Asia-Pacific Population and Development Report 2023



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Foreword



Asia and the Pacific – home to 60 per cent of the global population – has been at the forefront of significant demographic changes. Since the first Asian Population Conference, in New Delhi, in 1963, most countries have transitioned from high to low fertility and mortality, coupled with increased migration and more people living in urban areas.

Over the past decades, Asia and the Pacific has made much progress in terms of improvements in health, nutrition, sanitation, education and housing, as well as poverty eradication. These changes are a cause for celebration; but now, the region stands at a crossroads. Emerging demographic trends, such as population ageing, low fertility and increased migration – coupled with the challenges of socioeconomic inequalities and vulnerabilities, and the impact of climate change, disasters, conflicts, the COVID-19 pandemic and digital transformation – increase the need for countries to take urgent action.

Rather than focusing on one population and development challenge or opportunity at a time, efforts should be made to address interlinkages and consider how action (or inaction) today affects outcomes for current and future generations. As life expectancies increase, more people of different age groups are living together for longer periods, making intergenerational relations a must for an inclusive future where no one is left behind. Forward-looking policies are needed to deliver prosperity to all members of present and future generations.

Given the complexity of demographic trends and their interrelations with other socioeconomic developments, we must pursue a holistic, rights- and evidence-based approach to population dynamics and sustainable development. This also needs to be gender sensitive, while including life course and intergenerational perspectives.

The *Asia-Pacific Population and Development Report 2023* was prepared in conjunction with the Seventh Asian and Pacific Population Conference (APPC). It brings together the latest evidence on the priority actions of the Asian and Pacific Ministerial Declaration on Population and Development (APMD), with a particular focus on SDG indicators. It also presents good practices and lessons learned identified by member States and civil society organizations, based on responses to the voluntary national APPC survey and informed by research findings on key population and development issues. Moreover, it provides forward-looking recommendations to guide the continuing implementation of APMD and the Programme of Action of the International Conference on Population and Development in Asia and the Pacific. The report is intended as a resource to support countries in the region in developing inclusive and sustainable population and development policies and guiding discourse on the topic.

In this spirit, ESCAP hopes that the *Asia-Pacific Population and Development Report 2023* will contribute to wider discussion and understanding of population and development issues in Asia and the Pacific, and beyond.



Armida Salsiah Alisjahbana
Under-Secretary-General of the United Nations and Executive Secretary of ESCAP

Foreword



Out of the 8 billion global population today, almost 60 percent live in the Asian and Pacific region. For this large group of people, considerable progress has been achieved in promoting the population and development agenda in the region for many years. Life expectancy has increased due to the overall improvement in health. Increased access to education and sexual and reproductive health, especially for women and girls, has led to a reduction in maternal deaths and in adolescent pregnancy rates. Poverty has declined. In addition, women's participation in economic development has increased due to improvements in gender equality and women's empowerment.

However, progress has not been linear, equitable nor irreversible and severe disparities continue to exist. Crises caused by climate change, conflict and pandemics are exacerbating the disparities and impacting the health and well-being of the most vulnerable, including women and girls. This makes achieving gender equality and protecting sexual and reproductive health and rights more challenging. In addition, demographic changes in the region — such as population ageing, low fertility, migration, and growing urbanisation — are requiring a shift in our approach to population development.

Within this context, it is of paramount importance to design and implement population-centred development policies that start with people and securing their dignity and rights. Among other interventions, the adoption of a comprehensive life-cycle approach to policies and development plans is required, where investments are made at every stage of an individual's life - from safe birth, to adolescence, to adulthood and beyond reproductive age - and where we continue to see longevity as a success rather than a crisis.

This report brings together the latest evidence on population and development issues in Asia and the Pacific that was discussed during the Seventh Asian and Pacific Population Conference. It not only provides the evidence base for forward-looking policymaking on how we collectively deliver a better present and future, but also includes recommendations for how to address the challenges of the region. UNFPA hopes that this report will be widely disseminated, stimulate further regional cooperation and innovative thinking, and be instrumental in accelerating progress toward the achievement of the ICPD Programme of Action.



Pio Smith
Regional Director for UNFPA Asia and the Pacific

Executive summary

About 4.7 billion people, or 60 per cent of the world's population, currently reside in Asia and the Pacific. That number is projected to increase to 5.2 billion by 2050. Population dynamics in Asia and the Pacific are driving population trends at the global level. What countries in the region decide to do to advance the population and development agenda will leave its imprint on any future development agenda.

In 1963, countries from the region convened in New Delhi to hold the first Asian Population Conference. In 1967, ESCAP member States decided, by resolution 74 (XXIII), to establish the Asian Population Conference as a statutory organ of the Commission. The Conference was mandated to be convened every ten years, synchronizing with the decennial population and related censuses, for the consideration of all aspects of population issues and of their impact on economic and social development.

Since then, the Asian and Pacific Population Conference has been held almost every ten years. In 2013, ESCAP member States adopted the Asian and Pacific Ministerial Declaration on Population and Development (APMD). This promotes a people-centred, rights-based, gender-sensitive and non-discriminatory approach. It is closely aligned with the 1994 Programme of Action of the International Conference on Population and Development (ICPD). In 2020, at its sixth session, the ESCAP Committee on Social Development endorsed the Asia-Pacific indicator framework for voluntary monitoring of progress towards the implementation of the ICPD Programme of Action and the commitments contained in APMD. The framework is based on Sustainable Development Goal (SDG) indicators. In preparation for the Seventh Asian and Pacific Population Conference in 2023, a voluntary national survey was sent to all ESCAP members and associate members to help countries assess the implementation of APMD.

This report has been prepared in conjunction with the Seventh Asian and Pacific Population Conference, in 2023. It brings together the latest evidence on the priority actions of APMD, with a particular focus on SDG indicators, good practices and lessons learned by member States and civil society organizations, based on responses to the voluntary national Asian and Pacific Population Conference survey and research findings on key population and development issues. Furthermore, it provides specific forward-looking recommendations to guide the continuing implementation of APMD and the Programme of Action in Asia and the Pacific. The report is intended as a resource and guide to support countries in the region in developing future inclusive and sustainable population and development policies.

The report is structured according to the following 11 priority actions identified in APMD:

- Poverty eradication and employment
- Health
- Sexual and reproductive health, services and rights
- Education
- Gender equality and women's empowerment
- Adolescents and young people
- Ageing
- International migration
- Urbanization and internal migration
- Population and sustainable development
- Data and statistics

Poverty eradication and employment

Despite declines in poverty across the region, disparities continue and, in many countries, have been exacerbated. In some, poverty rates have stagnated or increased. At the subnational level, differentials in poverty are often stark. This includes urban-rural dynamics and disparities, with rural poverty generally greater than urban poverty.

Productive and decent work for all, in particular for women, remains a challenge and affects poverty. In many countries, female labour force participation is low, and women are primarily concentrated in the informal sector. Moreover, women do most unpaid domestic and care work and are more susceptible than men to job loss and loss of access to government financial support. Youth unemployment is generally much higher than unemployment among those aged 25 years or older. Coverage of social protection is uneven across the region, and women and marginalized groups are often particularly affected, given a lifetime of gender inequality.

The region's working-age population, those between 15 and 64 years of age, is projected to peak at 3.3 billion in the mid-2030s. Between 2023 and 2050, its size is projected to shrink in 20 countries and areas. Unless appropriate labour and social policies are enacted and implemented, considerable economic impacts are inevitable.

Health

The Asia-Pacific region has experienced significant improvements in overall health. Life expectancy at birth has increased by 32 years, from 42.9 years in 1950 to 74.9 years in 2023. Over the past decade, and COVID-19 notwithstanding, the core measures of mortality have continually improved.

Yet, the gap between countries and areas with the highest and lowest life expectancies at birth is almost as great as the gap at the global level. While overall life expectancy is improving, chronic diseases, like heart disease and type 2 diabetes, have become more common and have replaced infectious diseases as the primary cause of ill-health, disability and death (the epidemiological transition). Chronic diseases are both preventable and reversible through dietary and lifestyle changes.

Significant subregional differences in excess deaths attributable to COVID-19 as a percentage of total deaths have been recorded, with some countries in North and Central Asia being hit particularly hard. Beyond mortality, many people still suffer from long COVID, and the related mental health costs associated with loneliness, stress and anxiety have been high.

There have been significant reductions in infant and child health. Maternal mortality has also declined in most countries of the region. However, it remains high in several others, often linked to the overall low level of education of the population, urban/rural residence differentials and poverty.

Mostly, more-developed countries in the region have achieved Universal Health Coverage Service Coverage Index values1 of over 75, on average. Other countries remain far from achieving the SDG universal health coverage target value of 100 by 2030, with many having coverage values below 50. Due to lack of universal health coverage, many people in the region experience financial hardship. It often affects older persons, in particular older women, who generally outlive men.

Increases in long-term chronic illnesses place greater burdens on health-care systems. These increases, coupled with higher absolute and relative numbers of older persons and the associated growth in long-term and social care needs, are resulting in sustainable health financing challenges. Telehealth systems can offset certain costs and increase access, as long as there is no digital divide between subpopulations.

Sexual and reproductive health, services and rights

The region has experience progress in reaching universal access to comprehensive and integrated quality sexual and reproductive health services, enhancing and respecting reproductive rights, reducing maternal mortality and integrating gender-based violence responses into sexual and reproductive health services. Total fertility has declined and, in some countries, rates are now among the world's lowest, being well below 1 child per woman. More broadly, rates are considerably below 2 children per woman both in historically low-fertility countries and in middle-income countries. However, in several other countries, total fertility rates remain high. There are also significant subnational disparities in fertility, with women in rural areas and in the poorest wealth quintile often having significantly higher fertility rates than other women. Moreover, in recent decades, much progress has been achieved in reducing the rate of births among adolescent mothers, but in many countries, such rates remain high and have stagnated. Early childbearing is generally most common among the poorest, least educated girls in rural communities, underscoring the importance of ensuring that sexual and reproductive health programmes reach those left behind.

Falling fertility rates can be viewed positively as an indicator of increasing reproductive autonomy. However, in many low-fertility societies, gaps exist between reproductive aspirations and actual fertility. These gaps may represent an inability to meet individual reproductive goals, which family planning policies and other interventions may help to bridge. Low fertility rates also worry Governments because they contribute to a stagnation and decline in population size. A rights-based approach to family planning which promotes optimum health, responsibility and family well-being, and respects the dignity of all persons and their right to choose whether or when to get pregnant, as well as the number, spacing and timing of the birth of children, should be pursued.

Increased access to reliable, quality sexual and reproductive health information, education, communication and services, including family planning systems and contraceptive options, has enabled women to delay and space their pregnancies, and has led to declines in both fertility and maternal mortality across the region. Nevertheless, wide variations in

1 Measured on a unitless scale of 0 to 100 and based on 14 tracer indicators.

contraceptive prevalence rates remain. Generally, unmet need for contraception is particularly high among unmarried adolescents. Furthermore, many women face numerous challenges when using traditional methods in countries with restrictive laws, which may result in unplanned or unintended pregnancies.

Different population groups have specific needs concerning access to reproductive and sexual health services, such as migrant women, women with disabilities or women from ethnic minorities. With many women postponing their childbearing to later in life, there is an increased need to improve reproductive technologies. Access to such technologies is often limited and not affordable. Countries in the region, given their value systems, also differ in terms of providing such access.

Overall, the number of women giving birth in the presence of a skilled birth attendant has increased significantly in the region. However, women in rural areas and women with less education or in lower wealth quintiles are less likely to give birth with a skilled birth attendant.

Despite noticeable declines in maternal mortality ratios, many countries, mostly in South-East Asia, South and South-West Asia and the Pacific, still experienced maternal mortality ratios between 100–299 per 100,000 live births in 2020. HIV continues to affect the region, with 6.5 million people living with HIV, 300,000 new HIV infections and 150,000 AIDS-related deaths during 2022. Other sexually transmitted infections are highly prevalent, with 44.3 million new cases of gonorrhoea and 1.5 million new cases of syphilis within the World Health Organization South-East Asia and Western Pacific regions combined during 2020.

Education

Educational achievement has increased significantly across the region. The percentage of 20–24-year-olds with only a pre-secondary level of education has nearly halved and the share of those with post-secondary qualifications has increased. Yet, access to education by income level, gender and urban/rural residence varies considerably both between and within countries. This has significant implications for gaining access to decent work later in life.

Continuing education and lifelong learning have become more important in the region, as many populations age. Trade unions play a vital role in reskilling. Lifelong learning programmes, however, are still at a nascent stage in most Asia-Pacific countries, often hampered by the digital divide. Moreover, women and girls are less likely to have access to technology, use the Internet, or own a smartphone compared to men, exacerbating their social exclusion through a gender digital divide. Technical and vocational education and training opportunities continue to be underdeveloped.

Gender equality and women's empowerment

Female labour-force participation is below that of males in most Asia-Pacific countries and is falling in many of them, often because of policies that do not enable women to juggle work and family life. As they grow older, women are at a significant disadvantage compared to men because of years of earning and saving less and, relatedly, because they have fewer benefits, including from pensions. COVID-19 has exacerbated the employment situation of many, including women. Frequently, gender intersects with health, poverty and employment, often to the disadvantage of women. The situation is confounded by there being limited data on gender equality and women's empowerment.

Moreover, women disproportionately shoulder the unpaid burden of care, which restricts their employment opportunities. Women are also not well represented in politics and senior management positions.

Gender-based violence is deeply rooted in discriminatory social norms and gender inequality. It manifests itself in many ways. Digital and online violence (also referred to as technology-facilitated gender-based violence), which is increasing across the region, is often connected to offline violence. While the vast majority of gender-based violence is perpetuated against women and girls, men and boys are also affected. People who do not conform to social norms regarding sexual orientation or gender identity are often subjected to violence and many are criminalized.

Adolescents and young people

Although fertility is declining across the region, Asia and the Pacific remains home to 56 per cent of the youth population (15–24 years) worldwide, numbering just over 700 million people. Increasing educational attainment is critical for enhancing the capacity of countries to harness the demographic dividend. Access to health, education and decent employment for all young people is equally important.

Due to declining fertility, the older persons are already outnumbering youth in several countries. This will become more common across the region. Falling numbers of young people could have serious consequences for their voices being heard in policymaking. This underscores the importance of gender-sensitive, youth-focused policies across sectors, including education, health and labour, as well as leadership opportunities, to ensure young women and men are healthy and educated, to build their skills and to promote their transition to decent employment. Young people are key for inclusive societies, and sustainable development, along with realizing intergenerational solidarity and justice.

Children and adolescents aged 10–14 years are often the most marginalized and the most likely to drop out of school, marry early and be vulnerable to mental health issues. Furthermore, the specific needs of adolescents and other young people are frequently not properly addressed in areas such as comprehensive sexuality education and sexual and reproductive health services.

In addition to high youth unemployment rates in several countries, 24.8 per cent of young people in the region are not in education, employment or training, with the figures being significantly worse for females than for males. This is indicative of labour market constraints and not taking into account the social and gender norms that affect young women.

Ageing

The number of older persons, aged 60 years or over, is projected to double from 697 million in 2023 to 1.3 billion by 2050. Even in populations with relatively young age structures, the number of older persons is projected to increase sharply over the coming decades.

Compared to other regions of the world, population ageing is particularly rapid due to the sharp decline in fertility. The rapid speed of ageing means that there is limited time to prepare for the impacts of ageing on public finances, health care and other services, and to ensure the availability of accessible infrastructure.

The older the total population, the greater the proportion of women. While women live longer, compounding inequalities over the life course mean that women suffer from multiple vulnerabilities relating to health, poverty and isolation.

Given the longer lives of so many people, there is increasing need for long-term care. Most countries in the region, however, lack a systematic approach to providing quality care in an integrated, community-based way. Multigenerational living is still common in the region. However, due to rural to urban migration and lower fertility rates, more older persons, in particular older women, now live alone, compared to many years ago. These changes require a fresh look at care models for older persons.

While the increase in life expectancy is a positive development, a significant number of people live their later years with disabilities. Another consequence of the epidemiological transition is the growing prevalence of chronic diseases such as Alzheimer's, which require complex and long-term care and which will have financial implications on families and governments. Ageing in place and intergenerational living provide opportunities to balance the care burden across generations.

The COVID-19 pandemic has shown, and often amplified, critical human rights protection gaps for older persons, such as discrimination based on old age, lack of autonomy and participation in decision-making, and freedom from violence, neglect and abuse. These rights violations often exacerbate the health, social and economic situation and overall well-being of older persons.

Across the region, social protection schemes vary widely in scope, coverage and generosity, yet there have generally been improvements over the past decade. Nevertheless, many older persons, in particular older women are forced to work outside the home to maintain their livelihoods. Restrictive statutory retirement ages often force older persons to seek employment in the informal sector. However, because, over time, older individuals are more likely to be better educated, scope exists for improvements in health and livelihoods. Also, there is potential for a 'second demographic dividend', which relates to how living longer can lead to greater capital accumulation through savings. Increased adult longevity will most likely positively influence the national savings rate.

While many countries in the region are ageing rapidly, several countries are still experiencing large cohorts of youth. Therefore, the future will belong to different generations living together, and intergenerational solidarity is critical for building harmonious and cohesive societies in the future.

International migration

Migration levels in the region remain high, with most international migration occurring between countries in the region. Significant numbers of people, mostly men, migrate from South and South-West Asia to find work in the Middle East. Most migration in the region is work related, and much labour migration is managed through bilateral memorandums of understanding. People also migrate for educational reasons and family formation.

About 50 per cent of migrants are women. As the demand for workers in highly feminized sectors (for example, health care, domestic work, entertainment, manufacturing and textiles) increases, the number of women migrants is projected to rise.

Temporary labour migration programmes may soften the adverse economic impacts of rapid ageing by partially offsetting the expected declines in the domestic labour force. However, political, popular and cultural resistance to large-scale immigration exists across the region. Furthermore, the number of migrants required to keep population age structures constant is unrealistic over the medium-to-long term. Yet, targeted labour migration policies can still offset particular sectoral challenges, such as in the growing care sector. Additional concerns include general labour market shortages in countries of origin, including countries in the Pacific.

Migrants contribute to economies through their remittances. In several countries in Asia and the Pacific, remittances comprised over one fifth of the gross domestic product. Remittances contribute to children's education and care for older persons and ward off poverty. However, remittance costs are often high. In 2021, for the 27 countries with available data, the target of reducing transaction costs for remittances to below 3 per cent by 2030 was met in only 5 countries.

Also, high recruitment costs, poor working conditions, limited access to services, stigma, abuse and rights violations remain a problem for migrant workers. These factors often affect migrant women hired as domestic workers, as well as those engaged in dirty, dangerous and demanding work. To mitigate migrants' vulnerabilities, several Asia-Pacific countries have established policies and schemes that are aligned with the Global Compact for Safe, Orderly and Regular Migration.

At the end of 2022, there were about 7.9 million refugees and people in refugee-like situations living in the region. Türkiye, Islamic Republic of Iran, Pakistan, Russian Federation and Bangladesh – in order of largest numbers – alone hosted 91 per cent of all refugees and people in refugee-like situations in the region. Many refugees were children.

About 5.1 million refugees in the region had left their country of origin at the end of 2022, with the majority remaining in the region. Afghanistan, Myanmar and China accounted for some 82 per cent of refugees from the region. In addition to refugees, the numbers of asylum seekers, stateless people and internally displaced people in the region were also high.

Urbanization and internal migration

More than 50 per cent of the population in Asia and the Pacific resides in urban areas. While the Pacific and North and Central Asia are already highly urbanized, the other subregions are urbanizing rapidly, especially East and North-East Asia. In 2020, 19 of the world's 30 largest cities were in the Asia-Pacific region, with a combined population of 360 million. By 2035, five of the world's six most populous cities are projected to be in the Asia-Pacific region. However, urbanization in most countries is concentrated in small and mid-sized towns and cities.

