	106.2	96.1	91.5	97.9	97.9	97.8	96.0	94.6	97.8
Eastern Asia ex. China	94.5	93.9	94.0	97.8	97.8	97.6	96.9	97.9	95.8
Southern Asia	**64.4**	**73.5**	**54.6**	**69.3**	**75.8**	**62.3**	**85.4**	**87.3**	**83.4**
Southern Asia ex. India	**55.2**	**60.5**	**49.7**	**62.3**	**66.4**	**58.1**	**66.2**	**68.2**	**64.2**
South-Eastern Asia	85.7	89.3	87.9	92.4	92.7	92.1	98.7	98.8	98.7
Western Asia	77.6	83.0	72.6	78.9	83.5	74.1	88.2	92.6	83.7
Oceania	61.1	63.4	55.8	63.7	65.9	59.0	67.0	70.1	61.4
Least Developed Countries	39.5	45.0	34.6	45.8	50.4	42.1	58.7	62.8	56.1

Literacy rates, a measure of the quality of schooling, also show improvement. In fact the literacy rates for 2008/2000 closely mirror the enrolment rates for 2000/1991, suggesting that

those that enrol are learning to read and write. If the quality of education has been maintained by around 2015 we could be seeing literacy rates of almost 90% in South Asia.

Percentage of the population aged 15–24 years who can both read and write

	1985-1994			1995-2004			2005-2008		
M: Male, F: Female	All	M	F	All	M	F	All	M	F
World	83.3	87.7	78.6	87.1	90.2	83.8	89.0	91.7	86.4
Developing Regions	79.8	85.3	74.2	84.6	88.5	80.6	87.2	90.3	84.1
Northern Africa	67.8	77.4	57.7	79.3	85.2	73.3	86.1	89.8	82.2
Sub-Saharan Africa	65.4	72.9	58.3	68.6	75.6	62.3	71.9	76.8	67.1
Latin America & Caribbean	91.8	91.5	92.0	96.2	95.8	96.5	96.9	96.7	97.2
Eastern Asia	94.6	97.1	91.9	98.9	99.2	98.6	99.3	99.4	99.2
Eastern Asia ex. China	99.4	99.3	99.5	99.4	99.2	99.5	99.5	99.3	99.7
Southern Asia	**60.3**	**71.6**	**48.3**	**73.7**	**81.1**	**65.6**	**79.3**	**85.7**	**73.3**
Southern Asia ex. India	**56.4**	**66.9**	**46.0**	**67.3**	**73.9**	**60.8**	**75.4**	**79.7**	**71.0**
South-Eastern Asia	94.5	95.5	93.5	96.3	96.6	96.1	96.1	96.3	95.8
Western Asia	87.8	93.6	81.6	91.9	95.6	88.1	92.7	95.6	89.8
Oceania	71.4	76.6	66.1	73.9	76.1	71.5	73.0	72.0	74.1
Least Developed Countries	55.7	64.2	47.6	65.3	72.2	58.9	69.9	74.5	65.5

South Asia has seen an improvement in educational attainment overall, however there have been highly variable experiences at the country level. Bhutan has seen the biggest improvement overall, with an increase of 27.5 percentage points in primary enrolment rates. Most of India's improvement with regards to educational attainment has come as a result of a huge increase in girls attending school - from 55% in 1999-2002 to 93% in 2007-2009. Pakistan has in the same period seen male education rise but female education fall. Bangladesh has seen a decrease in educational attainment for both sexes. Only Nepal and Pakistan continue to have enrolment rates below 75%.

Primary enrolment rates

	1999-02*			2003-06*			2007-09*		
Country	All	M	F	All	M	F	All	M	F
Bangladesh				90.8	88.4	93.4	85.5	84.7	86.3
Bhutan	58.8	61.8		76.5	76.4	76.6	86.3	85.3	87.4
India	84.3	90.9	55.7	93.5	95.3	91.6	95.5	97.3	93.6
Maldives	98.3	98.7	77.2	97.5	98.2	95.6	96.6	97.5	95.6
Nepal	70.6	78.0	98.0						
Pakistan	57.0	67.5	62.6	61.8	70.4	52.6	66.2	72.4	59.6
Sri Lanka	99.8		45.8				99.7	99.1	99.8

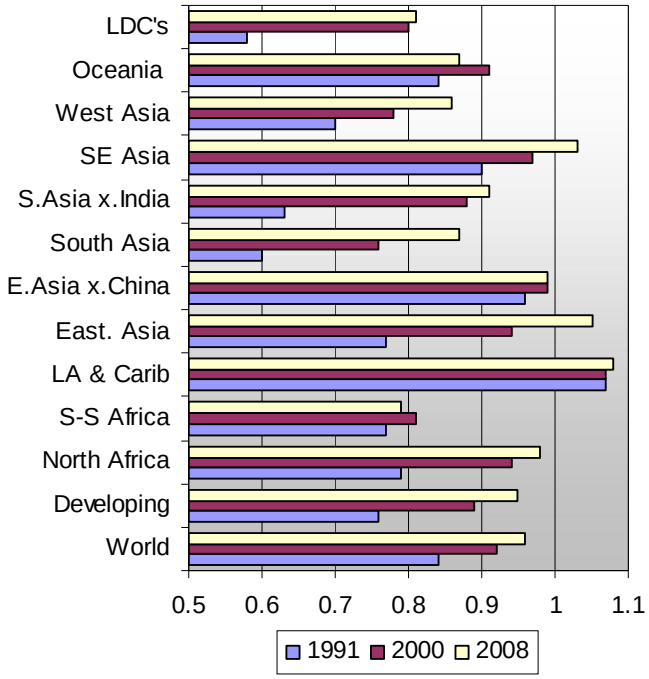
* Averages M: Male, F: Female

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Target 1: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.

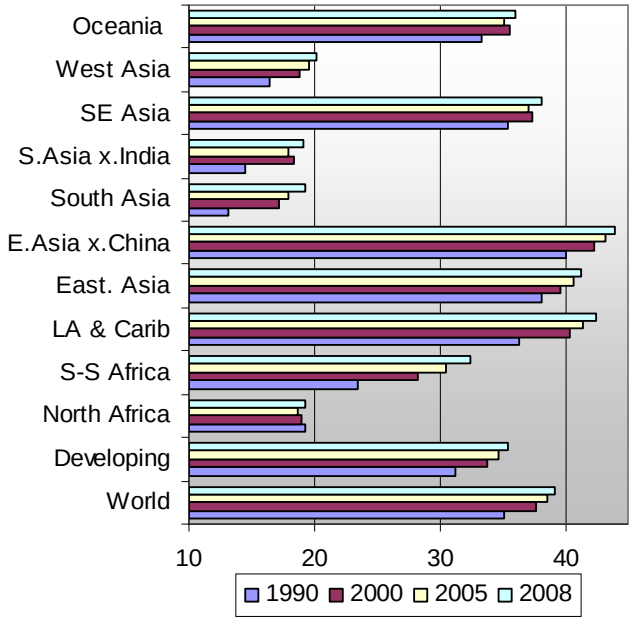
No country can hope to achieve the MDGs without addressing the inequalities faced by women. In fact, it is because female indicators lag behind those of males in most areas that the most efficient way to achieve the MDGs is through the large potential improvements in female indicators. Furthermore empowering women benefits the whole of society as well as directly benefiting women themselves. In particular more equal households or households with a female head tend to have better health and educational outcomes for the female members, and are likely to have income more equally spread across all members than in a patriarchal household.

Ratio of boys to girls in Secondary education



As can be seen from Goal 2, in primary education girls are at parity with boys in terms of the primary enrolment rate. In fact South Asia has already met the target of achieving parity between girls and boys in primary school enrolment. However, the gender gap is more pronounced for the Secondary and Tertiary levels, and although it is decreasing fast South Asia still performs badly vis-à-vis the rest of the world and other developing regions. In terms of Tertiary education South Asia has moved from a ratio of 0.49 in 1991 to 0.69 in 2008. Exclude India from the analysis and the results are more impressive still, with a ratio of 0.34 in 1991 increasing to 0.91 in 2008.

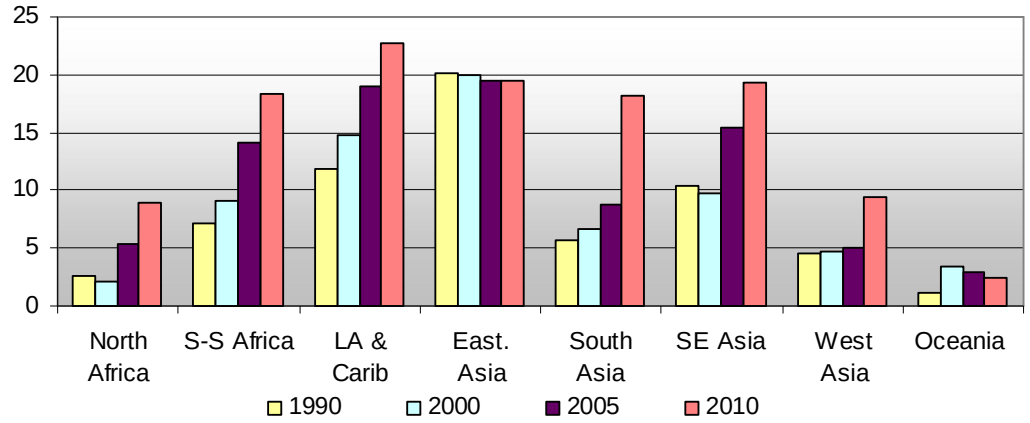
Share of women in wage employment in the non-agricultural sector



Another indicator of female equality is the proportion of females in wage employment in the non agricultural sector. Although there has been some progress it has been insufficient to reach the MDG target by 2015, and is still the lowest share in the world (tied last with Sub Saharan Africa). Theoretically those women receiving a wage enjoy greater freedom, as they have economic independence. There are many problems with this indicator however. Firstly it does nothing to describe the amount of work, the level of pay/benefits, and the legal protections received by the individual, which may be much less than that received by a man in the same position. Secondly there are no guarantees that the woman is able to retain any of the economic benefits of her employment. Thirdly wage employment makes up only a small proportion of total employment in developing countries, as many people are self employed. As such the figure is unrepresentative of women's role in the economy.

As an indicator of the political inclusion and power of women the MDGs include the proportion of national parliament seats taken by women. South Asia has made huge progress in the last 5 years, with almost a ten percentage point increase since 2005. In fact the number of women in Parliamentary seats is now comparable to developed countries. If current trends persist South Asia will have the highest number of women taking parliamentary seats of anywhere in the world by 2015.

Proportion of seats held by women in national parliament (Single or Lower House only)



GOAL 4: REDUCE CHILD MORTALITY

Target 1: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate.

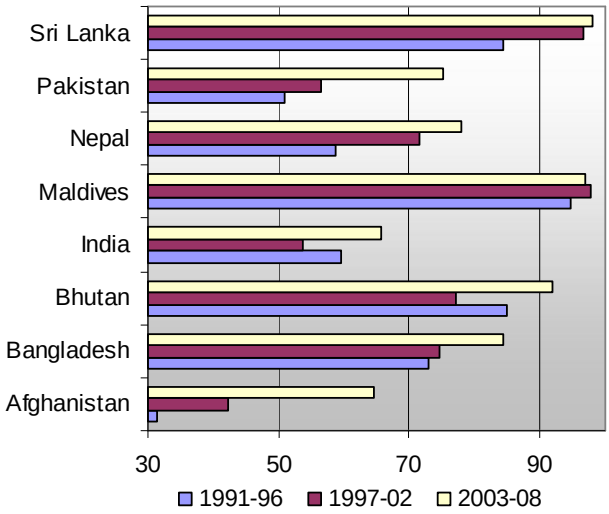
	Under 5 years old mortality per 1,000 live births			Under 1 years old mortality per 1,000 live births			% Under 1 years old immunised against measles		
	1990	**2000**	**2008**	**1990**	**2000**	**2008**	**1990**	**2000**	**2008**
World	90	78	65	62	54	45	73	72	83
Developing Regions	100	86	72	68	59	49	71	70	81
Northern Africa	80	46	29	61	38	25	85	93	92
Sub-Saharan Africa	184	166	144	108	98	86	57	55	72
Latin America & Caribbean	52	33	23	42	28	19	76	92	93
Eastern Asia	45	36	21	36	29	18	98	85	94
Eastern Asia ex. China	32	28	27	25	22	21	95	88	95
Southern Asia	**121**	**97**	**74**	**87**	**71**	**56**	**57**	**58**	**75**
Southern Asia ex. India	**132**	**105**	**85**	**96**	**78**	**64**	**60**	**68**	**87**
South-Eastern Asia	73	50	38	50	37	29	70	80	88
Western Asia	66	44	32	52	35	26	79	84	83
Oceania	76	66	60	56	50	46	70	68	58