Urbanization has brought challenges with regard to slums, informal settlements or inadequate housing. For many, especially in the Pacific, despite much progress, it is still difficult to gain access to safe sanitation systems. Also, many cities have inadequate public transport, and residents rely heavily on motorcycles and cars which contributes to bad air quality, affecting the lives of millions. The infrastructure is often not designed with citizens in mind, especially pedestrians, older persons, persons with disabilities or families with young children.

Disasters are a primary driver of forced migration, with climate change being a growing aggravating force. East Asia and South-East Asia have witnessed the most disaster-related displacements, equal to nearly two thirds of the total for the whole Asia-Pacific region, followed closely by South Asia. Floods triggered 90 per cent of this subregion's disaster displacements in 2022. All countries recorded flood displacement, but Pakistan, India and Bangladesh (ordered by number) were the most affected. In Pakistan, record-braking rainfall and flash flooding from July to September 2022 left 10 per cent of the country under water and led to the highest level of displacement in a decade, with 8.2 million people

displaced in 2022 alone, almost two thirds all the subregion's displacements. The people of the Pacific faced the greatest risk of displacement relative to population size. Elsewhere, conflict is shaping and driving forced internal displacement and contributing to increases in the numbers of refugees and asylum-seekers.

Population and sustainable development

Asia and the Pacific is the region most prone to climate-induced disasters, which have increased in frequency and intensity. Its people are highly dependent on natural resources and agriculture, and often live in densely populated coastal areas. Many countries have weak institutions and lack social protection. Poverty remains widespread.

The region faces numerous environmental threats, including slow-onset disasters from sea-level rise and drought and sudden-onset disasters such as typhoons, hurricanes and floods. In 2021, over 100 natural hazards occurred in Asia, of which 80 per cent were floods and storms. These resulted in around 4,000 deaths. Overall, 48.3 million people were directly affected, causing $35.6 billion in economic damages.

Climate change directly affects people's lives, health and well-being; furthermore, it intensifies socioeconomic disparities, contributes to population displacement and exacerbates conflicts. Persons in vulnerable situations are disproportionately affected by climate change.

The activities carried out by people in Asia and the Pacific also contribute significantly to climate change. In 2020, the region accounted for more than half of global greenhouse gas emissions and its share continues to increase as populations grow and economies continue to be powered by fossil fuels. Emissions have more than doubled since 1990, driven by the electricity generation, manufacturing and transport sectors. The region also accounts for over half of global energy consumption, with 85 per cent of that energy being sourced from fossil fuels. Many people still lack access to electricity and continue to rely on traditional biomass (such as burning wood) for cooking and heating. In general, countries in the region are regressing on climate action (SDG 13).

Protecting the environment is vital for strengthening capacity in the areas of mitigation and resilience. In fact, community-based climate activism represents a critical step towards developing sustainable resiliency. Furthermore, education is essential for raising awareness and building resilience.

Data and statistics

Data are important to accelerate progress on and evaluate the status of implementation of the priority actions of APMD. At the regional level, there is sufficient data to report between 50 to 60 per cent of the indicators set out in the voluntary national monitoring framework. Significant data gaps exist on SDG 5 (gender equality), SDG 14 (life below water) and SDG 16 (peace, justice and strong institutions).

Across the region, there is progress towards the completion of census and civil registration and vital statistics systems. Most Asia-Pacific countries conducted a population and housing census between 2010 and 2019.

In the past decade, demographic and health surveys have been carried out across the region, including in several low-income countries. Multiple indicator cluster surveys have been conducted in most countries, generating data on the well-being of children and women. Moreover, comparative, harmonized longitudinal surveys have been developed, although more needs to be done to enable subnational analysis. National Transfer Accounts have been calculated in approximately half of the region's countries.

New technologies are making it easier to collect data, and the increasing availability of geolocation data can enhance understanding of socioeconomic issues. Big data are also being integrated more, complementing traditional data.

Conclusions and recommendations

The Asia-Pacific region is at a crossroads. It has made significant progress in terms of socioeconomic development but faces significant challenges. Moreover, many countries in the region continue to deal with persistent socioeconomic inequalities (including gender inequality), ageism and disrespect for human rights, internal displacement, poverty and limited access to health, education and employment. Inequalities and vulnerabilities have been exacerbated by climate change, disasters, conflicts, the COVID-19 pandemic and digital transformations. Limited financial resources, capacities and data make it difficult to fully implement the priority actions set out in APMD.

To harness the opportunities and challenges of the population dynamics in Asia and the Pacific, the following overarching recommendations are presented (with more specific recommendations listed at the end of each chapter). In view of important trends related to the demographic transition and changing age structures in Asia and the Pacific, recommendations regarding a people-centred and life-course approach to population and development and intergenerational relations are listed in the beginning:

1 **Follow a holistic, people-centred, rights-based and gender-sensitive approach:** Rather than focusing on one population and development challenge or opportunity at a time, efforts should be made to address intersecting linkages and consider how action (or inaction) today affects outcomes for current and future generations.

2 **Apply a life-course approach to population and development:** People, in all their diversity, have different and changing needs, from birth through adolescence to adulthood and old age. What happens earlier in life has consequences for later life. Targeted investments are required at key life stages to reduce poverty and vulnerabilities, especially for girls and women, while there is also a need to facilitate their empowerment.

3 **Strengthen intergenerational relations and solidarity:** As life expectancies increase, more people of different age groups are living together for longer periods. Intergenerational solidarity for current and future generations is required, based upon an understanding that every person should live through childhood, youth, middle- and old-age in dignity and optimal health. Long-term planning is needed to deliver prosperity to all members of present and future generations.

4 **Expand health-care coverage:** Health-care coverage, including sexual and reproductive health services should be made accessible to all – including adolescents and young people – free from discrimination and stigma. View health care as a life-course investment throughout all life stages (for instance, healthy development from birth to old age). Address the social determinants of health, and abolish financial and societal barriers to health. Use affordable and accessible health-sector innovations and technologies, and make health care people-centred, community-based and integrated. Increase health promotion and health literacy; assist caregivers and recognize their contributions, in particular those of women; and develop human resources for health.

5 **Provide universal social protection over the life course:** Investments in basic social protection immediately reduce poverty, inequalities and purchasing power disparities. Make targeted investments and provide protections that recognize the gender-differentiated vulnerabilities of girls, young women and older women.

6 **Create 'future-ready' education systems and pathways for decent work and flexible work environments:** Lifelong learning and work in different and productive ways need to be promoted especially for youth, women, persons with disabilities, older persons and migrants. Achieving gender parity in the workforce is the most effective way of increasing productivity and income, while training, upskilling and reskilling opportunities should be available to all. This will contribute to maintaining the productivity of the labour force in rapidly ageing societies.

7 **Enhance gender equality and women's empowerment:** Gender mainstreaming and the strengthening of legal frameworks to end gender discrimination need to be prioritized. investments in gender-sensitive budgeting will benefit such actions.

8 **Give precedence to low-carbon pathways and focus on developing climate change mitigation, adaptation and resilience-building strategies that leave no one behind:** Climate change threatens all aspects of life and must be prioritized and mainstreamed in every domain of policymaking. Link strategies on social protection with those on climate change, including through engaging persons in vulnerable situations in the design, creation, implementation and monitoring of climate change adaptation and mitigation strategies.

9 **Strengthen the collection, analysis and dissemination of disaggregated data at the national and subnational level:** Data on SDG-based population and development indicators must be prioritized so that countries can monitor the status of implementation of APMD. Strengthen the capacity of people working with data to build a more effective evidence base.

10 **Ensure that data and information on population dynamics and projections inform policymaking and public discourse:** The capacity of relevant institutions needs to be strengthened to ensure effective integration of population issues into development planning, including ensuring effective coordination of all relevant planning bodies, along with multisectoral and multistakeholder approaches for implementation of APMD. Ensure that data privacy and ethics are respected in these processes.

11 **Strengthen partnerships with a wide range of stakeholders:** This should include partnerships among political and opinion leaders, community and religious leaders, educators, the private sector, philanthropic organizations, grass-roots organizations, and persons with lived experience. In a globalized world, population and development challenges and opportunities are connected across boundaries, from the local to the national, regional and global levels. Polices, plans and strategies need to make this a reality.

12 **Provide an enabling, non-discriminatory, safe and inclusive environment for the participation of civil society and community-based organizations:** All stakeholders need to be engaged in dialogue and decision-making, based on diversity, equity and inclusion principles. Increase space for constructive dialogue at different geographic and political levels. Political will and collaboration between diverse stakeholders are crucial to develop and implement forward-looking, people-centred policies.

13 **Promote regional cooperation, including South-South cooperation and triangular cooperation:** Such cooperation is vital for accelerating the implementation of APMD and the ICPD Programme of Action, including on the use of information and communications technologies. Encourage the sharing of successful experiences and good practices among countries in Asia and the Pacific.

14 **Ensure adequate financing:** This is needed to fully implement the recommendations of APMD and the ICPD Programme of Action in all countries in Asia and the Pacific, through new and additional resources. Support public-private initiatives and domestic resource mobilization and resource tracking. Ensure the continuation and fulfilment of official development assistance commitments made by international donors.

15 **Build commitment to population and development issues at the highest level:** This would include ensuring that a national focal point agency at the highest political level is designated to coordinate the full and effective implementation of APMD as well as of the ICPD Programme of Action and the key actions for its further implementation in Asia and the Pacific. Review the implementation of APMD on a regular basis, and more frequently than every 10 years.

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Acronyms and abbreviations

APMD	Asian and Pacific Ministerial Declaration on Population and Development
COVID-19	coronavirus disease 2019
ESCAP	United Nations Economic and Social Commission for Asia and the Pacific
GDP	gross domestic product
ICPD	International Conference on Population and Development
ILO	International Labour Organization
IOM	International Organization for Migration
NEET	not in employment, education, or training
SDG	Sustainable Development Goal
TVET	technical and vocational education and training
UNFPA	United Nations Population Fund
WHO	World Health Organization



CHAPTER 1

Overview of population and development in Asia and the Pacific

Credit: UNFPA Flickr
Caption: A staff member at the Malaysian Research Institute on Ageing (MyAgeing) assisting an older person with his technology communication.

A

Demographic change and response

1 Ongoing demographic change

The Asia-Pacific region has undergone significant demographic changes over the past half century. These are primarily the result of declines in fertility and mortality, as well as migration within and beyond the region. This demographic transition has brought about rapid population ageing, more people living in urban areas, smaller family sizes and larger numbers of internal and international migrants. Many of these changes are a cause for celebration, as they result from socioeconomic development that has affected almost all countries in the region. The aforementioned demographic changes are projected to accelerate over the next 50 years.

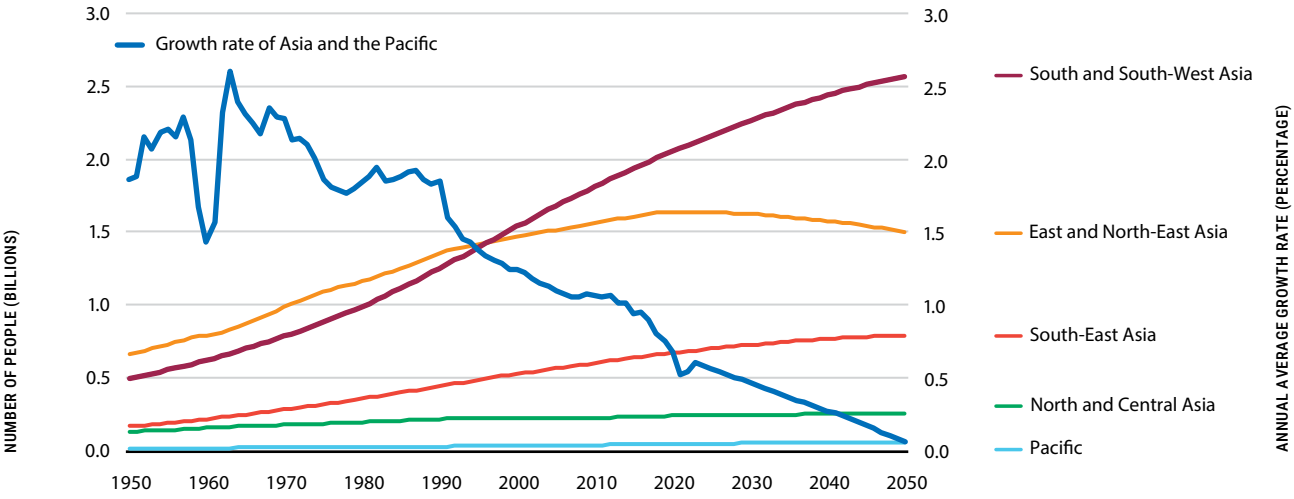
Despite general trends, there is much variation within and across countries. For example, although Asia and the Pacific is home to the two most populous countries in the world, China and India, and the region itself is the world's most populous, some countries, as in the Pacific, have very small populations. Furthermore, while population ageing is very rapid in many countries, population momentum continues in several others. Moreover, fertility remains high and the youth population is large and still growing in a few countries.

Compared to other world regions, Asia and the Pacific is ageing most rapidly. It is also home to countries with some of the lowest fertility rates and the highest life expectancies at birth and at older ages. It vies with Europe for having the most immigrants in the world. Asia and the Pacific is also the most disaster-prone region, with many of its people affected by climate change and natural hazards. With about 60 per cent of the global population residing in Asia and the Pacific, what happens to the region's population affects global trends now and in the future.

In 2013, the population in the region was 4.3 billion, while the figure for 2023 is estimated at 4.7 billion. By 2050, the population is projected to increase to 5.2 billion. However, recent and projected population growth is occurring at a declining rate (figure 1.1). Whereas the population in Asia and the Pacific doubled by about 30 years from the mid-1960s, it will now take over 110 years to double today's population, given current growth rates. These rates have already been on a negative trajectory in East and North-East Asia since the early 2020s, resulting in population decline, and a reversal of this trend is not expected in the near future.[2]

In 1990, almost every country in the region was seeing significant population growth every year. In 2023, out of 58 countries/areas across the region with available data, 9 are seeing negative growth rates or, more simply, population decline. By 2050, this figure is projected to rise to 17 (figure 1.2).

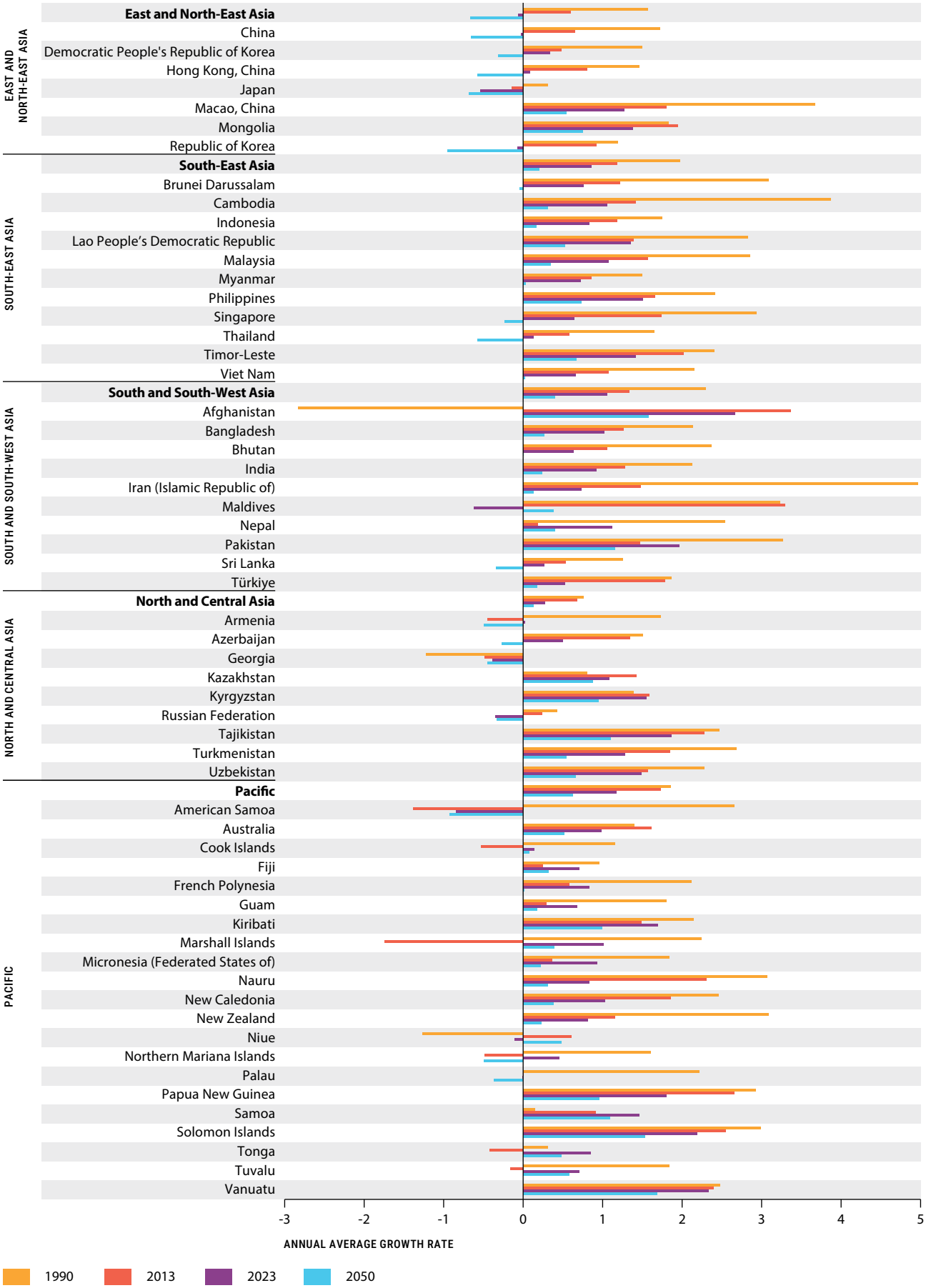
FIGURE 1.1 Population size by Asia-Pacific subregion and annual growth rate for Asia and the Pacific, 1950–2050



Source: United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition.

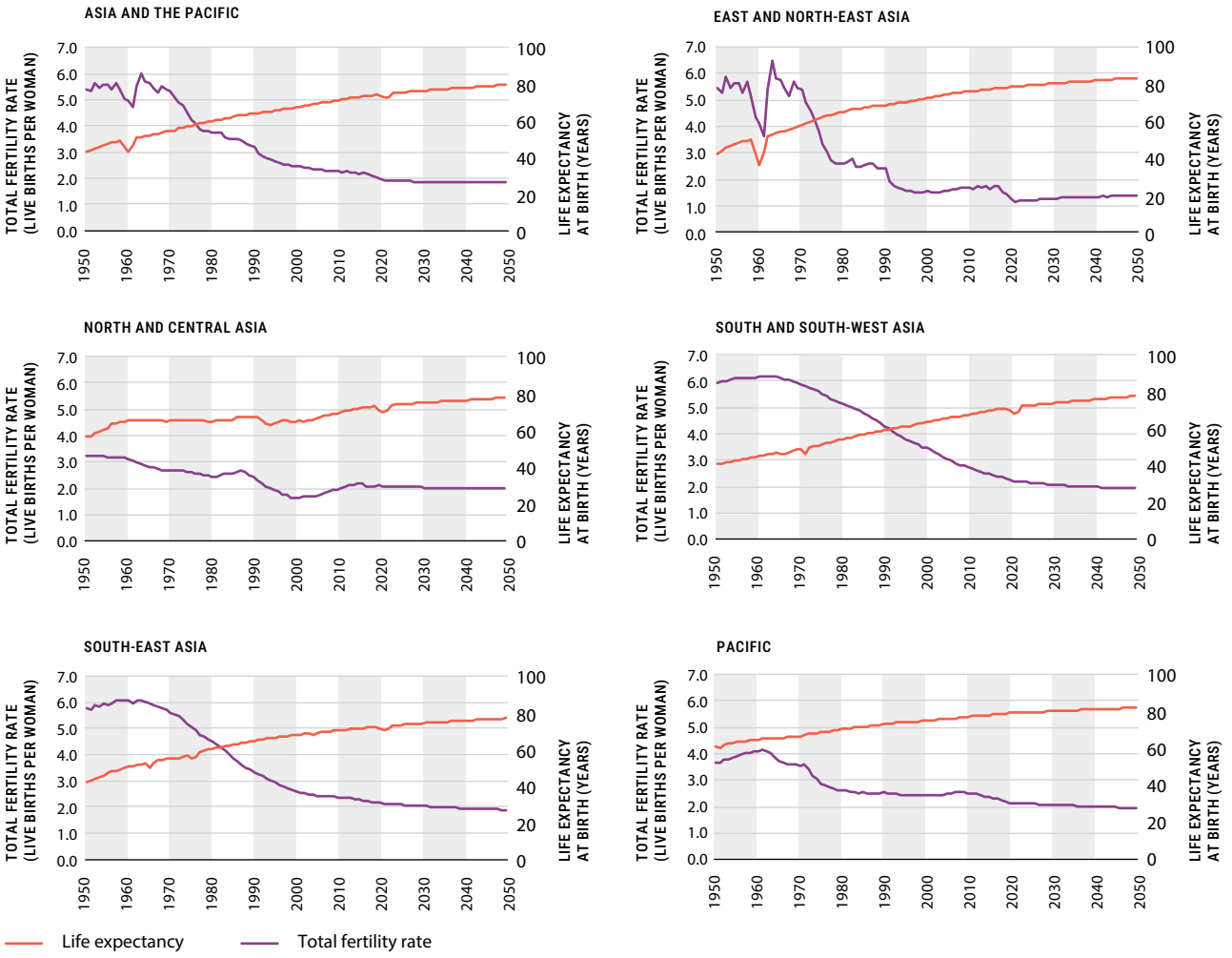
2 As noted under Principles of population and development later in the introduction, unless otherwise stated, data are drawn from the SDG-based Asia-Pacific indicator framework for monitoring progress towards the implementation of the ICPD Programme of Action and of the commitments contained in APMD in the context of the 2030 Agenda for Sustainable Development.