South Asian countries suffer from the second highest child mortality rates in the world, with over 7% of children dieing before there 5th birthday. The progress over the last twenty years has been of insufficient speed to achieve the target of reducing by two thirds the child mortality rate by 2015. Although this is disappointing, the child mortality rate has still been cut drastically, and the proportion of children being immunised has increased rapidly in the last 10 years. In particular, if you exclude India from the analysis the proportions of immunised children in South Asia are higher than the average for developing regions.

	Deaths of children before reaching 5 per 1,000 live births					Deaths of children before reaching 1 per 1,000 live births				
	1990	1995	2000	2005	2008	1990	1995	2000	2005	2008
Afghanistan	260	257	257	257	257	168	165	165	165	165
Bangladesh	149	122	91	66	54	103	86	67	51	43
Bhutan	148	125	106	90	81	91	79	68	59	54
India	116	104	94	77	69	83	75	68	58	52
Maldives	111	83	55	36	28	79	62	43	30	24
Nepal	142	117	85	62	51	99	83	63	48	41
Pakistan	130	121	108	96	89	101	94	85	76	72
Sri Lanka	29	25	21	17	15	23	21	17	15	13

At the individual country level there have been some success stories. Bangladesh is well on track to reduce child mortality by two thirds, and the Maldives and Nepal have already surpassed this level. Progress has been more modest in other countries. Afghanistan, perhaps unsurprisingly for a country blighted by decades of war, has almost a quarter of its children dieing before they are five years old.

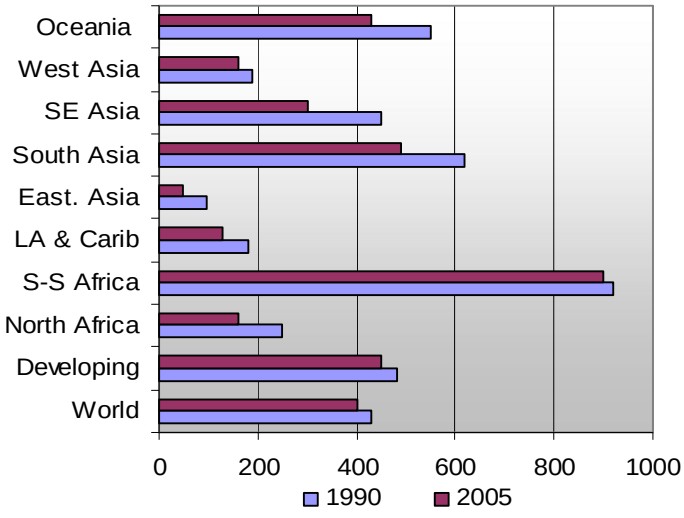
Children 12-23 months who received at least one dose of measles vaccine (Average, %)



The other indicator of child health relates to the proportion of children receiving the measles vaccine. Every country with the exception of India, has seen huge improvements in regards to this indicator. Even Afghanistan has managed to more than double the proportion of children receiving the vaccine, from 30% to 65%. India, on the other hand has only managed a 6 percentage point increase, from 60% to 66%, and is the only country apart from Afghanistan to have less than 75% of its one year olds immunized against measles in South Asia. This is a particularly damning statistic considering the cost immunising an individual against measles is only RS 50-100 per child in India.

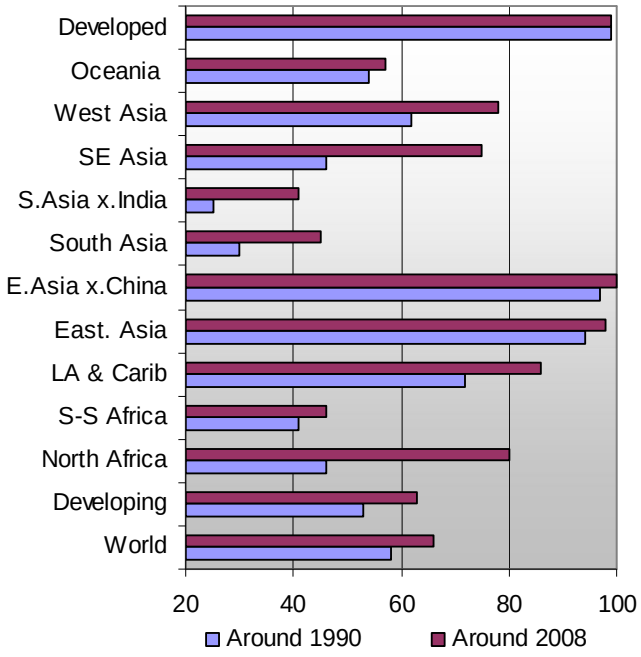
GOAL 5: IMPROVE MATERNAL HEALTH

Target 1: Reduce by three quarters the maternal mortality ratio.