FIGURE 1.2 Estimated and projected annual average population growth rates, by Asia-Pacific country/area and subregion, 1990, 2013, 2023 and 2050



Source: United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition.

FIGURE 1.3 Total fertility rate and life expectancy at birth, in Asia and the Pacific and by subregion, 1950–2050



Source: United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition.

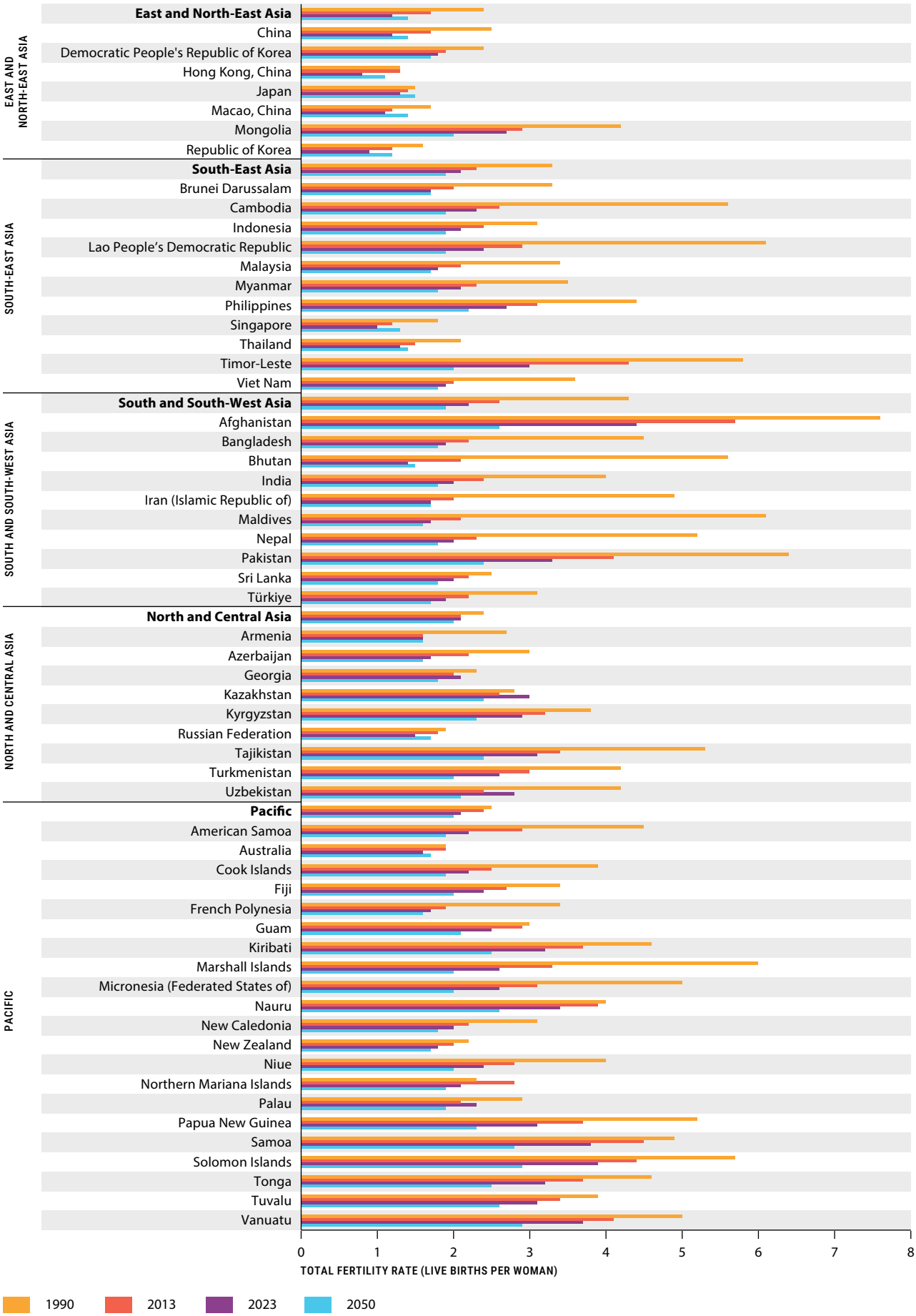
The significant decline in the total fertility rate over recent decades is the major driver of this change (figure 1.3). In the mid-1960s, women, on average, had about 6.0 children over their life course. By 2023, that number has fallen to 1.9, or below the replacement level of 2.1. East and North-East Asia, followed by South and South-West Asia, have experienced the most significant declines in fertility rates since the mid-1960s.

At the same time, life expectancy at birth almost doubled from 42.9 years in the 1950s to 74.9 years in 2023, with people in East and North-East Asia, followed by the Pacific and North and Central Asia, currently experiencing the highest life expectancy at birth (figure 1.3).

A closer look at total fertility rates reveals that the region is home to countries with some of the lowest rates in the world (figure 1.4). Indeed, of the roughly 4.7 billion people in the region, around 80 per cent live in 26 countries/areas with a total fertility rate lower than replacement level. In 13 of the remaining 32 countries/areas, the total fertility rate is currently estimated at 3.0 or more birth per woman. By 2050, only 16 of the 58 countries/areas in Asia and the Pacific are projected to have total fertility rates at or above replacement level.

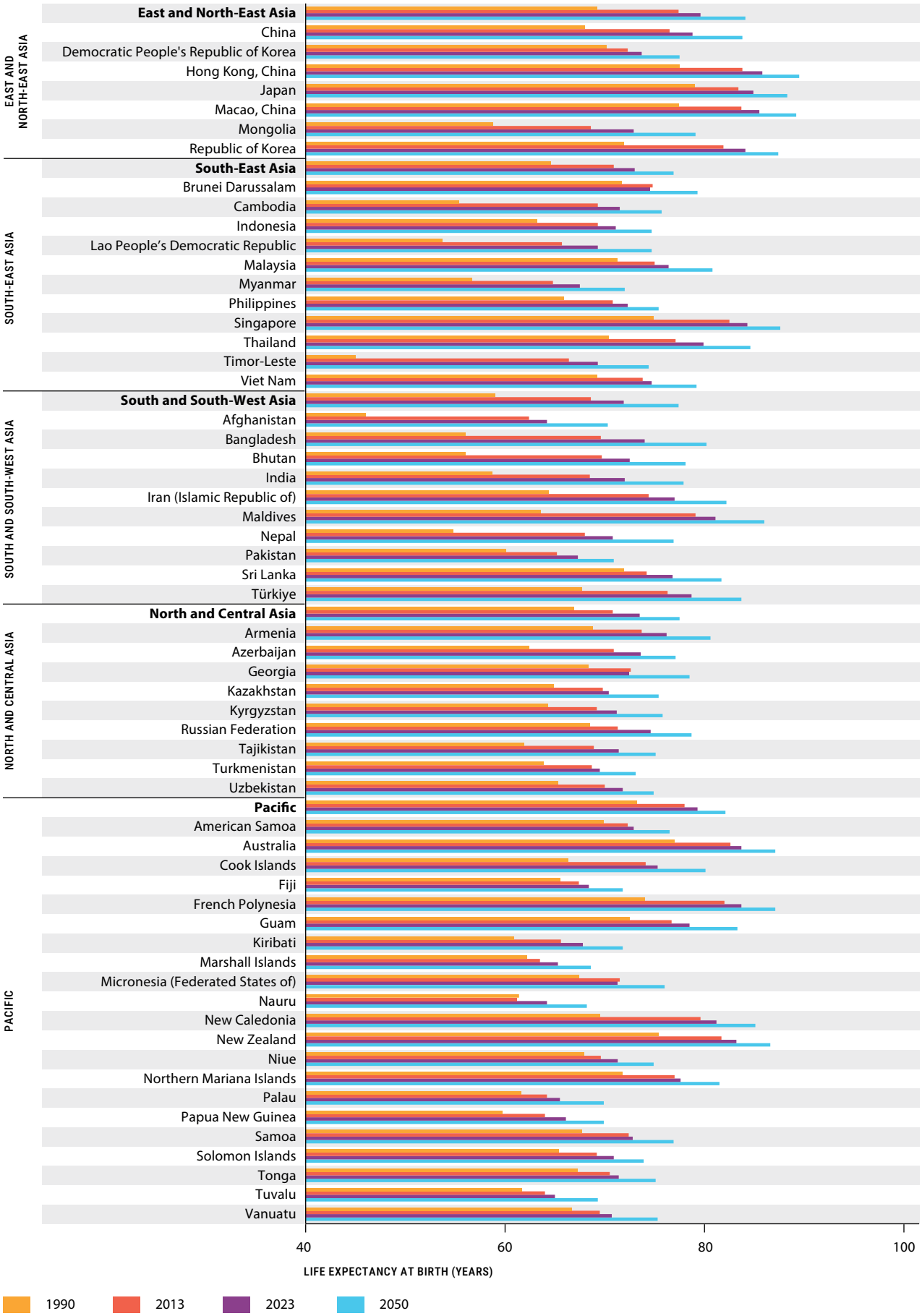
Regarding life expectancy at birth, countries in North and North-East Asia, South and South-West Asia, and South-East Asia have experienced the most significant increases since the 1950s. In 2023, life expectancy at birth already exceeded 80 years in 10 countries/areas. By 2050, 21 countries/areas are projected to belong to this group. However, in 2023, life expectancy at birth is still below 70 years in 13 countries, many of them located in the Pacific. By 2050, that number will have declined to 5 countries; yet, the life expectancy in these countries will still be far below the average value for Asia and the Pacific of 75.5 years (figure 1.5).

FIGURE 1.4 Total fertility rate, by Asia-Pacific country/area and subregion, 1990, 2013, 2023 and 2050



Source: United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition.

FIGURE 1.5 Life expectancy at birth, by Asia-Pacific country/area and subregion, 1990, 2013, 2023 and 2050



Source: United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition.

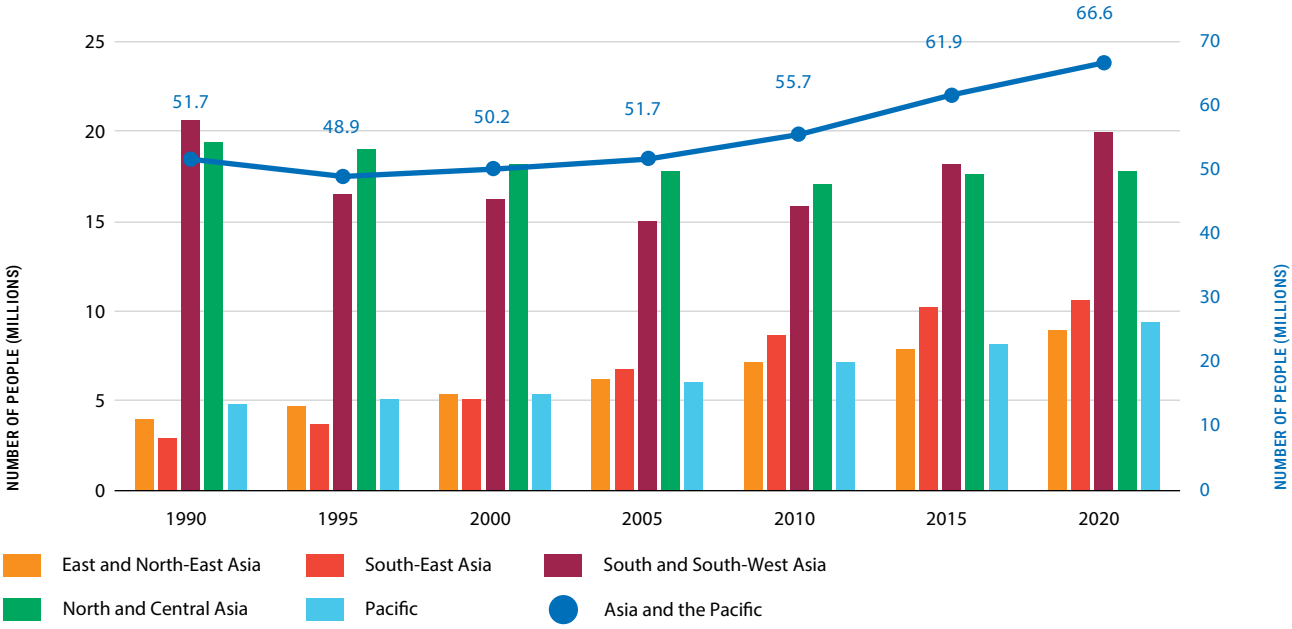
Associated with these dramatic changes in the overall growth rate of the population is the shift in the age structure of the population (chapter 8). Figure 1.6 compares the population pyramids for the region in 1990, 2013, 2023 and 2050. Some immediate changes are apparent. In 1990, the largest age groups of the population were the youngest ones, while the older age groups were relatively small. There were also hardly any people beyond age 75. By 2023, there has been a significant increase in the older population, including in the oldest old age groups, while the triangle shape has become more-or-less rectangular from birth to middle-age. Over the course of the demographic transition, several countries in the region have been able to benefit from the demographic dividend, or the economic growth potential when the share of the working-age population is larger than that of the non-working-age population. However, with the onset of rapid population ageing in many countries in Asia and the Pacific, this window of opportunity has passed. By 2050, the population structure is projected to become even more rectangular. Today, and more so in the future, there are/will be a very large number of both young *and* older persons, including the oldest-old, living together at the same time, which has/will have a significant effect on intergenerational relations.

FIGURE 1.6 Population pyramids for Asia and the Pacific, 1990, 2013, 2023 and 2050



Source: United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition.

FIGURE 1.7 Growth in the international migrant stock, by Asia-Pacific subregion, 1990–2020



Source: United Nations, Department of Economic and Social Affairs, Population Division (2020). International Migrant Stock 2020.

Another important trend in the region is the increase in the number of immigrants, as measured by the international migrant stock, which grew from almost 52 million in 1990 to 67 million in 2020, representing a quarter of the global international migrant stock of 281 million in 2020 (UN DESA, 2020). Migrants made up 1.4 per cent of the region's total population, compared to 3.6 per cent at the global level+. Nevertheless, significant variations existed between subregions: migrants represented 0.5 and 22.0 per cent of the population, respectively, in East and North-East Asia, and the Pacific. At the regional level, figure 1.7 shows a general increase in the international migrant stock, while the variation between subregions is lower. This is due to falls in numbers of migrants in North and Central Asia (reflecting the consolidation of populations in the former Soviet Union), and South and South-West Asia (with Afghan refugee and migrant returnees re-establishing their lives in their country of origin, as well as the ageing of those who moved during the partition of India), and growth in other subregions. Importantly, of the 67 million international migrants in the region, 71 per cent came from other countries in Asia and the Pacific and 29 per cent came from outside the region. Thus, most international migration in Asia and the Pacific is regional in nature.

In 2020, the percentage of male and female migrants was roughly balanced at 50.1 and 49.9 per cent, respectively. There was, however, significant subregional variation, such that female migrants represented majorities of migrants in North and Central Asia, East and North-East Asia, and the Pacific.

2 Positive changes, anxieties and 'simple solutions'

The changes described in the previous section have come about through socioeconomic development and cultural transformations across the region. A combination of improvements in public health, advances in medicine, increased educational attainment and enhanced training opportunities — coupled with better nutrition, sanitation and hygiene — has played a key role. Moreover, increased reproductive autonomy, and access and acceptance of modern contraception, along with rises in female labour force participation and female emancipation, have brought about the dramatic lowering of fertility rates. There has been an opening up of new opportunities to work in other countries, albeit often for low wages and without social protection. Patterns of migration in Asia and the Pacific have also been shaped by people moving to study and marry, frequently spurred by lower costs of international travel. Other relevant factors include climate change, continuing political unrest and conflict in the region and beyond. Technological developments, which are driving economic and social change in the region and at the global level, are also affecting the way people live and work. Finally, and perhaps most significantly, revolutions in public health and access to medicine have transformed the lived experience of citizens across the region in terms of mortality, morbidity and longevity.



Credit: UNFPA Flickr
Caption: Youth with disabilities practice traditional Thai dance together.

Some of these demographic changes have created concern and anxiety in countries throughout the region. In 2023, the global population rose to 8.0 billion, with more than 60 per cent of these people living in Asia and the Pacific alone. Again, arguments relating to 'overpopulation' and the relationship between rapid population growth, living standards and environmental degradation have come to the surface. In the past, this anxiety was directly translated into population control policies. The narrative of fear and concern, indeed, the spectre of such policies, still exists in parts of the region.

At the same time, there is a strong and growing narrative regarding population stagnation and decline. In the same way that rapid population growth was/is presented as a threat to well-being through overconsumption and environmental degradation, population ageing/stagnation/decline is perceived as an existential threat to public finances, economic growth, sustainability of health systems and so on.

These two directions — of growth and decline — have often led to stigmatization and tension. Younger people are frequently either presented as a security threat because of their energy and large numbers (the 'youth bulge') or, in other settings, are being blamed and castigated for their role in bringing about low fertility. Concurrently, older persons are often perceived to have had unfair advantages in society and, simultaneously, be a drain on resources to the extent to which ageist narratives are legitimized. Women have been recognized as either having too many children, or not enough. Migrants, who in general make a positive economic and social contribution to their host countries, are often stigmatized through various means, not least through policy and the media.

There is no doubt that the demographic transitions across the region bring with them several challenges. Population ageing will, inevitably, put pressure on existing health and social systems, as well as generate new demands for services for older persons. Securing gross domestic product (GDP) growth during times of population decline is certainly harder than under conditions of population growth. Across the region, there are consequences of population decline at the regional level, where it is becoming more difficult to provide adequate public services to a sparser, older population, for example. At the same time, urban sprawl, concentration of the population in a few urban areas and lack of urban planning provide challenges for many countries in the region. Furthermore, it is impossible to ignore the reality of severe environmental degradation across the region. All of these demographic and other challenges are only exacerbated by the ongoing and future consequences of climate change, which affects the lives of current and future generations. Climate change particularly impacts the lives of persons in vulnerable situations, such as young and older persons, migrants, women and persons with disabilities.