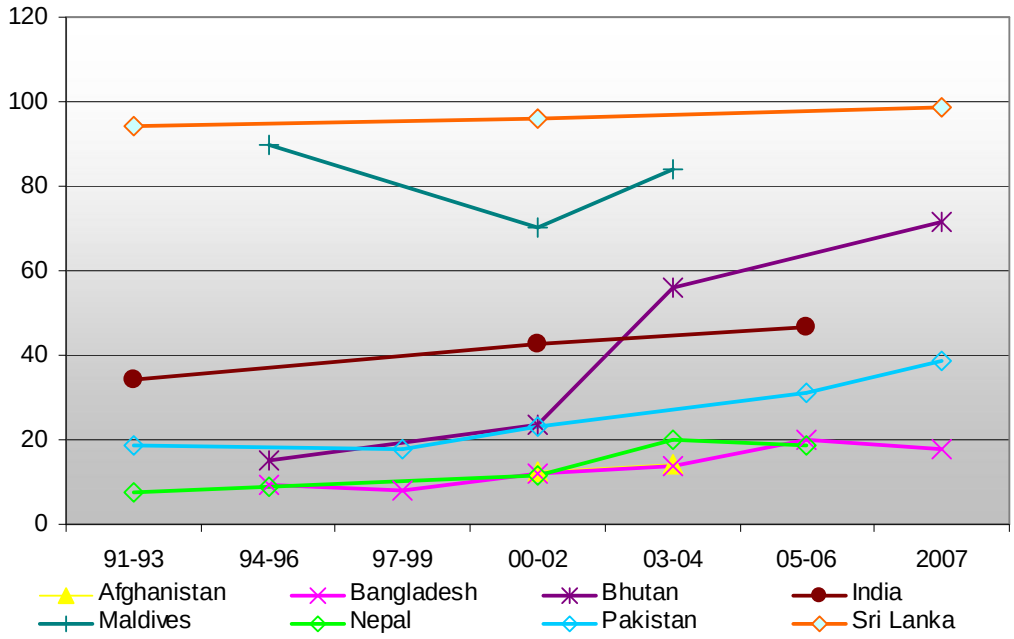
South Asia is one of the most dangerous regions to give birth in the world. Not only is the maternal mortality rate the second highest in the world (490 per 100,000 in 2005) after Sub-Saharan Africa, less than half of all births are attended by a skilled healthcare personnel – the lowest rate in the world. As usual the poor suffer the most - the richest households are five times more likely to be attended by trained healthcare workers at delivery than a poor household. Rural/ Urban disparities also exist in Southern Asia, although they have lessened somewhat. In 1990 urban women were three times more likely as their rural counterparts to receive professional care at childbirth. However by 2008 they were only twice as likely to receive such care. Within South Asia Hemorrhage is the leading cause of death during childbirth. Afghanistan has a shockingly high proportion of maternal death– 1.8% in 2005. The rest of South Asia is thankfully nowhere near this level. Only Bangladesh (0.57%) and Nepal (0.83%) have maternal mortality levels higher than 0.5%. Sri Lanka has the lowest rate (0.058%).

Births attended by skilled health personnel (%)



Despite the low numbers of births attended by a health care professional in South Asia as a whole there have been some success stories at the individual country level (see chart below). Bhutan has seen the largest increase, with over 70% of births attended in 2007, compare with less than 15% in 1994. Sri Lanka and the Maldives performance in his regard are the only other bright spots, with 98.5% and 84% of births being attended respectively, although the Maldives has seen a drop from 90% in 1994. Bangladesh, Pakistan and Nepal have all at least doubled the number of births being attended by health care personnel. However, they still remain below 40% attendance in all cases.

Births attended by skilled health personnel, percentage



Target 2: Achieve universal access to reproductive health.

The UN classifies the people of South Asia as having 'moderate access' to reproductive health. Having access to reproductive health does not necessarily mean it will be utilised, however. The contraceptive prevalence rate attempts to capture the percentage uptake of contraceptives, however, it actually measures uptake and availability. Of those not using contraceptives the reason may be lack of difficulty in purchasing them (due to lack of availability in rural areas or stigmatisation), or prohibitive price (as even cheap contraceptives

may take up a large proportion of income for those living below or close to the poverty line). The term contraceptive also includes traditional measures which may not be very effective.

	Contraceptive prevalence rate (%) [1]		Unmet need for family planning		Adolescent birth rate [2]		Antenatal care coverage. At least:		
							1 visit		4 visits
	1990	2007	1990	2007	1990	2007	1990	2008	2008
World	55	63	13	11	60	48	64	80	47
Developing Regions	52	62	14	11	65	52	64	80	47
Northern Africa	44	60	20	10	43	31	46	78	58
Sub-Saharan Africa	12	22	27	25	124	121	67	76	44
Latin America & Caribbean	62	72	16	11	91	74	79	94	84
Eastern Asia	78	86	3	2	15	5	80	91	
Eastern Asia ex. China	74	76			4	3			
Southern Asia	**40**	**54**	**18**	**15**	**89**	**53**	**48**	**70**	**36**
Southern Asia ex. India	**30**	**49**	**24**	**21**	**123**	**71**	**22**	**58**	**34**
South-Eastern Asia	48	62	15	11	53	44	72	93	75
Western Asia	46	55	16	12	62	53	53	79	
Oceania	28	28			83	61			56
Developed Countries	70	71			29	23			
Least Developed Countries	17	31	26	24	133	121			

1. Percentage using contraception among women aged 15-49 who are married or in union
2. Births to women aged 15-19 years old per 1,000 women

South Asia shows an improvement of 14 percentage points in contraceptive usage since 1990, to 54%. There is difficulty interpreting this figure however as it does not take into account whether people are trying for a baby, have access or can afford contraceptives and the quality of contraceptive technique used. This has also been an area of difficulty for interviewers in eliciting a truthful response, as many are unwilling to talk of such matters, meaning underreporting of figures is common.

A measure related to contraceptive prevalence rates is the percentage unmet need for family planning. This is where a sexually active woman of reproductive age expresses a desire to delay having a child, or not have a child at all, but is not using any contraception. Increasing a woman's access to family planning would help improve maternal health and reduce the number of maternal deaths, about 13% of which are as a direct result of unsafe abortions. It would decrease pregnancies amongst adolescents and help to space pregnancies further apart, increasing the chances of a child surviving. Once again small improvements have been made in this area, although South Asia is the second worst performing region in the world for this indicator (to Sub-Saharan Africa), with almost 15% of women who require contraception not receiving it.