Yet, despite these challenges, some of them 'old', others 'new', there are numerous opportunities and examples of good practices for advancing development — in a sustainable, inclusive, rights-based and equitable way — in Asia and the Pacific. For instance: the Cook Islands has an overarching policy to promote decent work in which international labour standards, social protection and workers' fundamental rights go hand-in-hand with job creation; the Magna Carta of the Poor of the Philippines is a law calling on the government to establish a system to provide the requirements, conditions and opportunities for the full enjoyment of the rights of the poor concerning food, decent work, relevant and quality education, adequate housing; and the highest attainable standard of health; In Sri Lanka, the entire process that led to the development of the National Plan of Action to Address Sexual and Gender-Based Violence and the related policy framework followed a rights based approach, with the underlying principle of 'zero tolerance of sexual and gender-based violence in Sri Lanka'. These and other good practices covered in this report largely come from a voluntary survey developed and subsequently sent to ESCAP member States in order to assess progress made in implementing the Programme of Action of the International Conference on Population and Development (ICPD) in Asia and the Pacific, as well as the 2013 Asian and Pacific Ministerial Declaration on Population and Development (APMD). Responses to the survey, including good practices used throughout this report, are cited as 'ESCAP 2022/23 Survey on Population and Development'.[3]

In further building upon the aforementioned successes, guidance can be taken from the Programme of Action of ICPD, APMD and numerous other global, regional and subregional norm-setting documents and implementation plans. Moreover, the region has been leading the way in bringing together governments, non-governmental stakeholders and United Nations entities in advocating for and implementing plans, policies and programmes on population and development.

3 Principles of population and development

A major feature of the ICPD Programme of Action is placing people at the centre of sustainable development (principle 2). Hence, the full economic and social flourishing of all people should be in symbiotic relationship with sustainable and inclusive economic development. In other words, population dynamics are both drivers and outcomes of sustainable development. Rather than simplistic 'demographic fixes' to all of the trends and issues described above, the ongoing demographic changes in the region require proactive responses to achieve sustainable development, the promotion and protection of the dignity and rights of all people, and a higher quality of life for all, without compromising the needs of future generations. As countries start deliberating the future of sustainable development at global, regional and national levels, people must remain at the centre of any future development agenda. Central to this goal is: the full recognition, promotion and protection of the rights of all persons, without distinction of any kind.

Member States of the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) recognized the importance of population issues for economic and social development already in 1963, by convening the first Asian Population Conference. By 1967, the Asian and Pacific Population Conference was made a statutory organ of the Commission (ESCAP, 1967), with conferences convened almost every ten years. Since the adoption of the ICPD Programme of Action in 1994, the platform of the Asian and Pacific Population Conference was also used to organize regional reviews and appraisals of the Programme of Action in Asia and the Pacific, with support from the United Nations Population Fund (UNFPA). In 2013, member States adopted APMD by majority vote as the outcome of the Sixth Asian and Pacific Population Conference. The Conference was attended by nearly 500 ministers, senior officials and civil society representatives from 47 ESCAP members and associate members, and identified priority actions in addressing a broad set of population related challenges, with a view to advancing people's rights and well-being through inclusive and equitable development.

3 Additional information on the survey is available at www.unescap.org/events/2023/seventh-asian-and-pacific-population-conference. For an analysis of the responses to the survey, see ESCAP/APPC(7)/INF/2 (English only).

APMD articulates a rights-based, gender-sensitive, and non-discriminatory approach to population and development strategies, programmes and policies in the Asia-Pacific region. Its priority actions are in the areas of:

- Poverty eradication and employment
- Health
- Sexual and reproductive health, services and rights
- Education
- Gender equality and women's empowerment
- Adolescents and young people
- Ageing
- International migration
- Urbanization and internal migration
- Population and sustainable development
- Data and statistics

Moreover, APMD includes modalities for implementation at the regional and national levels. It reaffirms Governments' commitment to the full and effective implementation of the ICPD Programme of Action. It further stresses the responsibility of States to protect human rights and fundamental freedoms for all, and to address the root causes of poverty — such as inequality, social injustice, conflict, instability, and lack of access to adequate health care, education and livelihoods — as well as disadvantages faced by, among others, women and girls, adolescents and youth, older persons, persons with disabilities, migrants and ethnic minorities.

In accordance with APMD, ESCAP members and associate members assessed its implementation at the APMD Midterm Review, in 2018. At that meeting, they also took note of the Sustainable Development Goal (SDG)-based Asia-Pacific indicator framework for monitoring progress towards the implementation of the ICPD Programme of Action and of the commitments contained in APMD in the context of the 2030 Agenda for Sustainable Development. The indicator framework was then endorsed by ESCAP member States at the sixth session of the Committee on Social Development, in 2020 (ESCAP, 2020a), to be used as an essential tool for voluntary regular assessments of progress of implementation of the ICPD Programme of Action and APMD. Therefore, this report, where possible, refers to related SDGs and the status of their implementation in the region. Moreover, the aforementioned framework (referred to subsequently as the ESCAP 2020 Indicator Framework on Population and Development) forms the primary evidence-base of this report and is from where data covered in the chapters that follow are drawn, unless otherwise stated.

B Ten years on from the Ministerial Declaration

1 Getting to 2023

The Seventh Asian and Pacific Population Conference, held from 15 to 17 November 2023, provided an opportunity to review the implementation of APMD and the ICPD Programme of Action in Asia and the Pacific. Furthermore, it reiterated the call to have people at the centre of sustainable development, in line with the Programme of Action and the 2030 Agenda, while noting the need to place population and development considerations at the core of any future development agenda.

This report has three main foci: (a) tracking progress, based on publicly-available quantitative data: (b) identifying good practices, challenges and lessons learned, based on qualitative data from the ESCAP 2022/23 Survey on Population and Development; and (c) recommending future actions.

2 Tracking progress

As mentioned, the report identifies progress made in the priority areas of APMD: namely poverty eradication and employment (chapter 2); health (chapter 3); education (chapter 4); gender equality and women's empowerment (chapter 5); adolescents and young people (chapter 6); ageing (chapter 7); international migration (chapter 8); urbanization and internal migration (chapter 9); population and sustainable development (chapter 10); and data and statistics (chapter 11). For this purpose, it uses the SDG-based Asia-Pacific Indicator Framework, adopted by member States in 2020. This part of the analysis is complemented by other publicly-available quantitative data, mostly based on United Nations sources, to show progress over time and look toward the future.

3 Uneven progress

An overarching theme of this report is that progress in implementing APMD and the ICPD Programme of Action in Asia and the Pacific is highly uneven — across indicators, across countries and among populations. Countries have made much progress in overall socioeconomic development in recent decades in terms of health, poverty eradication, sanitation, nutrition and education, just to name a few. As discussed earlier, these issues are reflected

in changes in the demographic drivers of the region, such as infant mortality, life expectancy at birth or primary or secondary educational attainment.

However, there is still much unfinished business, with many countries far off their 2030 targets and well under a decade remaining. People are faced with persistent socioeconomic inequalities, including gender inequality, disrespect for human rights and ageism. Too many:

- People across the region still live in poverty.
- Mothers die in childbirth.
- Babies and children do not survive to their teenage years.
- Girls are subject to early marriage and give birth and become adolescent mothers before they are ready.
- People are forced to leave their homes.
- Women and girls are subject to violence, sexual abuse, exploitation and genital mutilation.
- People find themselves in fragile employment, lacking social protection.
- People, especially young women, are unable to access health and financial support in their older age.
- Young people, and girls in particular, are denied the right to an education.
- Women are not able to access modern contraception, and/or make decisions about their own health and family planning options.
- Migrants lack decent work and are ill-treated and stigmatized.

At the same time, new challenges are emerging and growing. As noted, many countries in the region are confronted by a shrinking labour force, population decline, rapid population ageing and increased internal and international migration.

All the above-mentioned inequalities and vulnerabilities have been exacerbated by climate change, disasters, conflicts, the COVID-19 pandemic and digital transformation. Furthermore, limited data, fewer financial resources, lack of political will, geopolitical challenges and shrinking space for civil society in many places present obstacles in redressing these inequalities. Indeed, a major caveat of this report is precisely the dearth of evidence relating many SDG indicators to numerous time points and countries, as well as the general lack of disaggregated data (and, in many cases, the limited capacity to collect such data) to explore and address inequalities and vulnerabilities beyond the national level.

4 Actions towards progress and mutual learning

Despite general demographic trends affecting all parts of Asia and the Pacific, there is much diversity. This creates opportunities and challenges for sustainable development, and the need for sharing of experiences and good practices, as well as regional cooperation.

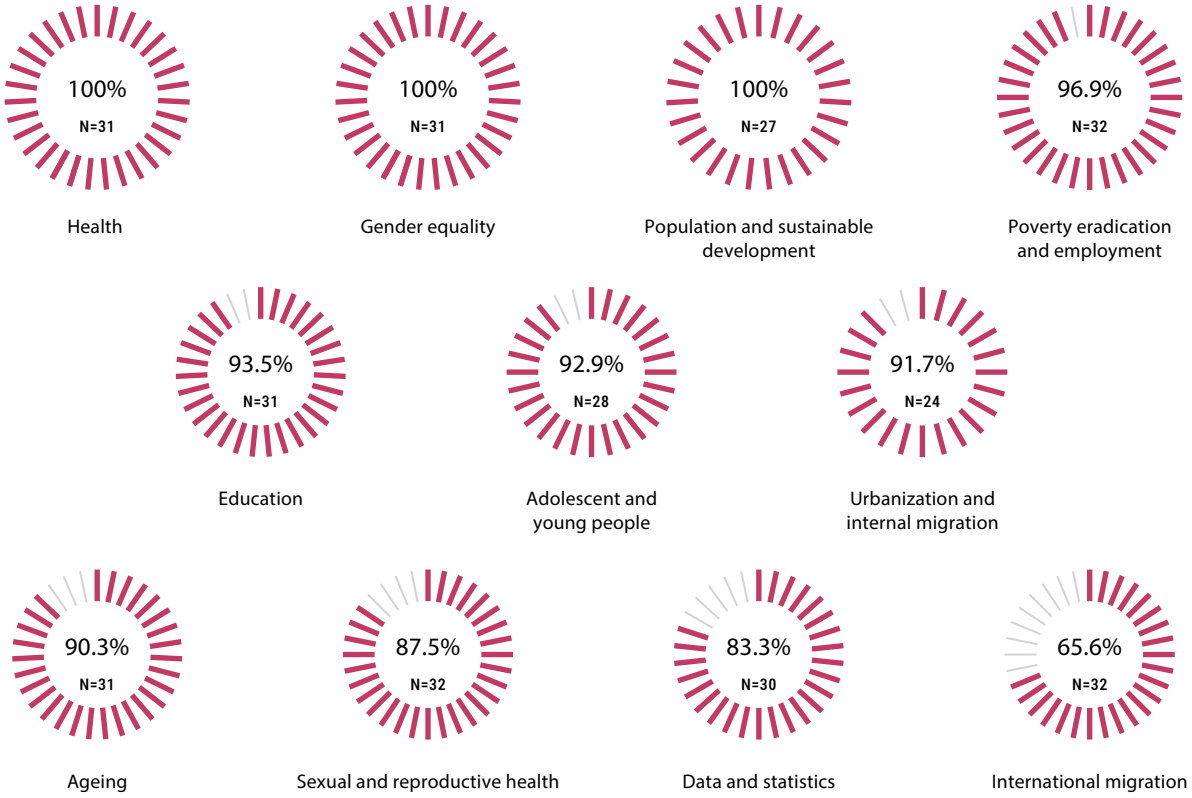
Now more than ever, the challenges set out above underline the need for a holistic, rights- and evidence-based, gender-sensitive and intergenerational approach to population dynamics and sustainable development. Forward-looking policies, strengthened effective and inclusive multilateralism, and regional cooperation are a must to protect people and the planet and ensure prosperity for all, now and in the future.

This, then, represents another focus of the report, namely the analysis of the survey responses and the sharing of good practices and lessons learned. Countries were asked to outline what had been done to drive progress, what countries had achieved and could learn from each other and what were their plans for the future. The member State survey used was highly qualitative in nature, aiming to understand countries' progress and achievements in all APMD priority action areas, along with key challenges and lessons learned. Throughout this report, there are boxes highlighting some of the good practices and lessons learned for each priority area.

According to the survey responses, the majority of countries reported having established population and development policies or amended existing policies since 2013. Moreover, priority actions of the 2013 Ministerial Declaration had been included in most national development strategies (figure 1.8).

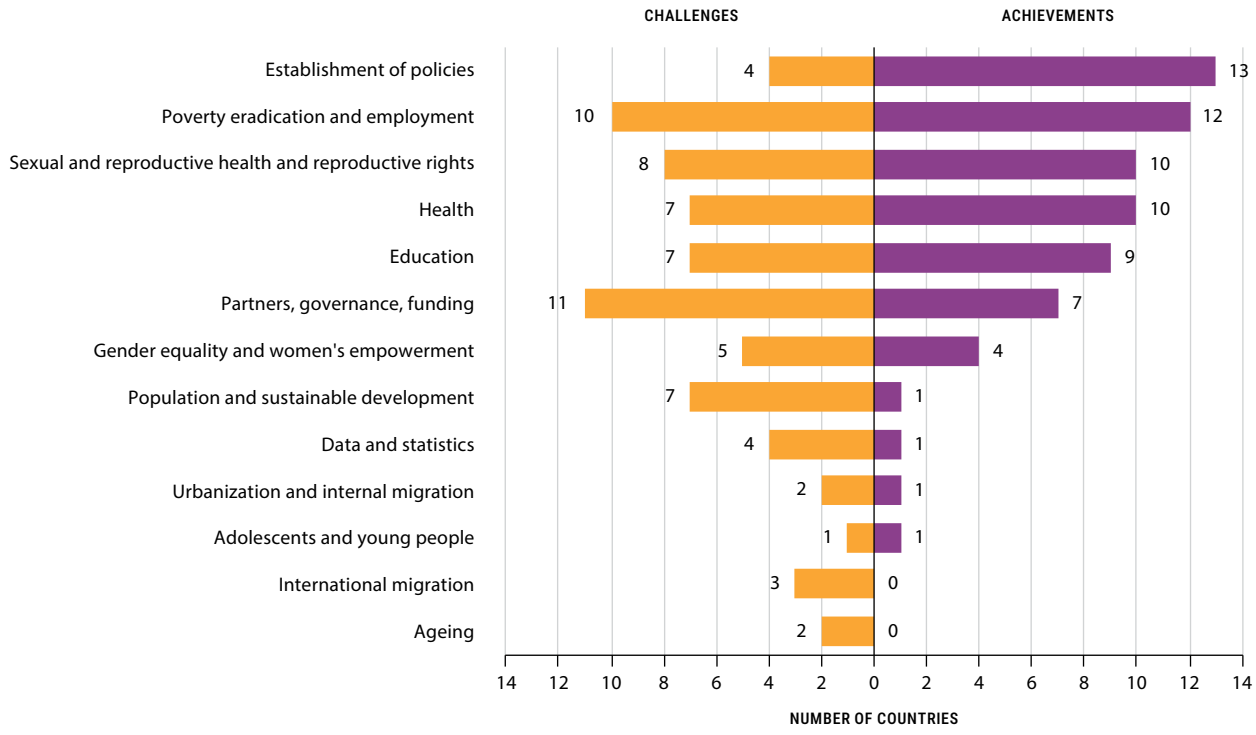
Regarding achievements in the area of population and development, countries reported in the survey that their main achievements since adopting APMD in 2013 had been the development and implementation of national policies, the eradication of poverty and creation of decent work for all, and improvement in general health, as well as sexual and reproductive health and rights. At the same time, the establishment of policies, working with partners and attaining poverty eradication and decent work for all were identified as major challenges. In some areas, challenges were emphasized over achievements, such as in the area of population and sustainable development, data and statistics, and international migration (figure 1.9).

FIGURE 1.8 Inclusion of the priority actions of the 2013 Asian and Pacific Ministerial Declaration in national development plans of Asia-Pacific countries



Source: ESCAP 2022/23 Survey on Population and Development.

FIGURE 1.9 Challenges and achievements in implementing the 2013 Asian and Pacific Ministerial Declaration



Source: ESCAP 2022/23 Survey on Population and Development.

Note: (n=20 for achievements and n=22 for challenges)

5 COVID-19, climate change and population and development

All the challenges described above have been exacerbated by various megatrends and major events, not least climate change. Over the past few years, the impact of the COVID-19 pandemic has been especially significant, and the reverberations of the pandemic continue. It has exacerbated and brought to the fore pre-existing vulnerabilities and inequalities, such as those related to: accessing vaccines and medical assistance, the digital divide and legitimized ageism; discrimination against migrants and other marginalized groups; and placing an even greater burden of care on women. The pandemic has also caused the postponement of several censuses, as well as significant disruption to civil and vital registration services, and survey data collection. Marginalized groups have often been excluded from social protection responses to COVID-19. At the same time, greater flexibility in work and the use of technology to overcome isolation have transpired. Thus, there have been spurs for organizations to develop new (digital) modalities and to enable collection of data and information under challenging circumstances.

Throughout this report there are boxes which explore the extent to which the pandemic has affected progress in some of the APMD priority areas. These boxes are also partly informed by the survey, which included a section inquiring about the impact of the COVID-19 pandemic and other disasters and emergencies. There were also questions asking countries if they were able to build more resilience in their population programmes as well as increase prioritization of population issues, or if the pandemic had resulted in a diversion of funds from population programmes to support other programmes.

If the COVID-19 pandemic has been a 'shock' to population and development, climate change could be seen as a much greater ongoing, unremitting series of shocks affecting people and societies in the short-, medium- and long-term. Although a chapter on climate change is included in this report, it is inevitable that it winds its way throughout the entirety of the report, given the extraordinary impact it is having on life across the region.

6 Conclusions and recommendations

Together, these features lead to the conclusions and recommendations of the report. At the end of each chapter, there are specific recommendations that address the particular priority area.

Of course, some of the recommendations are self-evident: to make stronger and firmer progress towards delivering on the Programme of Action and APMD, and acceleration towards the achievement of the SDGs in this Decade of Action. However, it is necessary to draw more specific and precise recommendations, which are actionable, inclusive, gender-responsive and grounded in a human-rights perspective. Such recommendations also need to be mindful of not just urging to meet these indicators, but also highlighting possible ways to get there. Here, the experience of other countries can serve as an invaluable guide to what works (and, just as importantly, what does not).

In the final chapter, then, broader and overarching recommendations which stem from the entire report are presented. These are firmly grounded in APMD. The recommendations, thus, draw on that declaration, but also other conventions, compacts and agreements, as well as inputs from intervening reviews and the Expert Group Meeting to help inform the report held in Bangkok in June 2023. The recommendations have also, where appropriate, been updated to reflect new and developing trends and issues across the region.



CHAPTER 2

Poverty eradication and employment

Credits: Arvind Jodha/UNFPA
Caption: Young women working hard sewing clothes in Odisha, India.

APMD accords the highest priority to poverty eradication and the elimination of its root causes, with a focus on providing an enabling environment, increasing access to decent employment, and promoting social integration and protection. Likewise, the 2030 Agenda calls for an end to poverty in all its forms and manifestations, along with concerted action on inclusive and sustainable development. Poverty eradication is a stated national priority in the region in affirmation of both APMD as well as SDG 1 of the 2030 Agenda. The ICPD Programme of Action explicitly states that the eradication of poverty is an 'indispensable requirement for sustainable development, in order to decrease the disparities in standards of living and better meet the needs of the majority of the people of the world'. Data gathered from the ESCAP 2020 Indicator Framework on Population and Development form the primary evidence base of this chapter.

There have been improvements in internationally-comparable measures of extreme and absolute poverty across the region over the past ten years. Nevertheless, the extent of these improvements is obscured by different national level measures and the lack of multidimensional and subjective measures. Employment can be a major factor in shaping the experience of poverty. Accessing decent employment, however, is an ongoing challenge for many across the regions, not least as the size of the informal sector remains relatively constant. Women's experiences of work continue to be less positive than men's. Various social protection measures can serve as a means of increasing well-being and insulating people from poverty at various stages across the life-course. However, coverage of the constellation of social protection measures is highly uneven across the region.