Contraceptive use among married women				**Unmet need for family planning %**		
Country	1991-96	1997-03	2004-08	1991-96	1997-02	2003-07
Afghanistan		7.6	16.1			
Bangladesh	42.3	51.5	57.0	19.4	15.5	14.2
Bhutan	18.8	30.7				
India	40.7	49.4	56.3	16.5	15.8	16.9
Maldives	23.0	42.0	39.0			
Nepal	25.6	38.3	43.2	29.5	27.8	24.6
Pakistan	17.2	27.9	27.5	31.8	35.2	24.9
Sri Lanka	66.1	70.0	68.0		18.2	

At the country level Unmet need for Family Planning, which is perhaps a better indication of

the use of contraceptives for reasons outlined above, has shown moderate declines in all countries apart from India, which as actually seen an increase to 16.9% averaged over the years 2003-2007. However contraceptive use amongst married women has increased markedly in India over the same period, suggesting the possibility that the increase in the unmet need for family planning coming from unmarried women. The related indicator of contraceptive use increased in most South Asian countries between 1991 and 2003. Worryingly since then it has suffered stagnation and even reversal in Pakistan, Sri Lanka and the Maldives.

In South Asia the adolescent birth rate has dropped quicker than in any other region in the world since 1990 with the exception of East Asia, from 89 in 1990 to 53 in 2007 (per 1000 births), and is now on a comparable level to all developing regions. Within South Asia there have been some exceptional reductions in adolescent pregnancies. Bhutan has more than halved its rate, and Pakistan and the Maldives have reduced there rates by over two thirds. Unfortunately there has been no progress in Nepal, and little progress in Bangladesh. These two countries, along with Afghanistan have more than 10% of all their births by adolescents.

	Antenatal care at least one visit			**Adolescent birth rate**		
Country	1991-96	1997-02	2003-07	1990-95	1996-02	2003-07
Afghanistan		36.9	16.1		151.1	
Bangladesh	25.7	33.1	46.8	165.1	140.6	134.1
Bhutan		51	88	120.1	61.8	46.3
India	61.9	63.4	74.2	76.0	51.5	47.2
Maldives		81		85.4	40.0	16.3
Nepal	19.5	27.4	43.7	108.8	116.1	108.2
Pakistan	25.6	32.4	48.4	73.4	39.9	22.1
Sri Lanka	80.2	94.5	99.4	31.9	30.6	28.6

Adolescents giving birth face greater difficulties than adults before, during and after pregnancy. Institutionalised sexual education is rare – leading to a lack of a clear understanding of how pregnancy occurs in some adolescents. The inability of many adolescents to support themselves financially during pregnancy and the potential for stigmatisation by family and community increases poverty and has a negative effect on the health of the mother and her child. As shown earlier the youth unemployment rate is much higher than that of the general population. Thus after giving birth adolescents will find it more difficult to gain employment. Those without family support may struggle financially. The mother and child may have to work, and thus their education and future prospects may suffer as a result.

The final measure of maternal health refers to the number of visits pregnant women receive from health care specialists during the course of their pregnancy. World Health Organisation guidelines state that at least four antenatal visits should occur during the course of a pregnancy, in order to enable women to receive important services such as vaccinations, and treatment for infections and life-threatening complications. In South Asia only 36% of women get the recommended 4 visits, the lowest percentage in the world. Amongst rural women in South Asia the share is even lower, at only 25%. The proportion of women receiving one visit have improved somewhat, from 48% in 1990 to 70% in 2008, although this is still the lowest percentage of any region in the world. Within South Asia Afghanistan has seen a halving of the percentage of women receiving Antenatal care, from 37% to 16%, the lowest in the region. Other countries in South Asia have fared better with around 15 - 25 percentage point increases in all countries. Bangladesh, Nepal and Pakistan have particularly low levels of antenatal care despite the gains made - 50% of women in these countries still don't receive any Antenatal visits at all.

GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

Target 1: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Globally the spread of HIV appeared to peak in 1996. South Asia seems to be following a similar trend, with 2002 being the high point for HIV prevalence in the region. This is one area in which South Asia has a good record, with a lower prevalence (0.2%) on average than in developed countries (0.4%) in 2008. The proportion of women infected is also particularly low, at only 29% (2008).

	1990		2002		2008	
	HIV % [1]	Women % [2]	HIV % [1]	Women % [2]	HIV % [1]	Women % [2]
Developing Regions	0.3	51	0.9	53	0.8	53
Northern Africa	<0.1	28	<0.1	30	0.1	31
Sub-Saharan Africa	1.9	57	5.3	58	4.7	58
Latin America & Caribbean	0.3	29	0.6	32	0.6	33
Eastern Asia	<0.1	29	0.1	27	0.1	27
Eastern Asia ex. China	<0.1	29	0	30	0	31
Southern Asia	**<0.1**	**31**	**0.3**	**42**	**0.2**	**43**
Southern Asia ex. India	**<0.1**	**23**	**0.1**	**28**	**0.1**	**29**
South-Eastern Asia	0.2	43	0.3	44	0.4	40
Western Asia	<0.1	29	0.1	30	0.1	30
Oceania	<0.1	29	0.6	30	0.9	30
Developed Countries	0.2	15	0.4	20	0.4	21
Least Developed Countries	1.4	55	2	58	1.8	58

1. Estimated adult (15-49) HIV prevalence (%)
2. Adults (15+) living with HIV who are women (%)

Although these results are promising, there are still several causes for concern and the very real threat that the HIV could spread quickly in the future without the proper interventions. Condom use amongst high risk groups remains low in South Asia, with only 22% of women and 38% of men aged 15 -24 using a condom during 'high risk' sex (a sexual encounter with a person who wasn't their regular partner). Furthermore only 17% of men and 22% of women aged 15-22 had correct knowledge of how to prevent HIV infection, and that a healthy looking person could transmit the AIDS virus.

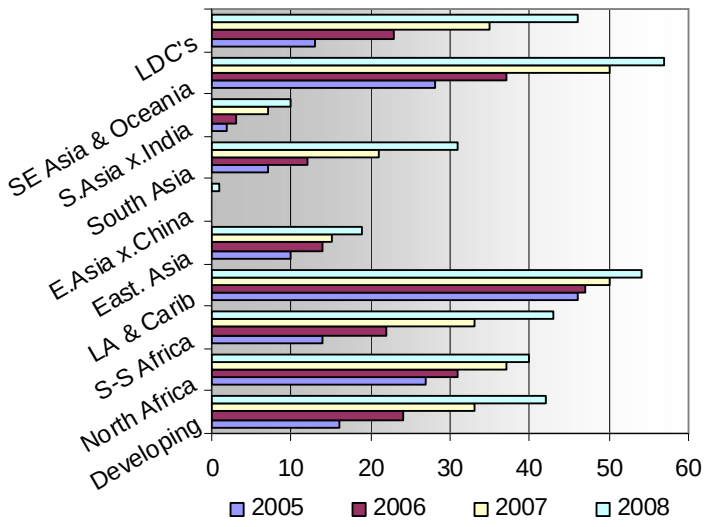
Lack of data severely hampers any effort to understand the situation at the country level, with only India collecting data on all the MDG indicators relating to HIV/AIDS. This coupled with social stigmatisation, lack of knowledge (even amongst many doctors), and the fact that many people are unaware that they are living with HIV means there is no guarantee that the reported figures are correct. Only India has seen any fall in the number of people living with HIV. However, as HIV is incurable, these figures suggest that between 2001 and 2007 over two and a quarter million people with HIV died in India.

People living with HIV, 15-49 years old, percentage		
Country	2001	2007
Bangladesh	0.101	0.101
Bhutan	0.101	0.1
India	0.5	0.3
Maldives	0.101	0.101
Nepal	0.5	0.5
Pakistan	0.1	0.1
Sri Lanka	0.101	0.101

Target 2: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

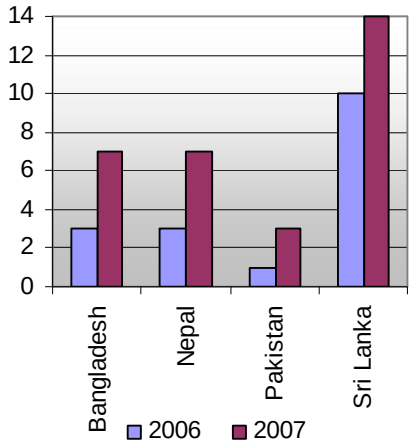
Once contracted there is no cure for HIV, although if diagnosed early and treated with modern drugs a HIV positive persons survival could be as high as 32 years after infection. Without treatment the median survival rate is 9-10 years. Unfortunately current HIV medication is expensive and has many side effects.

Antiretroviral therapy coverage among people with advanced HIV infection (%)

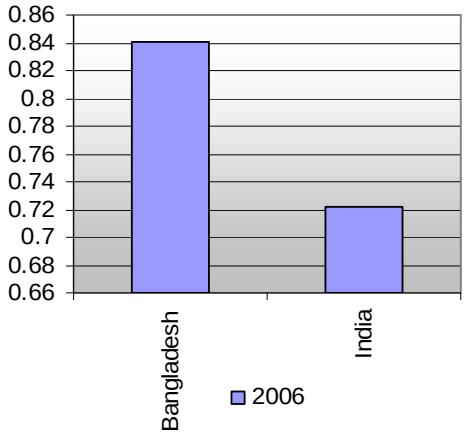


There has been a steady year on year increase in the availability of antiretroviral therapy coverage amongst people with advanced HIV infection, although at only 31% in South Asia this is clearly still too low. At the country level the figures are even more alarming, with only Sri Lanka (at 14%) having more than 10% antiretroviral therapy coverage for those at the advanced stages of HIV.

Antiretroviral therapy coverage among people with advanced HIV infection (%)



Ratio of school attendance rate of orphans to school attendance rate of non orphans



The shocking lack of available HIV treatment has impacts that go beyond the individual's health. HIV positive people are more likely to become ill and thus miss work. The negative income shocks suffered as a result serve to increase poverty. This is exacerbated by an increased proportion of income spent on medicines, and household members taking time off work in order to care for the HIV positive person. Coping strategies including the sale of assets, which decreases wealth and increases vulnerability and poverty. For farm households labour may have to be hired in, or alternatively crop area reduced. Effects at the household level vary depending on who contracts HIV. The death of the male household head often causes changes in cropping patterns (more food and less cash crops), reductions in off farm income and changes in the number of household members. Wives that survive their husbands but also have HIV may find their homes and assets appropriated by the husband's family or others, due to lack of clear property rights and the inconsistent application of law to women. For children orphaned due to AIDS the situation is even worse, as they are less likely to receive a formal education than those with one or more parents, reducing future employment prospects.

Target 3: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

According to official figures South Asia does not suffer from a high incidence of Malaria, with just over 1% of the population contracting malaria in 2008 and less than 0.001% of the population dieing as a result. Children are the most at risk of malaria, with a mortality rate almost 4 times as high as the adult rate. However there is evidence to suggest that underreporting of cases is common, specifically in India, as many of the job positions responsible for the surveillance of the disease are unfilled. The result is a malaria rate that may be up to ten times as high as the official rate. Thus the results presented here should be interpreted with some caution.

Malaria in 2008	**New cases per 1,000 population**	**Deaths per 100,000 of population**	
	All ages	All ages	Children under five
Developing Regions	71	25	192
Northern Africa	0	0	0
Sub-Saharan Africa	294	112	587
Latin America & Caribbean	8	1	2
Eastern Asia	<1	<0.5	<0.5
Eastern Asia ex. China	6	0	0
Southern Asia	**13**	**2**	**7**
Southern Asia ex. India	**13**	**2**	**8**
South-Eastern Asia	26	5	14
Western Asia	4	1	3
Oceania	173	34	100
Least Developed Countries	182	71	391

Within South Asia some countries are far more susceptible to malaria than others to due to location and geographical features. Afghanistan, Bangladesh India and Pakistan are particularly prone to malaria outbreaks, although well below 1% of those who contract the disease die from it. This is in contrast to Sri Lanka, Bhutan and Nepal, where despite very low malaria incidence rates the mortality rates remain proportionately high. Within countries malaria disproportionately affects the poor and the young, who often sleep outside without nets for protection. Once they contract malaria they are also the least able to afford medical assistance, and thus are the most likely to perish.