A

Overall changes in extreme, absolute and relative poverty

1 Extreme poverty

Goal 1.1 of SDG 1 is 'By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than $1.25 a day'. According to an adapted measure of $1.90 a day at 2011 GDP based on parity purchasing power, there has been very good progress across the region. Almost all countries with data reported for this measure after 2017 show rates of below 5 per cent. Such extreme poverty has effectively been eradicated (<0.5 per cent) in numerous countries of varying levels of GDP per capita, including China, Maldives, Thailand and Türkiye. However, the universality of this improvement is somewhat clouded by the fact that some countries which have seen high rates of extreme poverty in the past have not reported data for after 2015: Azerbaijan, Federated States of Micronesia, Nepal, Nauru, Papua New Guinea, Solomon Islands, Timor-Leste, Tuvalu, Uzbekistan and Western Samoa.

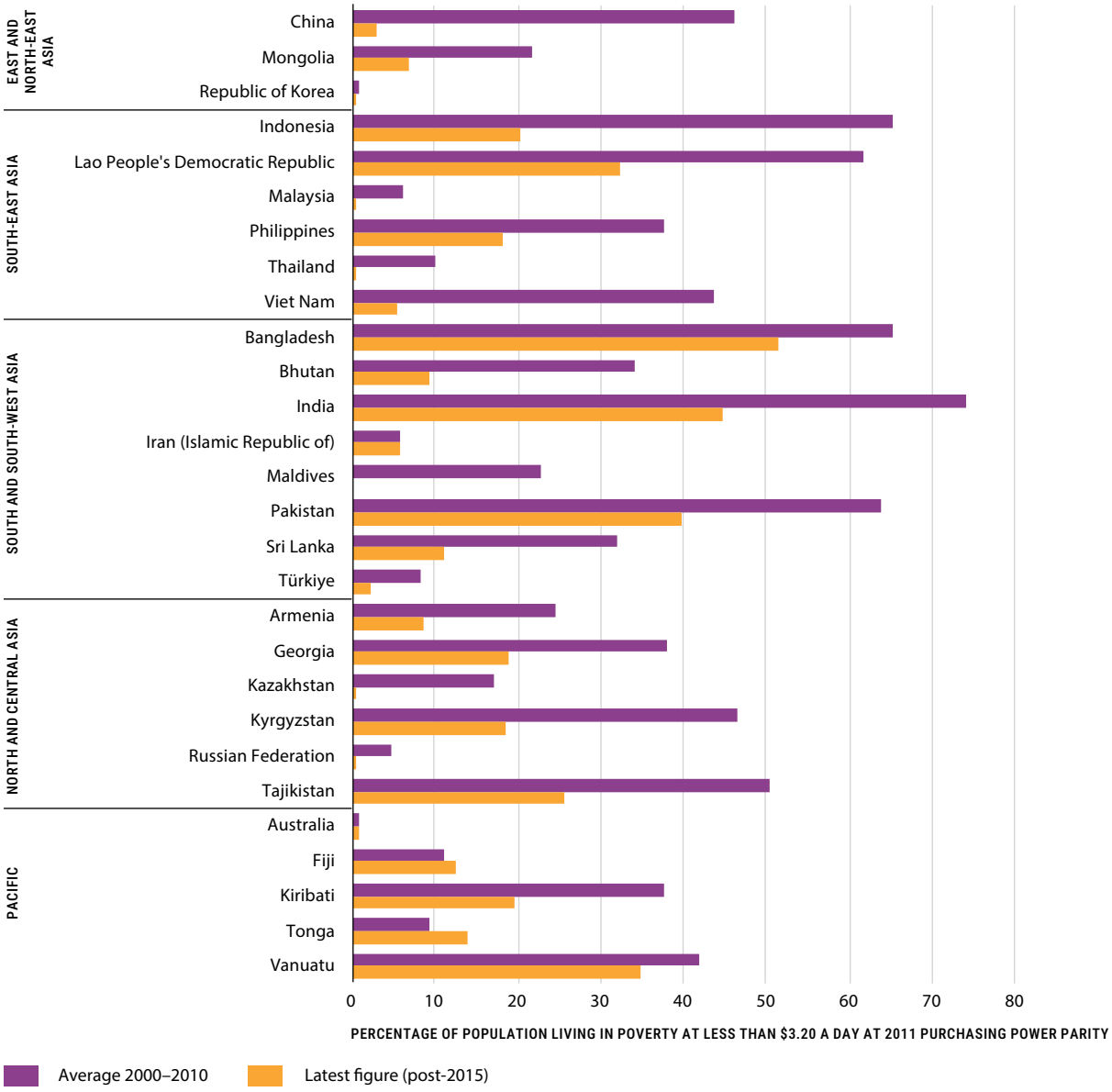
2 Absolute poverty

As figure 2.1 shows, the region has continued to make significant progress towards the reduction of absolute poverty. However, progress is very uneven, with some countries reporting more than 50 per cent of their populations living in poverty at less than $3.20 a day, and others with almost no person living below this poverty line. Progress has also been uneven over time. In the Pacific, rates of absolute poverty have been stagnant for some countries, and in certain cases have increased. In some countries, previously slow declines have accelerated in recent years, while elsewhere, the opposite has been the case, as rapid decreases have slowed down.

3 National poverty rates

National measures of absolute poverty can obscure the reality of economic and social vulnerability. For example, for the population living below the national poverty line, a very different picture emerges. In some countries, such as Malaysia and the Russian Federation, poverty measured by international standards is negligible, but by *national levels* it is still an issue. Elsewhere, however, the opposite is the case. In Bangladesh, in 2016, for instance, 51.6 per cent of the population lived below the international poverty line of $3.20 a day, while 24.3 per cent lived below the *national* poverty line.

FIGURE 2.1 Percentage of population living in poverty at less than $3.20 a day at 2011 purchasing power parity, by Asia-Pacific country and subregion, average 2000–2010 and latest data (post 2015) [SDG 1.1.1]



Source: ESCAP calculations based on ESCAP Statistical Database, see https://dataexplorer.unescap.org/.

Indeed, this is why Goal 1.2 explicitly points to the reduction by half, by 2030, of the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions. In this context, some countries are, indeed, well on the way to meeting their target value. Take, for instance, Viet Nam, which reduced its poverty according to a national definition from 9.8 per cent in 2015 to 6.7 per cent in 2018. Elsewhere, China reduced its poverty from 5.7 per cent in 2015 to zero in 2020. In many other countries, meanwhile, progress towards halving the proportion of people living in poverty according to national definitions is still a distant goal. The COVID-19 pandemic has further affected efforts to meet these goals.

4 Subnational and multidimensional poverty

At the subnational level, regional differentials in poverty, as well as urban-rural disparities, must also be considered. There is evidence to suggest that the urban share of the poor is rising and that the ratio of urban poverty to total poverty incidence has risen with urbanization. However, rural poverty still outstrips urban poverty in many settings. For example, in Bangladesh, the incidence of poverty in rural and urban areas was, respectively, 16.4 and 5.8 per cent in 2016, while in Lao People's Democratic Republic the respective figures, albeit for 2018, were 9.5 and 2.2 per cent. Rural poverty often overlaps with increasingly rapid ageing, leading to multiple

potential vulnerabilities (chapter 8). Rural poverty also relates to lack of food security (chapter 11). In fact, without increasing agricultural productivity and output quality the goal of ending hunger is hard to meet. Other considerations in the context of reducing poverty are improving access to adequate, safe and nutritious food for current generations and those to come and recognizing that women and men in rural areas are essential agents for enhancing agricultural and rural development, as well as food security, safety and nutrition.

Clearly, measuring poverty multidimensionally would be preferable. Such measures consider nationally-specific social and cultural situations, circumstances and norms. Nevertheless, for the region as a whole, only a few countries have robust calculations, and only two — Armenia and Türkiye — have long time series data (both of which show a significant decline in poverty over the past decades). Such measures, which are more 'bottom-up' by nature, should be expanded, not least through incorporating the inputs of vulnerable groups regarding their lived experience of poverty.

B

Drivers of poverty: informal employment and lack of decent work

1 Unemployment

The mixed picture of changing poverty in the region noted above is shaped by a series of underlying drivers. Here the link to SDG 8 is very clear, namely, to *Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.* The inability to obtain decent employment is a major limiting factor when it comes to breaking the poverty cycle. More broadly, guaranteeing decent employment for all is a key component of ensuring countries are able to maximize their potential development under the conditions of the demographic dividend. In this vein, unemployment rates can be indicative of people not being able to access such employment. Compared to other world regions, unemployment in Asia and the Pacific is relatively low. In 2018–20, for the countries with available data, the average unemployment rates across the region were 4.3 per cent in East and Northeast Asia; 7.5 per cent in North and Central Asia; 5.9 per cent in the Pacific; 8.1 per cent in South and South-West Asia and 3.4 per cent in South-East Asia.

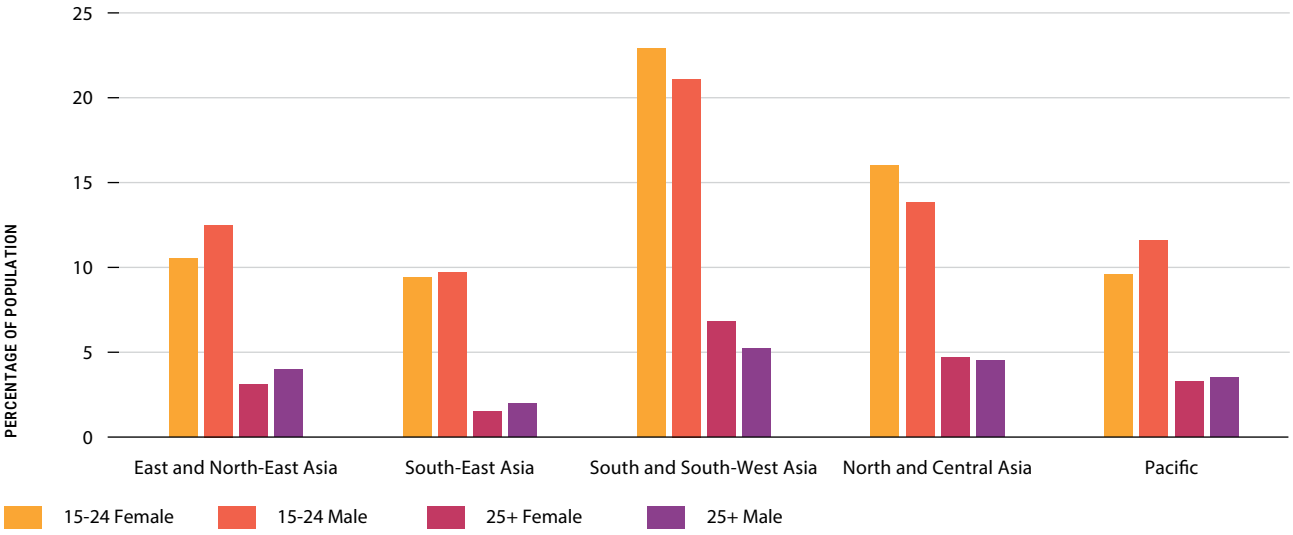
After disaggregation by age, for example, figure 2.2 shows that the youth unemployment rate is much higher than the unemployment rate of the population aged 25+ in all subregions. Indeed, female youth unemployment in the Pacific and South and South-West Asia is almost at 25 per cent. Furthermore, youth unemployment among females is distinctly higher in all subregions (except East and North-East Asia). Many young people are also classified as 'NEET' (not in employment, education, or training — chapter 7).

To better understand the issues at play, it is important to pause and focus on the nature of work in many countries in the region, to consider what 'employment' and 'unemployment' might mean. As the next section discusses, the notion of a 'formal job' — one which is created through contractual arrangements between an incorporated company and an individual employee — is not widespread in many parts of the region, where many are working in the 'informal' sector. As such, very low measures of 'formal' unemployment can misrepresent the true nature of being in- (and out-of-) work in the region.

2 Informal employment

Working in the informal sector is associated with higher poverty levels, less protection of workers, lower per capita incomes and less progress towards the SDGs (World Bank, 2021). This occurs at both the individual level, where work is fragile and unprotected, but also at the macro level, where the ability of a State to develop social protection and other poverty-reducing interventions can be limited by lack of tax revenue. As table 2.1 shows, across the region, the percentage of non-agricultural employment in the informal sector is as high as 96.1 per cent in Tonga (2021) and 91.3 per cent in Bangladesh (2017), and above 75.0 per cent in Afghanistan, Cambodia, India, Lao People's Democratic Republic, Myanmar and Nepal — although, in the case of Nepal, there was a considerable decline from 98.9 per cent in 2008 to 77.4 per cent in 2017. In general, the percentage of the population engaged in the informal sector remained somewhat constant across the region prior to the COVID-19 pandemic — a notable exception is Armenia, where informal employment halved between 2013 and 2020. However, the economic contraction (as well as regression in education outcomes) from the pandemic could augment the size of the informal sector and further increase fragility of employment (chapter 4). This could, in turn, exacerbate pre-existing inequalities in accessing services, food and other necessities (table 2.1) — especially among women, older persons, migrants and other individuals facing disadvantages (next section and chapter 9).

FIGURE 2.2 Unemployment rates, unweighted subregional averages, by Asia-Pacific subregion, latest available years



Source: ESCAP Statistical Database, see https://dataexplorer.unescap.org/.

TABLE 2.1 Informal employment in non-agricultural employment — percentage of total employment, by Asia-Pacific country and subregion, latest available year [SDG 8.3.1]

SUBREGION	COUNTRY	YEAR	PERCENTAGE
East and North-East Asia	Mongolia	2022	25.8
	Republic of Korea	2019	23.1
South-East Asia	Brunei Darussalam	2021	33.5
	Cambodia	2019	83.1
	Indonesia	2022	74.4
	Lao People's Democratic Republic	2017	75.1
	Myanmar	2020	79.4
	Thailand	2018	51.9
	Timor-Leste	2021	70.5
	Viet Nam	2022	53.3
South and South-West Asia	Afghanistan	2021	82.4
	Bangladesh	2017	91.3
	India	2021	81.2
	Maldives	2019	40.9
	Nepal	2017	77.4
	Pakistan	2021	75.2
	Sri Lanka	2020	58.1
	Türkiye	2022	17.5
North and Central Asia	Armenia	2021	21.0
	Georgia	2020	25.3
	Kyrgyzstan	2021	56.7
Pacific	Australia	2021	25.2
	Cook Islands	2019	27.7
	Fiji	2016	24.6
	Kiribati	2020	43.5
	Marshall Islands	2021	32.0
	Nauru	2021	47.8
	Samoa	2017	19.4
	Tonga	2021	96.1
	Vanuatu	2019	50.5

Source: International Labour Organization, ILOSTAT explorer, see https://ilostat.ilo.org/data/.

Facilitated by further and deeper digital penetration and accessibility, the 'gig economy' has grown significantly over the past decade. This sector, where people balance a range of income streams and work independently, job-by-job, presents both challenges and opportunities. Clearly opportunities for flexible, fast work are present. However, many workers in the 'gig economy' face the same challenges as those in the informal sector, namely limited access to basic protection measures and rights (WEF, 2021).

This final point relating to the 'gig economy' raises the important question of defining what the informal economy means for different people in differing places. This has important consequences not only for definitional and measurement purposes, but for framing appropriate policies, such as building a more inclusive social protection framework for such workers.

3 Gender, work and poverty

Poverty also has unequal gendered dimensions. Indeed, the Beijing Declaration and Platform for Action, adopted in 1995, reflects the urgency around women and poverty by making it the first of 12 critical areas of concern. Women are at a high risk of being poor in Asia and the Pacific (UN Women, n.d.a). Discrimination in employment and education (see chapter 5), coupled with unequal (unpaid) care responsibilities and lack of knowledge of available jobs due to smaller networks of working individuals, exacerbates economic insecurity for women. This is often compounded by limited decision-making power, inability to control assets and poor health outcomes, which, in turn, combine to limit opportunities to break the poverty cycle (see chapter 6).

According to ILO, in Asia and the Pacific, 66 per cent of all workers make their living from the informal economy — 60 per cent if agriculture is excluded (ILO, 2023). Within the region, informality is highest in South-Eastern Asia and Southern Asia, both excluding and including agriculture. Men are more likely to be engaged in informal employment than women, especially if agriculture is excluded (64 and 53 per cent, respectively), with the exception of the Pacific. Indeed, even in some higher income settings, female labour force participation has declined for a variety of reasons, including discrimination in an increasingly competitive job market and an inability to balance work and family amidst unequal, gendered divisions of labour at home. Multiple vulnerabilities over the life course are compounded in older age, especially when combined with limited opportunities to earn income. Meanwhile, in 2021, at younger ages, the rate of being NEET for females in the Asia-Pacific region was 36.7 per cent compared to 13.6 per cent for males (ILO, 2020a). Box 2.1 highlights a good practice from Samoa in reducing gender inequalities through work.

On a more structural level, loss of income due to unemployment can have a lasting negative impact in reducing overall poverty levels. In the long run, then, not achieving gender parity in education will affect employment and the ripple effect of this could be a large gap, especially in essential services, where it would be hard to reduce poverty as well as have in place the human resources needed to reduce morbidity and mortality (see chapters 3, 5 and 6).

4 Population decline and employment

As a result of the demographic changes described above, the working-age (15–64) population in Asia and the Pacific quadrupled from 869 million in 1950 to 3.2 billion in 2023. This latter figure represents 67.3 per cent of the total population in the region, while women make up about 49 per cent of the working-age population. The working-age population is projected to peak at 3.3 billion by the mid-2030s, representing 66.8 per cent of the total population, and then start to decline. More specifically, between 2023 and 2050 this population is projected to decline in 13 countries, with the 7 most affected countries, as well as the 6 seeing the largest growth, shown in figure 2.3. Unless appropriate labour and social policies are enacted, this could have significant effects on the economy and overall economic growth in the region.

Although the hardest impact of the COVID-19 pandemic seems to have past, the effects on employment and poverty have been severe (box 2.2) and continue to be felt, especially by the most vulnerable and marginalized segments of society.

BOX 2.1 Catalyzing Women's Entrepreneurship – fostering women's economic empowerment: Samoa

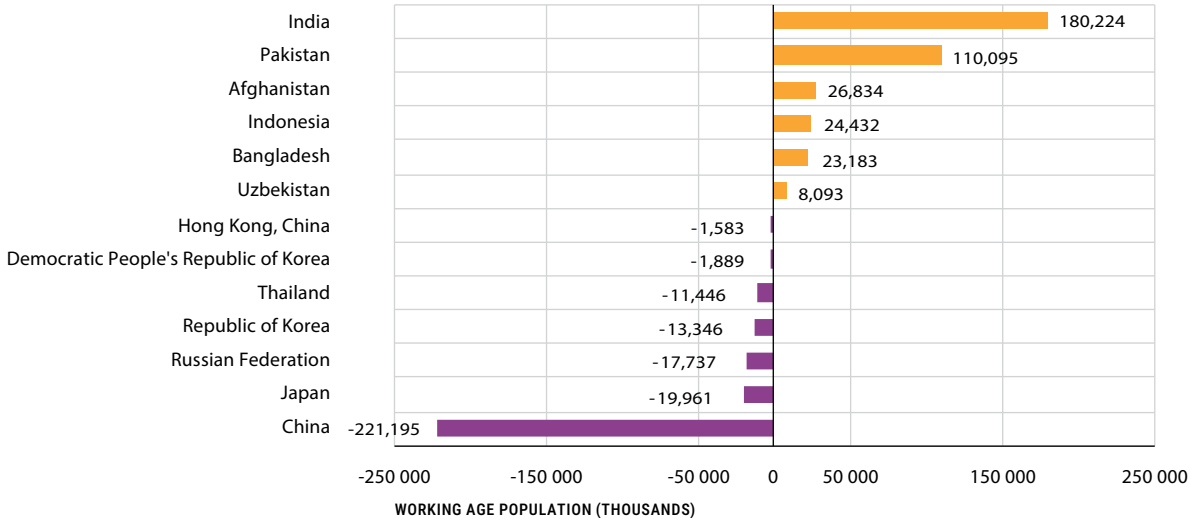
Over the period 2018 to 2024, ESCAP is implementing a project on fostering women's economic empowerment and increasing gender equality by supporting women's entrepreneurship in seven countries across the region (Bangladesh, Cambodia, Fiji, Nepal, the Philippines, Samoa and Viet Nam). From 2020 to 2023, the project has been implemented in Samoa. In collaboration with the Ministry of Commerce, Industry and Labour and the Trade, Industry and Commerce Board, a national coordination mechanism on women's entrepreneurship was established.