Malaria	**New cases per 100,000 population**	**Death's per 100,000 population**	
	All ages	All ages	0 - 4 years old
Country	2008	2008	2008
Afghanistan	2428	3	3
Bangladesh	1510	3	2
Bhutan	100	3	3
India	1124	2	1
Nepal	103	3	3
Pakistan	881	1	3
Sri Lanka	21	3	3

Tuberculosis is even more deadly than malaria – killing the second highest number of people worldwide after AIDS. TB occurs primarily in areas with high levels of poverty and/or poor living conditions. The tragedy of tuberculosis, like malaria, is that despite the fact it is curable and preventable millions still die as a result of a lack of access to good quality medical care.

Although South Asian countries have not managed to stop people getting TB (with around 170 new cases per 100,000 each year), they have managed to improve its treatment,

resulting in the number of people with TB and its mortality rate falling by over a third. Although this sounds impressive, every other developing region (excluding Sub-Saharan Africa) reduced the number of those with and dieing from TB faster than South Asia over the same time period.

Tuberculosis	**Number of new cases per 100,000 population (including HIV infected)**			**Number of existing cases per 100,000 population (including HIV infected)**			**Number of deaths per 100,000 population (excluding HIV infected**		
	90	00	08	90	00	08	90	00	08
World	130	140	140	250	220	170	30	27	21
Developing Regions	150	160	160	310	270	210	38	32	25
Northern Africa	59	48	43	80	33	27	11	5	4
Sub-Saharan Africa	180	320	350	300	480	490	33	50	52
Latin America & Caribbean	90	61	46	150	66	40	17	6	5
Eastern Asia	120	110	100	270	210	90	31	26	12
Southern Asia	**170**	**170**	**170**	**380**	**270**	**220**	**45**	**33**	**28**
South-Eastern Asia	**240**	**230**	**220**	**440**	**460**	**290**	**56**	**56**	**37**
Western Asia	58	48	34	83	59	40	9	7	5
Oceania	200	190	190	430	130	110	50	19	17
Developed regions	28	20	13	29	14	9	3	1	1
Least Developed Countries	220	270	280	430	490	420	50	56	50

Much of the improvement in the TB survival rate has come as a result of new medicines and procedures and the pursuit of the Directly Observed Therapy Short Course (DOTS) by the WHO. The numbers detected under this regime have increased by 30 percentage points from 37% to 67%, whereas the success rate of the treatment has more than doubled (to 88%). In fact the improvement in detection and treatment means that South Asia is on course to reach its MDG target of halting and reversing the spread of TB if current trends persist.

Proportion of tuberculosis cases detected and cured under directly observed treatment short course

	Detected, percentage		**Treatment success, percentage**	
	2000	**2008**	**2000**	**2007**
World	40	62	69	86
Developing Regions	39	61	69	87
Northern Africa	89	86	88	87
Sub-Saharan Africa	39	46	71	79
Latin America & Caribbean	70	77	76	82
Eastern Asia	33	72	92	94
Southern Asia	**37**	**67**	**42**	**88**
South-Eastern Asia	**40**	**66**	**86**	**89**
Western Asia	52	65	77	86
Oceania	31	32	76	46
Developed regions	87	92	66	61
Least Developed Countries	35	49	77	85

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Target 1: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Of all the MDGs ensuring environmental sustainability is arguably the most important of all, as without a suitable environment life could not be sustained. Target one can be broadly be split into three parts – land, air and water.

Land: South Asia does not have as much forest coverage (14.1% of land area) as most other regions of the world. It has however managed to slightly increase the coverage of forest (to 14.5% of land area) during a time when the rest of the world has seen reductions, due mainly to logging and forest fires in some regions. All of this increase has come from only two countries, India and Bhutan, both of which have comprehensive re-forestation programs. Every other country has seen a drop in the amount of land covered by forest, with Nepal (8.3 percentage points) and Sri Lanka (6.5 percentage points) losing the most proportionately.

Air: The air is a common resource and a public good. As such when an individual, organisation or country pollutes the air everyone shares in the cost, regardless of the country of origin. This leads to overuse of the resource. The Stern Review on the Economics of Climate Change calls this 'the greatest example of market failure we have ever seen'. Unsurprisingly CO2 levels continue to rise worldwide, with a more than doubling of total CO2 emissions in South Asia, from 1009 tons in 1990 to 2326 tons in 2007 – the second highest increase of all developing regions after East Asia. The rapid increase in pollution is being driven by the increased demand for energy, which itself is a result of high levels of economic growth. Emissions per person have also increased, although at a slower rate than total emissions. Interestingly the rate of emissions per $1PPP has decreased by over 10%, suggesting an improvement in the efficiency of energy use.

At the country level most of the increase in emissions comes from India, which produces more than ten times the total amount of CO2 than the next biggest polluter in South Asia, Pakistan. Taking population into account a different picture emerges, with the Maldives producing more than double the CO2 per person compared to India. If we alternatively look at the amount of CO2 emitted per $1 GDP (PPP), which is a measure of efficiency, we notice that the Maldives is again polluting the most and this level is increasing, whereas India has seen an improvement in efficiency since 1990.

Another important indicator in regards to the Air is the usage of Ozone depleting substances. Although they have almost been eliminated worldwide, use of these substances in South Asia continues to fluctuate somewhat, with production falling to 4857 metric tons in 2008 from 28161 metric tons in 2000. This level is still above the 3338 tons emitted in 1990 though.

Water: The monitoring of this indicator is hampered by a lack of available data, specifically at the country level. Southern Asia's proportion of total water resources used (27%) is relatively low compared to Northern Africa (77%) and Western Asia (48%). This is reflected in the country level data with the exception of Pakistan, which was using 75% of its total water supply in the year 2000. This is worrying as any future economic or population growth is likely to be constrained through lack of water, limiting the ability of the country to alleviate itself from poverty.