Moreover, Samoa's first-ever baseline assessment on women-led businesses was undertaken, complemented by a study on the business licensing process for women entrepreneurs. The research demonstrated the critical barriers that women entrepreneurs face. The studies also made concrete recommendations on how to address some of these barriers.

Through the project, an indicator framework on Samoa's micro, small and medium enterprise development policy and strategy has been developed. This framework has equipped the government with the means to implement and monitor progress against specific goals outlined in the strategy that pertain to women entrepreneurs. In addition, more than 100 women entrepreneurs have been trained on digital marketing and e-commerce.

Source: ESCAP 2022/23 Survey on Population and Development, and https://samoaglobalnews.com/the-ministry-of-com45merce-industry-and-labour-in-partnership-with-the-united-nations/

FIGURE 2.3 Change in working age population (15–64 years old) between 2020 and 2050 for selected Asia-Pacific countries/areas (thousands)



Source: United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition.

BOX 2.2 COVID-19, employment and poverty

The COVID-19 pandemic in many ways turned the world of work upside down for countless people. It continues to have a dramatic effect on the jobs, livelihoods and well-being of workers and their families, and on enterprises across the globe, particularly small- and medium-sized ones. While certain sectors and industries have successfully moved online, pointing the way towards exciting innovations in the world of work, millions of workers have lost their livelihoods and many more — especially women who are concentrated in highly-exposed sectors — remain at risk. As with so many aspects of the pandemic, the impacts are falling disproportionately on those already in precarious circumstances and who can least absorb additional blows (UNSDG, 2020a).

Focusing on Asia and the Pacific, the COVID-19 pandemic has clearly had a severe negative impact on employment and, hence, poverty. The Asian Development Bank estimates that the pandemic pushed 4.7 million people in South-East Asia alone into extreme poverty in 2021, as 9.3 million jobs disappeared, compared with a baseline no-COVID-19 scenario. Their analysis found that such worsening of conditions was especially felt among women, younger workers and older persons (ADB and UN Women, 2022a).

Migrants have also disproportionately faced a heavy economic burden under the conditions of the pandemic. Apart from the nature of their work, which is disproportionately in 'frontline' services in the health, care and service sectors, migrants are often not included in social security provisions like unemployment insurance or income support and have been disproportionately affected by border closures and lockdowns, leaving many vulnerable to exploitation and abuse. Remittance flows slowed during the pandemic in some parts of Asia and the Pacific, such as East Asia and the Pacific, but remained resilient in South Asia during. In the post-COVID-19 period, remittances have generally increased and have become even more important as a source of external financing (Ratha et al, 2023).

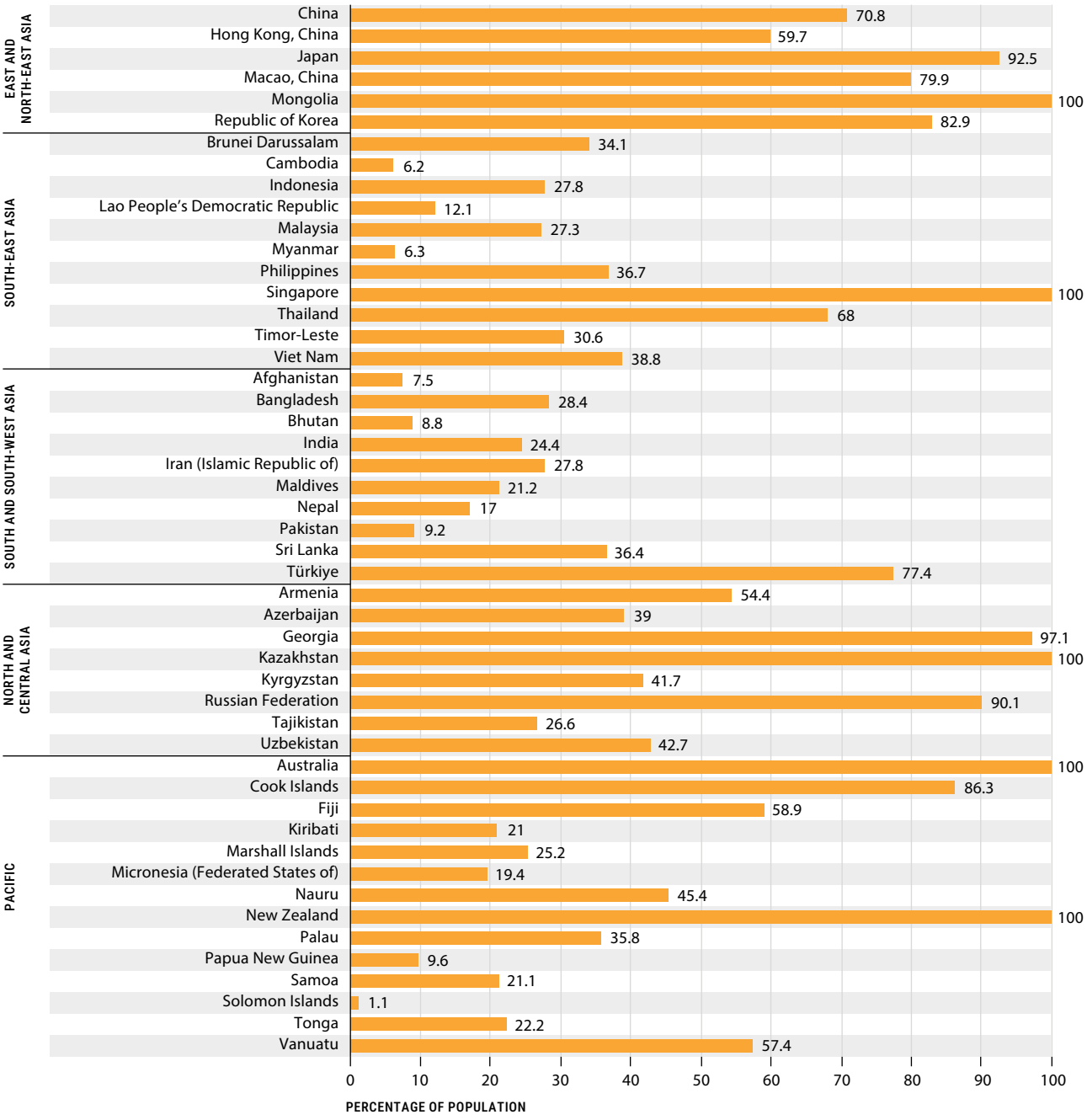
Women have been particularly affected by the pandemic. Because they generally earn less, hold insecure jobs or live close to poverty, the COVID-19 pandemic has deepened gender-specific inequalities (United Nations, 2020). Moreover, greater economic and social stress. coupled with restricted movement and social isolation measures, has led to an increased risk in gender-based violence. Many women have been forced to 'lockdown' at home with their abusers, while services to support survivors have been disrupted or made inaccessible. These impacts have been further amplified in contexts of fragility, conflict and emergencies, where social cohesion has already been undermined and institutional capacity and services have been limited (ADB and UN Women, 2022b).

C Offsetting mechanisms

1 Social protection

As well as delivering decent employment and reaching the targets of SDG 8, there are several offsetting mechanisms which can be developed to also meet the SDG 1 targets. Indeed, Target 1.3 is to 'Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable'. As figure 2.4 shows, coverage levels are very uneven across the region. Between 2018 and 2020, 100 per cent of the population was covered by at least one social protection benefit in countries such as Australia, Kazakhstan, Mongolia, New Zealand and Singapore. In some other cases, dramatic increases occurred. In Georgia, for example, the percentage covered by at least one social protection benefit rose from 28.6 per cent in 2016

FIGURE 2.4 Population covered by at least one social protection benefit, percentage of population, by Asia-Pacific country/area and subregion, 2020 or latest available year [SDG 1.3.1]



Source: ESCAP Statistical Database, see https://dataexplorer.unescap.org/.

to 97.1 per cent in 2020. In several other countries, meanwhile, rates were extremely low. In 2020, less than 10 per cent of the population of countries such as Afghanistan, Bhutan, Cambodia, Myanmar, Pakistan, Papua New Guinea and Solomon Islands were covered. In such places, significant progress needs to be made during this Decade of Action (see chapter 8 on older persons in vulnerable situations and the divergent trends in pension coverage). Delivering these social protection mechanisms can bring associated challenges as well as ways to overcome them (box 2.3).

Other social protection measures can operate in more indirect ways to combat poverty. For example, Action 4.13 of the Programme of Action of ICPD states: 'Countries are strongly urged to enact laws and to implement programmes and policies which will enable employees of both sexes to organize their family and work responsibilities through flexible workhours, parental leave, day-care facilities, maternity leave, policies that enable working mothers to breast-feed their children, health insurance and other such measures. Similar rights should be ensured to those working in the informal sector.' The family and community are, likewise, important contributors to social protection, often insulating individuals from social and economic shocks. Labour protection policies are also critical, especially regarding injury or sickness (box 2.4). Indeed, many of these factors have significant effects across the life course.

There are many mutually-reinforcing aspects for enhancing social protection and promoting other policies. For instance, improving decent employment and expanding robust labour protection policies can increase income protection levels across the life course (ESCAP, 2022a). Universal health coverage can also act as a form of social protection and, in turn, mitigate against poverty (chapter 3). Elsewhere, social protection policies can be intrinsically linked to mainstreaming gender policies (chapter 6), for example regarding asset control.

BOX 2.3 Pantawid Pamilyang Pilipino Programme – social assistance and social development programme to address poverty: The Philippines

The Philippines introduced the Pantawid Pamilyang Pilipino Programme as a human development measure to provide conditional cash grants to poor families and to improve the health, nutrition and the education of poor children below 18 years of age. In addition to providing monetary support to poor families, the programme: provides health check-ups for pregnant women and children below 5 years of age; deworming of schoolchildren aged 6 to 14; and enrolment of children in daycare, elementary and secondary schools. It also offers family development support.

The programme is implemented in 17 regions in the Philippines, covering 79 provinces, 143 cities and 1,484 municipalities. Beneficiaries are selected through the National Household Targeting System for Poverty Reduction, which identifies and locates poor families, in terms of who and where the poor are in the country. Since its inception, in 2007, the Pantawid Pamilya Pilipino Program has expanded and now covers about 30 per cent of eligible poor households in the Philippines.

Source: ESCAP 2022/23 Survey on Population and Development.

BOX 2.4 Workers' Compensation Act – compensation programme for injured or sick workers: The Cook Islands

The Ministry of Internal Affairs of the Cook Islands, through its Labour and Consumer Division, is in the process of drafting a Workers Compensation Act. This draft act is supported by the National Workers' Compensation Policy, through which the Government is committed to establishing and maintaining a modern, fair and sustainable workers' compensation system that provides appropriate benefits in a timely fashion to workers who suffer injuries or illnesses as a result of their work. This includes an efficient and effective system for collecting employer premiums and arrangements that facilitate the early and sustainable return to work of injured and ill workers.

The policy has been approved by the Cabinet, and it serves as the foundation for the draft act, currently sitting with Crown Law for completion and submission to Parliament for adoption. Once the new system is enacted, it will address the vulnerability and precarity faced by many workers and their families.

Source: ESCAP 2022/23 Survey on Population and Development.

D

Recommendations

1 Prioritize poverty eradication and the elimination of its root causes, with a focus on addressing inequality, providing an enabling environment for disadvantaged subpopulations, increasing access to quality formal/non-formal education and decent employment, especially for young people, and promoting social protection.

2 Enhance food security and urgently reduce hunger through increased agricultural productivity and output quality, as well as increased access to adequate, safe and nutritious food for present and future generations. In this regard, revitalize the agricultural and rural development sectors and take necessary actions to better address poverty and the needs of rural communities.

3 Empower rural women and men, who often work in the agricultural sector, as critical agents for enhancing agricultural and rural development and food security, safety and nutrition.

4 Adopt forward-looking macroeconomic policies for job creation that promote sustainable development and lead to sustained, inclusive and equitable economic growth; ensure decent work for all, increase productive employment opportunities, and promote agricultural and industrial development.

5 Provide the poor in both rural and urban areas with new job opportunities, including support to small and medium-sized enterprises and promotion of entrepreneurships, through, among others, promoting equal skills development and employment opportunities, and reducing wage gaps between women and men.

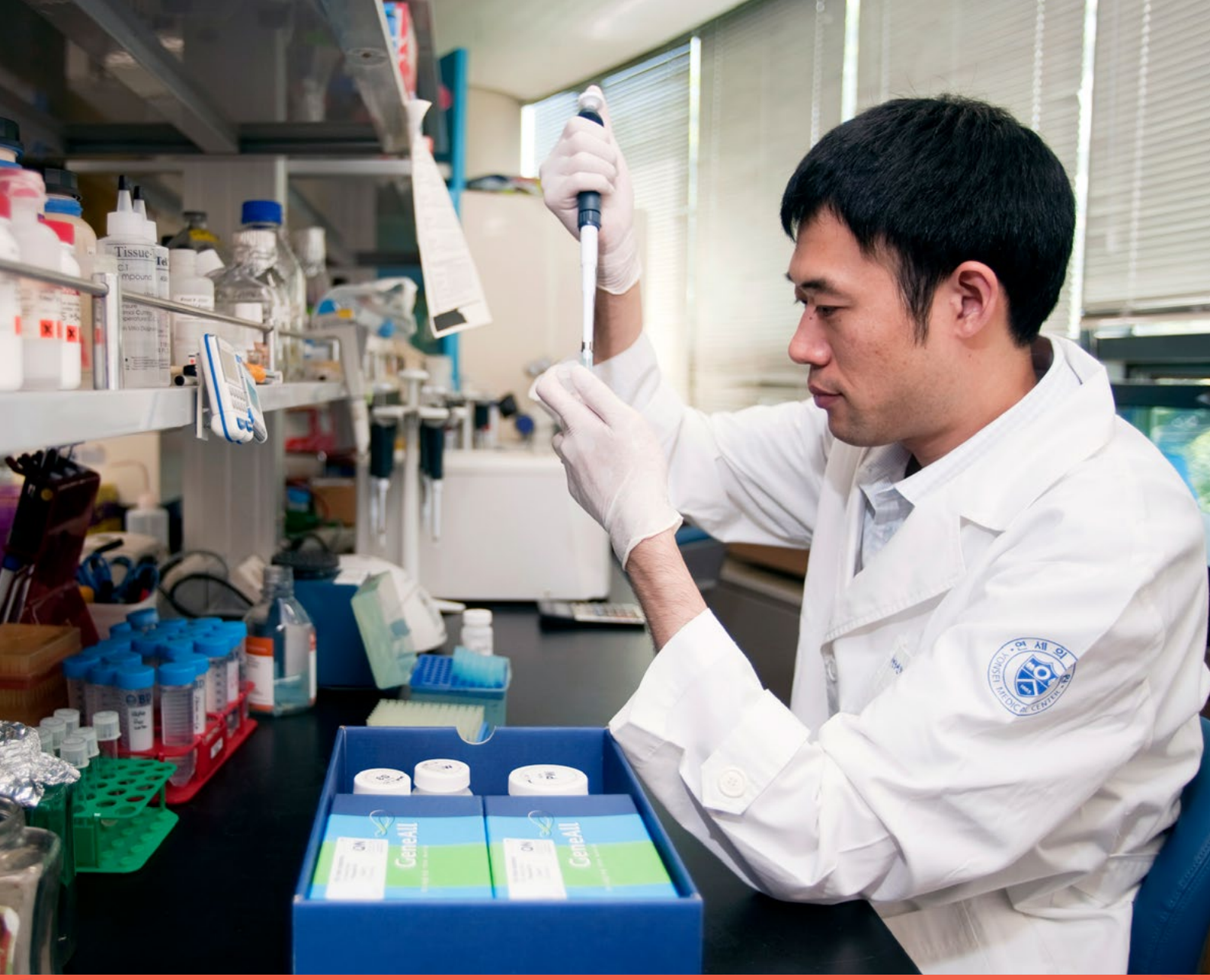
6 Address the challenge of youth unemployment by developing and implementing policies and strategies that provide young people, especially young women, with access to decent and productive work, as, over the coming decades, openings in such work will need to be created to ensure sustainable and inclusive development and to reduce poverty.

7 Provide women and girls with better access to education, employment and social protection, so they can become productive forces, especially in the context of rapid ageing in the region and the need for income security in old age.

8 Invest in providing high-quality vocational and technical training that results in entrepreneurial skills development which covers larger parts of the population, especially unemployed youth, disadvantaged young women and people, especially those susceptible to poverty, living in rural areas.

9 Guarantee universal social protection, incorporating minimum levels of income and the basic standards of health, education and shelter that should be accessible to all; universal social protection should include unemployment benefits, universal old-age pensions, and appropriate child and disability allowances.

10 Develop or strengthen inclusive social protection systems, with particular attention given to older persons, especially older women, migrants and persons with disabilities, including the provision of universal pensions and the strengthening of solidarity among generations and intergenerational partnerships, as well as bonds within families to ensure the care, protection, economic security and empowerment of older persons.



CHAPTER 3

Health

Credits: UN Photo, Kibae Park
Caption: University staff member prepares vaccinations at Yonsei University, Republic of Korea.

APMD calls for national commitment towards achieving universal health coverage by developing well-functioning, quality and responsive public health services reaching out to the poorest and most marginalized population groups. SDGs 3 and 5 of the 2030 Agenda emphasize the critical importance of health and well-being for all. Principle 8 of the ICPD Programme of Action states that 'Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health'. Finally, health-care services in both the private and public sectors should be gender-responsive and rights-based, and better health outcomes should be driven by a holistic linkage between health systems in development, peace and humanitarian settings. Data gathered from the ESCAP 2020 Indicator Framework on Population and Development form the primary evidence base of this chapter.

Over the past decade, core measures of mortality have continued to improve across the region — COVID-19 notwithstanding. While many countries are on course to meet infant and child mortality targets, others are not, and bridging the 'last mile' is proving problematic. While overall mortality is improving, the landscape of health is becoming more complex, as chronic diseases (which require both health and social care) continue to replace infectious diseases as a primary cause of death and ill-health. Improvements in accessing medical facilities can be seen throughout the region; however, challenges regarding quality, costs, out-of-pocket expenditure and the coverage of universal health care remain. While the COVID-19 pandemic has pushed forward a revolution in vaccine technology, disinformation has increased vaccine hesitancy.

A Overall trends

1 Life expectancy at birth

Since the 1950s, life expectancy at birth in Asia and the Pacific has increased by about 30 years, from 42.9 years in 1950 to 74.9 years in 2023. Over the next 30 years, it is projected to increase by another 4.6 years. Not only are more people surviving to old age, once they are there, they tend to live longer (see figure 1.4 earlier). Although there are still sizable differences in this core measure across the region, the gap between the highest and the lowest life expectancy at birth across the region is almost as great as the gap in levels found across the whole world. In 2023, data show that Australia; French Polynesia; Japan; Hong Kong, China; Macao, China; New Zealand and the Republic of Korea all have estimated life expectancies at birth of greater than 83 years. On the other hand, overall life expectancy at birth is estimated at lower than 73.4 years, the global average, in 32 countries/areas. The ten countries with the highest and with the lowest life expectancy at birth are listed and ranked in table 3.1.

Female life expectancy at birth across the region is higher than that of males — a feature which leads to the 'feminization of old age'. This is especially the case in some countries in North and Central Asia. However, while females may live for longer, their lives in older age are often characterized by poorer health and greater social and economic vulnerabilities (chapter 8).

TABLE 3.1 Ranked lists of the ten Asia-Pacific countries with the highest and lowest life expectancy at birth, both sexes, males and females, and female advantage, 2023

HIGHEST LIFE EXPECTANCY					LOWEST LIFE EXPECTANCY				
COUNTRY/AREA	BOTH SEXES	MALES	FEMALES	FEMALE ADVANTAGE	COUNTRY/AREA	BOTH SEXES	MALES	FEMALES	FEMALE ADVANTAGE
Hong Kong, China	85.8	83.0	88.7	5.7	Nauru	64.2	60.7	68.0	7.3
Macao, China	85.5	82.9	88.1	5.2	Afghanistan	64.2	61.2	67.4	6.2
Japan	84.9	81.9	88.0	6.1	Tuvalu	65.0	61.3	69.6	8.3
Singapore	84.3	82.1	86.4	4.3	Marshall Islands	65.3	63.6	67.3	3.7
Republic of Korea	84.1	80.8	87.2	6.4	Palau	65.5	62.4	69.5	7.1
Australia	83.7	81.9	85.6	3.7	Papua New Guinea	66.1	63.5	69.3	5.8
French Polynesia	83.7	81.5	86.1	4.6	Pakistan	67.3	65.1	69.7	4.6
New Zealand	83.2	81.4	84.8	3.4	Myanmar	67.5	64.4	70.7	6.3
New Caledonia	81.2	77.8	84.7	6.9	Kiribati	67.8	65.9	69.6	3.7
Maldives	81.1	80.3	82.1	1.8	Fiji	68.4	66.6	70.4	3.8

Source: United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition.

Life expectancy at birth, a widely used measure, can present a somewhat misleading picture of mortality change. In some respects, it is preferable to break down mortality by different age groups. As discussed further in chapter 8, improvements in health and mortality at older ages have led to notable increases in life expectancy at ages 60 and 85. Nevertheless, it is mortality at younger ages which contributes most to fluctuations in overall life expectancy. Furthermore, as discussed later in this chapter and in chapter 8, health and morbidity (sometimes measured by healthy life expectancy) are critical factors in shaping well-being.

2 Infant and child mortality

As figure 3.1 shows, there have been notable improvements in infant and child mortality; these contribute to achieving SDG 3.2.1, namely: 'By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.' The reductions in infant and child mortality are due to improved medical and sanitary conditions, better nutrition and public health initiatives, as well as access to health services. In some countries, infant mortality rates are lower than 5 infant deaths per 1,000 births (such as Australia, Japan, New Zealand, the Republic of Korea, the Russian Federation and Singapore). On the other hand, countries including Afghanistan, Kiribati, Lao People's Democratic Republic, Myanmar, Pakistan, Papua New Guinea, Timor-Leste and Turkmenistan, have infant mortality rates above 30 infant deaths per 1,000 live births.

In the region, 33 countries have already surpassed the 2030 target of reducing under-5 mortality to below 25. In some countries, the decline has been quite remarkable: in China and Maldives, for example, the under-5 mortality rates in 2000 were 36.7 and 38.9, respectively. By 2020, these had fallen to 7.4 and 6.5, respectively — some of the lowest rates in the world. However, as figure 3.2 shows, in other countries, while dramatic declines in under-5 mortality rates have been seen, the 2020 rates are still far from the target of 25. In this sense, Action 8.17 of the ICPD Programme of Action remains highly valid: 'All Governments should assess the underlying causes of high child mortality and should, within the framework of primary health care, extend integrated reproductive health-care and child-health services [including safe motherhood, child-survival programmes and family-planning services] to all the population and particularly to the most vulnerable and underserved groups. These services should include prenatal care and counselling, with special emphasis on high-risk pregnancies and the prevention of sexually transmitted diseases and HIV infection; adequate delivery assistance; and neonatal care, including exclusive breast-feeding, information on optimal breast-feeding and on proper weaning practices, and the provision of micronutrient supplementation and tetanus toxoid, where appropriate…'

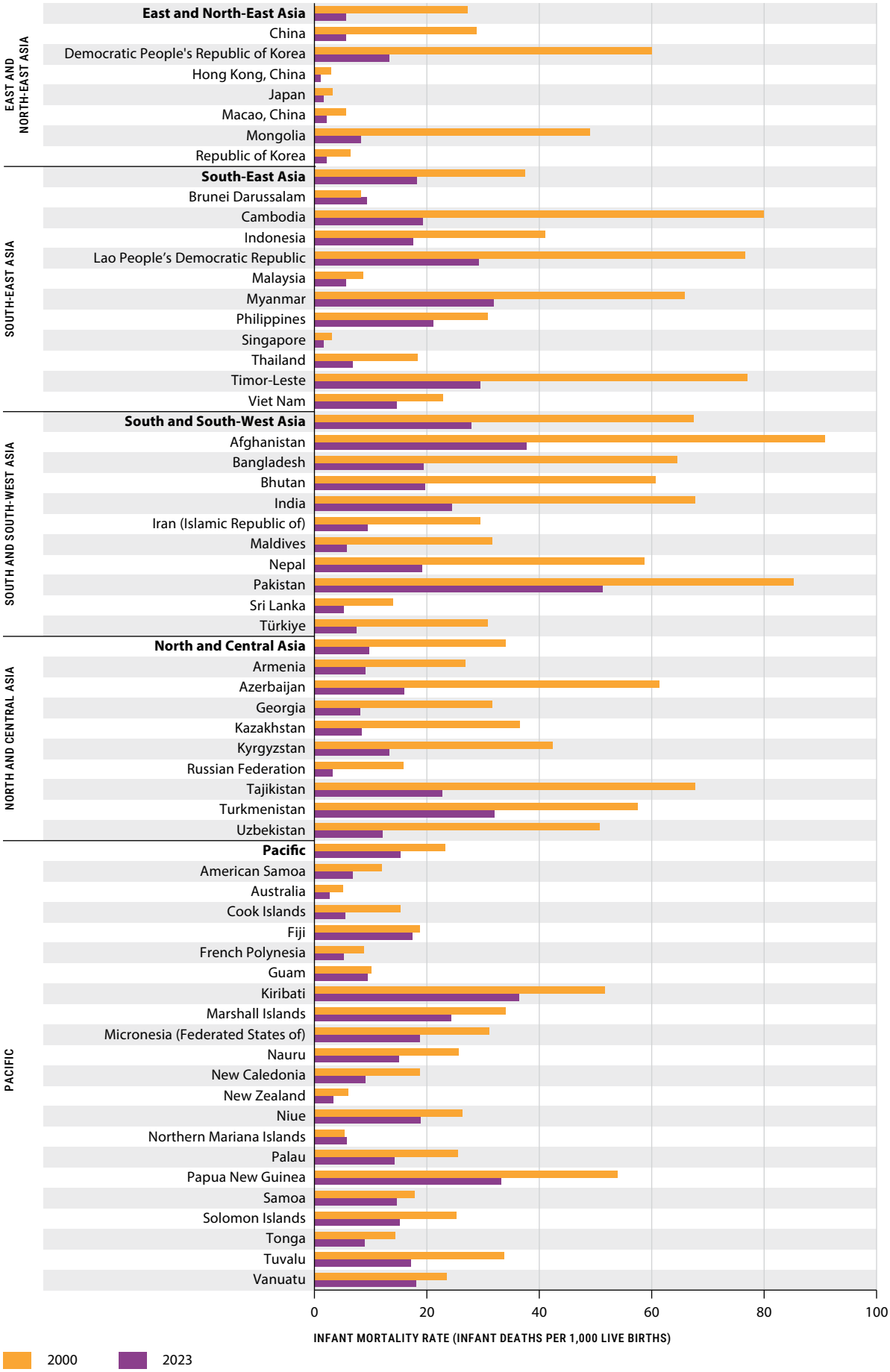
B Burden of disease

1 Epidemiological transition

Across the region, the 'epidemiological transition' — whereby early deaths are replaced by late deaths, and communicable diseases by non-communicable diseases — continues at pace (WHO, 2020). For instance, in South-East Asia, in 2000, tuberculosis accounted for around 6.0 per cent of total deaths. By 2019, this figure was down to 3.6 per cent. Meanwhile, ischemic heart disease and stroke combined accounted for around 23.0 per cent of deaths in 2000; but, by 2019, this had risen to over 30.0 per cent. Significant increases have occurred in the incidence of other diseases related to lifestyle. In older age, non-communicable diseases have become the leading cause of death globally and in Asia and the Pacific, while Disability Adjusted Life Years lost to Alzheimer's and diabetes have risen dramatically across the region. The most common non-communicable diseases are cardiovascular diseases (including heart disease and stroke), diabetes, cancer and chronic respiratory diseases (including chronic obstructive pulmonary disease and asthma).

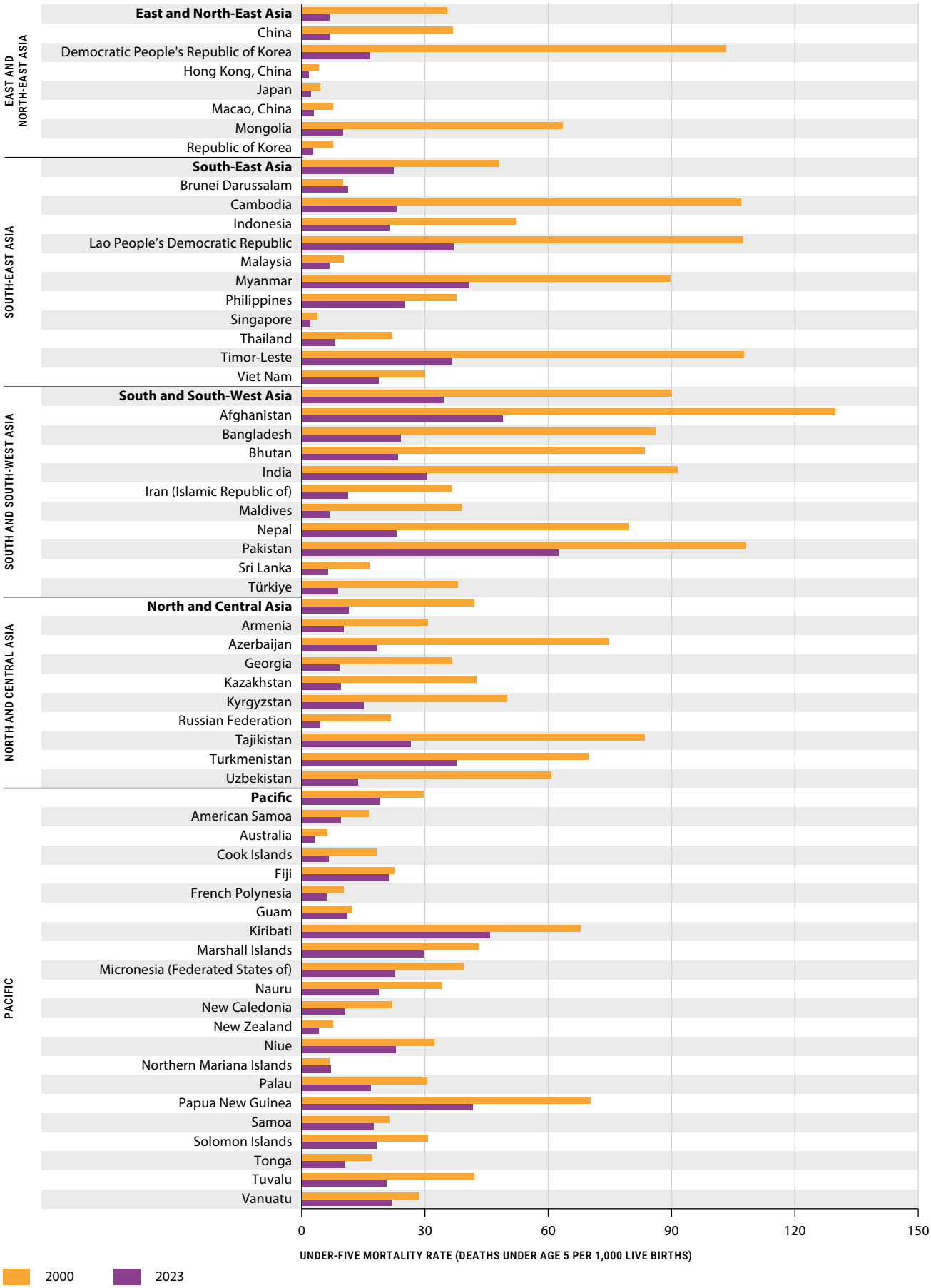
Despite the above, the ongoing prevalence of communicable diseases should not be neglected. Action 8.17 of the ICPD Programme of Action, for instance, emphasises that 'All countries should give priority to efforts to reduce the major childhood diseases, particularly infectious and parasitic diseases.'

FIGURE 3.1 Infant mortality rates, by Asia-Pacific country/area and subregion, 2000 and 2023 [SDG 3.2.1]



Source: United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition.

FIGURE 3.2 Child (under-5) mortality rates, by Asia-Pacific country/area and subregion, 2000 and 2023 [SDG 3.2.1]



Source: United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition.

Overall HIV incidence is low in the Asia-Pacific region (0.03 per 1,000 population in 2020), with the highest incidence in Oceania (0.37/1,000). During 2022, in the region, there were approximately 6.5 million people living with HIV, 300,000 new HIV infections and 150,000 AIDS-related deaths. Most new HIV infections (96 per cent) in the region occur among key populations[4] and their sexual partners, significantly more than globally (70 per cent). Approximately 83.3 per cent of all new HIV infections in the region occur via sexual transmission, 5.3 per cent via vertical transmission — mostly subsequent to sexual transmission, and 11.4 per cent via shared drug injecting. Other sexually transmitted infections are highly prevalent in the region. For instance, during 2020, an estimated 44.3 million new cases of gonorrhoea and 1.5 million new cases of syphilis occurred within World Health Organization (WHO) South-East Asia and Western Pacific regions combined.

While the number of new HIV infections has decreased sharply across the region (SDG 3.3.1), many countries are still far away from meeting their 2030 target of zero new infections. In 2020, 14 countries had new infection rates of 10 or more per 100,000 people (Bhutan, Fiji, Georgia, Indonesia, Kazakhstan, Kyrgyzstan, Lao People's Democratic Republic, Malaysia, Myanmar, Papua New Guinea, the Philippines, Tajikistan, Thailand and Uzbekistan), a figure which had been broadly stable for the preceding 15 years.

To take another example, enteric infections and respiratory infections/tuberculosis are still the third- and fifth-leading cause of death in South Asia (IHME, 2020). These figures, as well as the ongoing risk of developing antimicrobial resistance, clearly demonstrate the incomplete nature of the epidemiological transition, and the continued need to invest in, and pay attention to, infectious diseases. Although the direct mortality impacts resulting from COVID-19 have abated, the effects on health have been significant and continue to be felt (box 3.1).

Finally, the processes of migration and health are inextricably linked in complex ways, with migration often affecting the mental and physical health of individuals and communities. Health itself can be a motivation for moving or a reason for staying, and migration can have implications on the health of those who move, those who are left behind and the communities that receive migrants. Moreover, there is a brain drain of health workers which is affecting health systems across the region (chapter 9).

4 Key populations are defined as men who have sex with men, people who inject drugs, sex workers and transgender persons.

BOX 3.1 COVID-19 and health

Clearly, the most direct effect of the COVID-19 pandemic has been on health and mortality. Figure 3.3 shows the estimated excess deaths due to COVID-19 as a percentage of total deaths in Asia and the Pacific. There are significant regional imbalances, with the North and Central Asian subregion being particularly hard hit. A major challenge, however, rests in the measurement of excess mortality, and distinguishing COVID-19 as a cause of death, especially amongst populations already diagnosed with chronic disease.

Beyond mortality, various aspects of health and morbidity have been affected by the pandemic. Many across the region are still suffering from 'Long COVID', and the mental health costs to various groups — not least through loneliness, stress and anxiety — is high. Indirectly, many routine operations and other medical services have been postponed, leading to more prolonged illness and often death, as well as a greater burden on care for families. The pandemic has also exposed the challenges of reliance on digital health services in the context of unequal access to, and understanding of, the necessary technology.

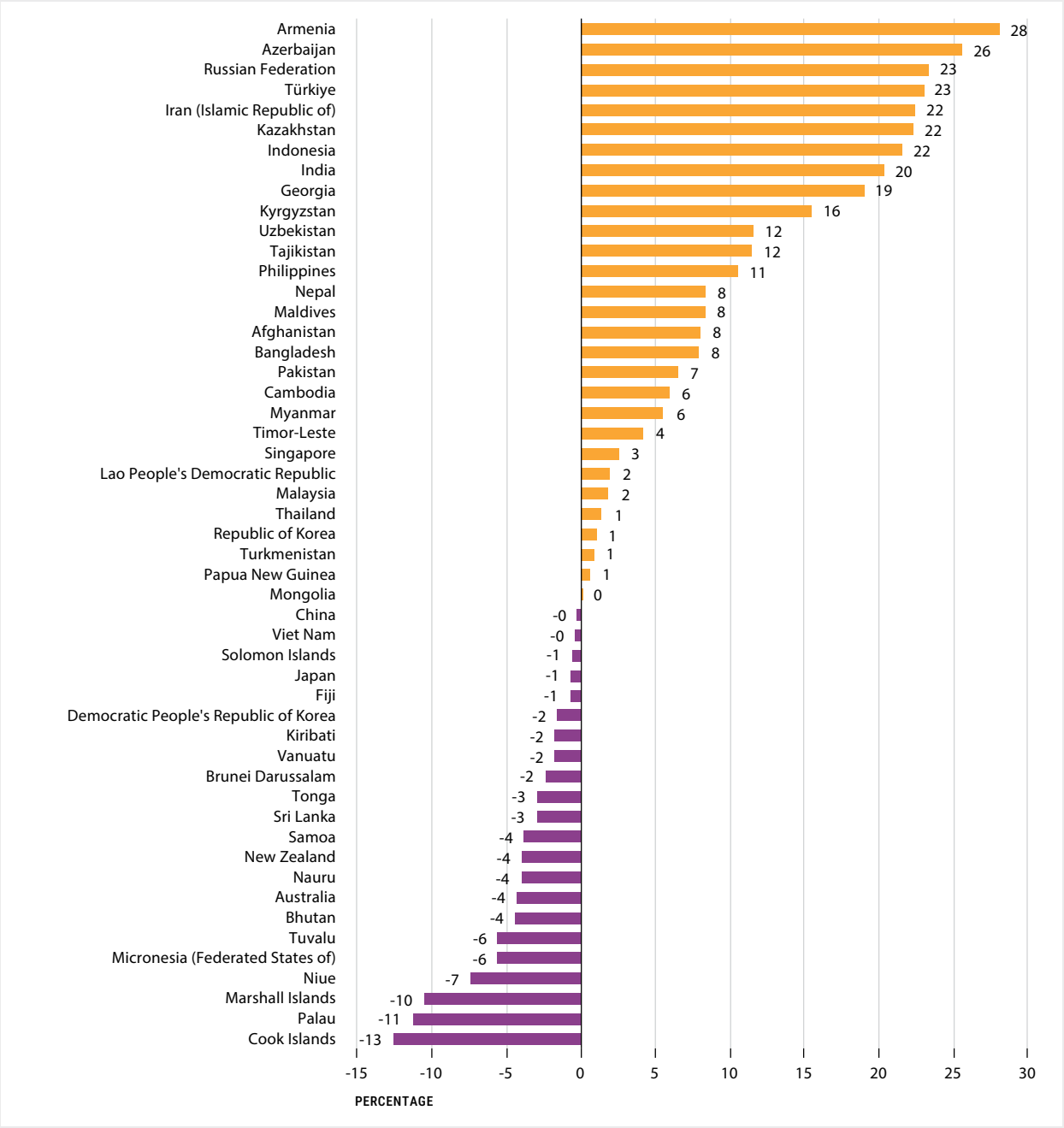
The pandemic has laid bare long-ignored shortcomings, including inadequate health systems, gaps in social protection and structural inequalities. It has also brought home the importance of basic public health, and strong health systems and emergency preparedness, as well as the resilience of a population in the face of a new virus or pandemic, lending ever greater urgency to the quest for universal health coverage (UNSDG, 2020b).