Target 2: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

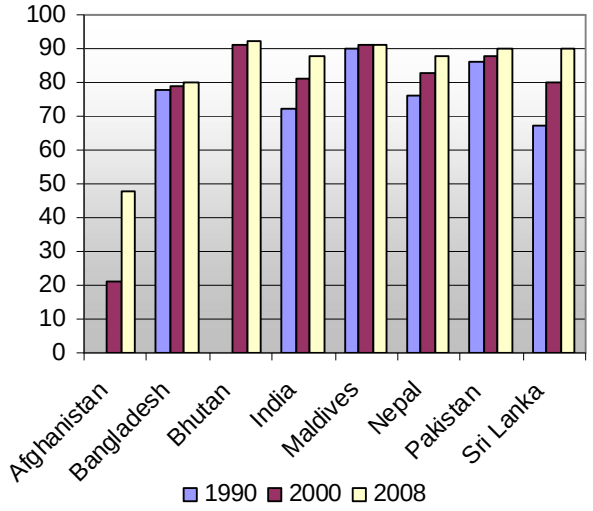
Biodiversity is the variation of life forms within an ecosystem. The world is currently undergoing the fastest loss in biodiversity in human history, much of it as a result of human action. Protected marine and terrestrial areas have been set up in an attempt to reduce biodiversity loss. However the areas covered are small and contributing factors such as air pollution do not respect their boundaries, limiting their effectiveness. In South Asia only 6.4% of terrestrial areas, and 1.6% of marine areas are protected, two of the smallest proportions in

the world. However Bhutan (28%) Nepal (17%) and Sri Lanka (14.5%) have protected relatively large areas of there marine and terrestrial areas.

Unsurprisingly due to the destruction of habitats, increasing pollution, human overpopulation and over-harvesting a large proportion of species are threatened with extinction - 4% of birds and 14% of mammals are likely to become extinct in South Asia in the near future. These percentages do however compare favourably with the rest of the world, where 7% of birds and 15% of mammals are at risk.

Target 3: Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation

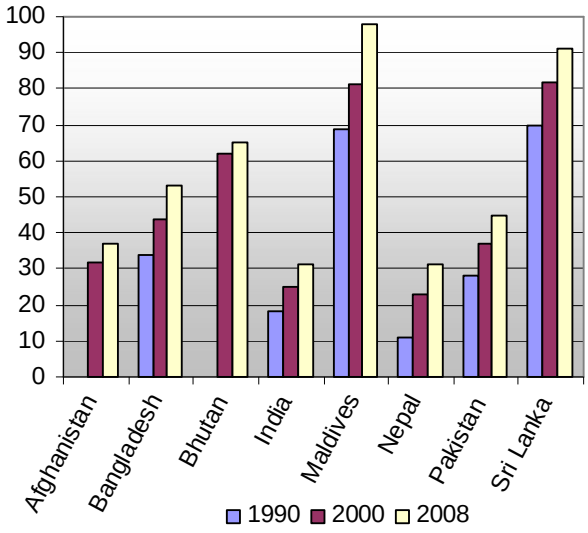
Proportion of the population using improved drinking water sources, total



Safe water supplies are essential to limit the burden of water borne diseases, such as Polio and Hepatitis A. Most of the progress in South Asia has been made in rural areas, which now has 83% of the population utilising improved water facilities, compare with only 69% in 1990. Urban areas have seen only a small improvement (4 percentage points) to 95% in 2008. These improvements have been made despite problems with naturally occurring inorganic arsenic in Bangladesh and in other parts of South Asia, and with fluoride in India. At the country level Afghanistan has improved access to drinking water sources the most, from only 3% using an improved drinking water source in 1995 to 48% using one in 2008. Sri Lanka is the other big success story, with 90% of its population being served by improved sources, compared to 69% in 1990. The region as a whole is on course to reach the MDG target if trends persist.

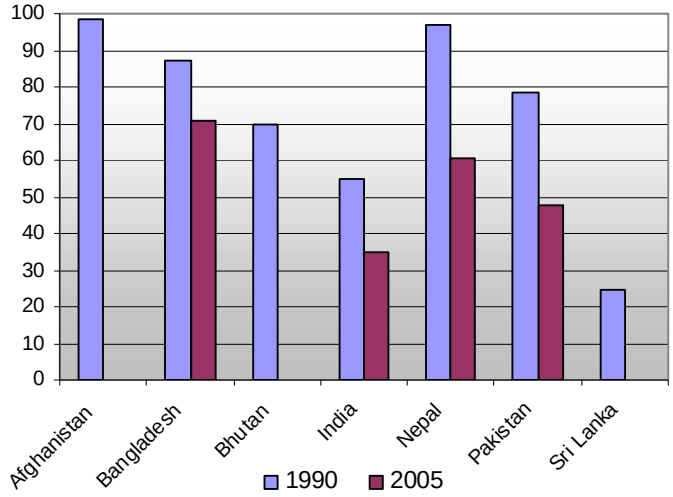
Proportion of the population using improved sanitation facilities, total

Movement towards improved sanitation facilities in South Asia has also been made primarily in rural areas (a 13 percentage point increase, to 26% in 2008) as oppose to in urban areas (a 1 percentage point increase, to 57% in 2008). Despite this improvement South Asian countries still have the second lowest levels of sanitation in the world. Also, the most dangerous sanitation practice in terms of human health, open human defecation, is also most highly practiced in South Asia of all world regions (by 44% of the population). Within South Asia only the Maldives and Sri Lanka have high levels of sanitation (90% plus), with over half the population in India, Pakistan, Afghanistan and Nepal not having access to improved facilities. The region as a whole has not seen fast enough improvements in this area to reach its MDG target by 2015.



Target 4: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.

Slum population as percentage of urban, percentage



Slum dwellers are classified as living in households with at least one of the four characteristics: lack of access to improved drinking water, lack of access to improved sanitation, overcrowding (three or more persons per room) and dwellings made of nondurable material. Despite large reductions (from 57% in 1990) across Southern Asia, 35% of those living in urban areas still live in a slum, the second highest percentage in the world.

Goal 8: Develop a Global Partnership for Development

Not applicable to South Asia