Although the COVID-19 pandemic has caused, in the first instance, severe physical health impacts, it also has the seeds of contributing to major mental health crises, if action is not taken. Good mental health is critical to the functioning of society at the best of times. It must be front and centre of every country's response

to and recovery from the COVID-19 pandemic and other health emergencies. The mental health and well-being of whole societies have been severely impacted by the pandemic and are a priority to be addressed urgently (UNSDG, 2020b).

The fragility of the global vaccine system has also been laid bare, with vaccine 'politics and diplomacy' coming to the fore. Indeed, Action 8.9 of the Programme of Action states that 'The international community should facilitate regional cooperation in the manufacture, quality control and distribution of vaccines.' While some success stories can be found, this good practice has not been universally followed. Moreover, the ongoing debate over the safety and efficacy of the vaccines (coupled with various conspiracy theories) has served to dampen enthusiasm on vaccines more generally in many settings.

FIGURE 3.3 Estimated excess deaths due to COVID-19 as a percentage of total deaths in selected Asia-Pacific countries, averaged over 2020 and 2021



Source: ESCAP calculations based on: WHO (2022). Estimates of Excess Mortality Associated With COVID-19 Pandemic. https://www.who.int/data/sets/global-excess-deaths-associated-with-covid-19-modelled-estimates.
Note: 0 indicates that the magnitude is not zero, but less than half of the unit employed.

C

Drivers of change

1 Universal health coverage

The ICPD Programme of Action notes that 'States should take all appropriate measures to ensure, on a basis of equality of men and women, universal access to health-care services'. Clearly, the improvements in health and mortality described above have been largely driven by enhanced access to medical care services, towards which SDG3.8 also strives to: 'achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all'. WHO defines universal health coverage as ensuring that all people obtain the health services they need without suffering financial hardship when paying for them. Each country in Asia and the Pacific is in a unique stage of its journey towards achieving universal health coverage. By 2021, numerous countries had achieved Universal Health Coverage Service Coverage Index[5] values of greater than 75 (including Australia, Brunei Darussalam, China (box 3.2), Japan, Kazakhstan, New Zealand, the Republic of Korea, Türkiye, and Singapore). Other countries, meanwhile, remain far away from high levels of universal health coverage. In Afghanistan, Cook Islands, Federated States of Micronesia, Kiribati, Lao People's Democratic Republic, Niue, Pakistan, Papua New Guinea and Solomon Islands, Service Coverage Index values were below 50 per cent in 2021.

Popularizing healthy life, optimizing available health service, improving health protection, building a healthy environment, and developing healthy industry are all important for the well-being of individuals and society.

The right to health establishes four essential standards required by health-care services: availability, accessibility, acceptability and quality (IFHHRO, 2023). This stated, while overall coverage may have increased, challenges remain. Indeed, coverage for different types of health services is often not evenly distributed. For instance, while mental health is becoming more recognized as a regional and global priority, coverage of mental health services is still lacking (Murphy and others, 2021). Furthermore, access to comprehensive sexual and reproductive health services is critical for progressing towards universal health coverage, while also contributing to gender equality (WHO, 2023a), but challenges remain (see chapters 4 and 6).

2 Costs of health care

In chapter 1, it was noted that population age structures of the region are changing dramatically. One associated factor of this concerns the costs of health care. As cited above, the increase in long-term chronic illnesses is an inevitable consequence of the epidemiological transition. Coupled with a more abundant absolute (and relative) older population, rising expectations of medical care and the growth of long-term and social care needs,

BOX 3.2 Comprehensive universal health coverage plan: China

Since 2013, China has given top priority to improving its people's health, and it has implemented the Healthy China Initiative. Following its launch in 2016, by 2020 a basic medical and health-care system with Chinese characteristics was established, covering both urban and rural residents. The focus was on health literacy, an improved and efficient health service system, basic medical and health-care services, basic sports and fitness services for all and an effective health industry. Since its launch, significant achievements have been made in the prevention and treatment of major diseases, with continuous improvement in health services for key groups. The reform of medicine and health-care systems was deepened, with constant improvement in the traditional Chinese medicine service system. As a result, life expectancy at birth has increased, maternal and infant mortality has decreased and the main health indicators for China are currently similar to the ones for most high- and middle-income countries. It is expected that, by 2030, the health-promotion system will be further improved, with more coordination among health service sectors, a stronger focus on healthy lifestyles, improvements in health service quality and health security levels, and growth in the health industry.

Source: ESCAP 2022/23 Survey on Population and Development.

5 Measured on a unitless scale of 0 to 100, and based on 14 tracer indicators that include reproductive, maternal, new-born and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged populations.

it is inevitable that health financing issues will become an ever-greater challenge for Asia and the Pacific (APEC, 2023). Developing a sustainable health financing model is a high priority across the region.

The development of telehealth systems has been cited as a possible means of offsetting some of the costs associated with health, and also a way to increase accessibility, diagnosis, treatment and prevention. Many countries in the region have developed various telehealth systems, such as noted in box 3.3 for Indonesia and the Russian Federation. Some countries are collaborating with each other to share information and experiences on this. Several telehealth applications were developed during the height of the COVID-19 pandemic and are still in use. However, accessibility problems and lack of digital literacy might hinder the applicability of such systems.

Finally, health-care costs can be lowered (and overall well-being improved) through a greater application of public health, preventive health care, increased health literacy and early intervention. A major part of delivering such a strategy, however, lies in developing a better understanding of the social determinants of health, which, in turn, requires better disaggregated data (chapter 12).

3 Out of pocket expenditures and catastrophic health spending

A central aim of universal health coverage is to ensure that people do not face financial hardship when seeking care, defined by the level of out-of-pocket expenditures. Yet in many countries in the region, such expenditures continue to represent a large proportion of total health expenditure.

In some countries — such as Thailand — universal health coverage has been funded centrally by the government. However, in many other countries, accessing health-care services is very costly. Household expenses on health services can be a major factor in pushing individuals and families into poverty. As stated by WHO, 'Health financing policy directly affects financial protection' as 'inadequate financial protection mechanisms in health lead to financial hardship due to out-of-pocket health spending and financial barriers to access health care' (WHO, 2023b).

For many people across the region, out-of-pocket health expenditure is the *de facto* means of accessing health services. In several countries, including Afghanistan, Armenia, Bangladesh, Myanmar and Turkmenistan, more than 70 per cent of current (2020) health expenditures are out-of-

BOX 3.3 Telemedicine: Indonesia and the Russian Federation

In 2017, Indonesia launched Temenin, a national telemedicine platform, which features teleconsultations and doctor-to-doctor telemedicine. Doctors in one setting, such as those working in primary care, can get advice and guidance from another specialist about interpreting test results and proposing diagnoses. The platform allows for the exchange of tele-EKG, tele-USG, and tele-radiology, and partnering of hospitals with local health centres.

Sehatpedia is another telemedicine platform which focuses on communication, information-sharing and education. The platform is accessible via an app, and consultations can be conducted via live chat and messages. Specialists provide expert advice about various health issues. The platform also provides access to a range of health-related articles.

In the Russian Federation, recent initiatives have been developed to enhance the efficiency of the health system by means of providing digital services, including telemedicine technologies, electronic doctor appointments and electronic prescriptions.

Artificial intelligence-based technologies, like speech recognition technologies for voice-filled medical records, a medical decision support system and computer analysis to better diagnose diseases, have been introduced. The result has been improvements in a variety of processes including vaccination, medical examinations, preventive medical examinations, planned hospitalization and telemedicine consultations.

Source: ESCAP 2022/23 Survey on Population and Development.

pocket expenditures (figure 3.4). Across the region, instances of what is termed 'catastrophic health spending' — where a household is spending greater than 10 per cent of its total income on health — are still present, and 20 per cent of the population in the following countries are hit by such expenditures: Afghanistan (2020) and Georgia (2021).

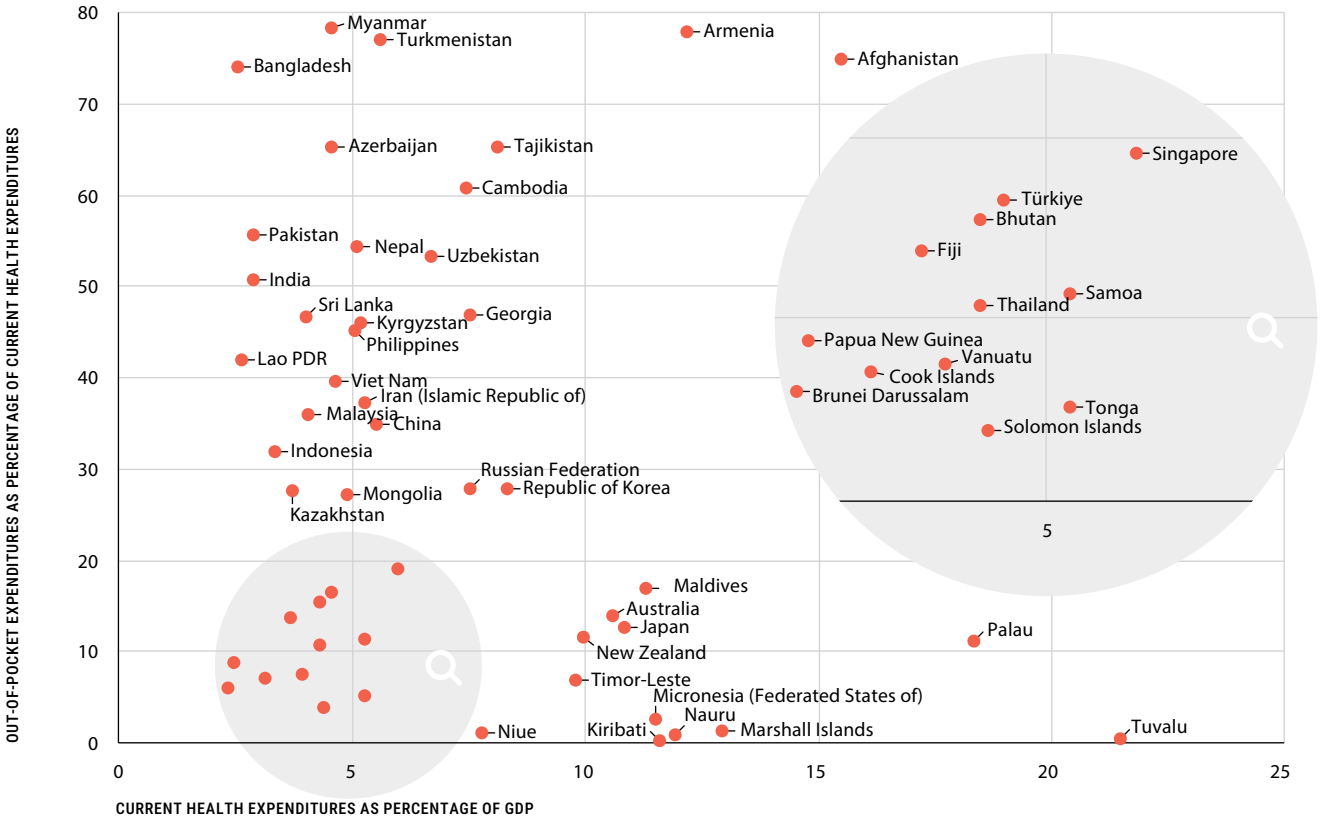
An explicit goal of universal health coverage is the reduction of out-of-pocket payments, and specifically of user fees. This is one of the central challenges of achieving universal health coverage: how to replace user fees. Some options for doing this are prepayment and resource pooling. Here, the key to protecting people is 'to ensure prepayment and pooling of resources for health, rather than relying on people paying for health services out-of-pocket at the time of use' (WHO, 2023b). This is especially important in terms of offsetting the impact on older persons, in particular older women, with little formal coverage and who often see expenditures rising in old age.

Finally, accessing quality medical services can often be challenging — even when paying out-of-pocket. As noted in chapter 4, for example, women in the poorest quintile are often far less likely to receive adequate antenatal care and those in higher wealth quintiles.

4 Vaccines

A significant driver in the improvement of health in the region over recent decades has been the continued development and rolling out of comprehensive vaccine programmes (as per SDG 3.b.1). For example, full immunization coverage among one-year-olds has risen sharply in many countries. Coverage, however, is still very uneven. Take, for example, the percentage target population with access to vaccination against measles (MCV2) — one of the world's most contagious diseases — with a target of 100 per cent by 2030. The figure is equal or above 95 per cent in 17 countries in the region. However, it is below 50 per cent in Afghanistan, Federated States of Micronesia, Democratic People's Republic of Korea, Papua New Guinea and Solomon Islands, leaving many vulnerable to outbreaks of the infectious disease. Due to COVID-19, childhood vaccinations have declined significantly worldwide, as reported by WHO and UNICEF (WHO, 2022). For example, perception of the importance of vaccines for children declined by more than a third in Japan, Papua New Guinea and the Republic of Korea, after the start of the pandemic. Often, the children who are missing out, live in the poorest, most remote and marginalized communities, at times impacted by conflict (UNICEF, 2023).

FIGURE 3.4 Out-of-pocket and public health expenditures in selected Asia-Pacific countries, 2020



Source: WHO Global Health Expenditure Update 2022, see https://apps.who.int/nha/database.

D Recommendations

1 Achieve universal health coverage by developing well-functioning, quality and responsive public health services that reach out to the poorest and most marginalized population groups, including those affected by impoverishing out-of-pocket health expenditures, and can adjust to demographic and epidemiological change.

2 Strengthen national health systems and implement multisectoral national policies (working with diverse stakeholders, including civil society organizations) for the provision of equitable universal health coverage, and promote quality and affordable access to prevention, treatment, care and support for communicable, non-communicable and emerging diseases, as well as further develop production of generic drugs and facilitate more equitable licensing.

3 Increase health financing, training and effective deployment of human resources for health (including migrant health and care workers); strengthen procurement and distribution of medicines, vaccines and equipment, infrastructure, information systems, service delivery, planning and implementation, and monitoring and evaluation.

4 Build resilience of health-care systems to withstand and adapt to shocks and stresses. This means ensuring that hospitals, clinics and emergency services are resilient in terms of financing, governance, health information systems and commodity security, and that health-care workers are capacitated to continue service delivery during crises.

5 Ensure integration of services that address the physical and mental health and increase the availability, accessibility, acceptability, affordability, quality and comprehensiveness of health-care services and facilities through well-functioning and responsive public health services for all, in particular for persons in vulnerable situations.

6 Promote science, technology (including telehealth), integrated health and social care, as well as the exchange of knowledge to increase efficiency of care and ensure access to specialist health-care regardless of location, guaranteeing privacy of information that is shared.

7 Integrate health education, including comprehensive sexuality education/life skills training as part of school curricula and develop self-care initiatives in partnership with civil society organizations. Strengthen out-of-school comprehensive sexuality education for young key and vulnerable populations.

8 Invest in community health literacy to build the capacity to self-manage health and ensure community health services. Strengthen community-led monitoring of community engagement.

9 Increase the healthy lifespan and improve the quality of life of all people, and reduce disparities in health status, morbidity, mortality and life expectancy among and within countries in the region.

10 Support the implementation of the United Nations Decade of Healthy Ageing, and strengthen its synergies with other global guiding documents, in particular on population and development and population ageing.

11 Recognize women's contribution in the care economy and ensure and enhance a continuum of care, especially for ageing-in-place populations, by delivering person-centred home care based on a life course approach.

12 Render health systems responsive to climate-related challenges, including preparing for epidemics and increases in vector-borne diseases, as well as establishing heat health warning systems.

13 Increase capacity to undertake rapid health needs assessments and respond to needs of affected populations when disasters hit. Improve preparedness and response capacities of stakeholders, including community actors, with a focus on sexual, reproductive, maternal, newborn and child health, as well as those needing HIV treatment, while safeguarding the rights and health of survivors of gender-based violence.

14 Invest in disaster risk reduction as a core component of health-care planning and policymaking. Governments, health-care institutions, disaster management agencies and community-based organizations must work hand-in-hand to develop comprehensive strategies that protect the health of diverse community groups.



CHAPTER 4

Sexual and reproductive health, services and rights

Credit: UNFPA Flickr
Caption: Community members wait to receive free health care during the Tropical Cyclone Harold humanitarian response in Vanuatu.

In APMD, member States committed, among others, to achieve universal access to comprehensive and integrated quality sexual and reproductive health services; to enhance and respect reproductive rights; to reduce maternal mortality; to integrate gender-based violence responses into all sexual and reproductive health services; to promote, protect and fulfil the human rights of women and girls; and to ensure that women and girls receive attention from a human rights perspective in humanitarian situations. These commitments are covered mostly by SDGs 3 and 5 of the 2030 Agenda. Principle 8 of the ICPD Programme of Action states: 'All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so'. In this vein, reproductive health programmes and services, including family planning and sexual health services, should be available to all and provided without any coercion. Data gathered from the ESCAP 2020 Indicator Framework on Population and Development form the primary evidence base of this chapter.

Across the region, fertility rates have generally declined over the past decades. Indeed, the region currently sees some of the very lowest rates in the world. While fertility rates remain high in many parts of the region (especially among certain groups and at the subnational level), very low fertility rates are a point of concern for many governments. Improvements in accessing family planning services have been made over the past decade, but issues relating to informed decisions remain. Like other aspects of health care discussed in the previous chapter, access to the broader constellation of reproductive and sexual health services is still uneven both between and within countries. Maternal mortality rates continue to fall — sometimes dramatically — but bridging the 'last mile' to reach a target of zero is proving a challenge across the region.

A Fertility rates

1 Total fertility rates

As demonstrated in figure 1.3, there has been a continued general downward trend in overall total fertility rates across the region. Indeed, Asia and the Pacific is home to countries with some of the lowest fertility rates in the world. In some parts of the region, fertility rates have fallen well below one child per woman. More broadly, total fertility rates are well below two children per woman in countries both historically classified as 'low fertility' (such as Japan and Singapore), but also in middle-income countries such as Armenia, Azerbaijan, Bangladesh, Bhutan, Thailand, Türkiye and Viet Nam. In many other countries, fertility rates remain high. In Afghanistan, for instance, the 2023 total fertility rate is 4.4 children per woman, one of the highest in the world. Some countries have seen very sharp drops; for example, in Timor-Leste, the total fertility rate in 2000 was about 6.0 children per woman; now the figure is 3.0.

2 Subnational rates

Going beyond national total fertility rates, there are also significant subnational disparities. In India, for example, the gap between the state with the lowest and highest fertility rates is as almost as great as the gap for the region as a whole (comparing 1.1 children per woman in Sikkim and 3.0 children per woman in Bihar, 2019–21 data). Extremely low fertility rates can also be found in larger cities and the north-east of China. Furthermore, there is significant divergence in fertility by income in many settings. In Nepal, one of the relatively few countries where adequate data are available, women in the poorest wealth quintile have twice as many children (3.2) as women in the richest quintile (1.6).

Reducing the adolescent birth rate is a key component of progress towards SDG 3.7, and very striking progress has been made across the region. The live birth rate to girls aged 10–14 is below 1.0 in all countries with available data (apart from Papua New Guinea reporting data at 1.1 in 2017). Rates for women and girls aged 15–19, however, are still generally a long way away from their 2030 target. In Hong Kong, China this figure was 1.3 in 2021, while in Bangladesh and Lao People's Democratic Republic the figure was as high as 74.0 in 2020 and 83.3 in 2016, respectively.

Generally, falling fertility rates might be recognized as a success, as they indicate increasing reproductive autonomy. However, as discussed in chapter 1, they are often presented as a cause for concern at both the individual and societal level. In many low fertility societies, for example, there is a sizable gap between reproductive aspirations and actual fertility. Some researchers have suggested that this 'gap' may represent an inability to meet individual reproductive goals which family policies and other interventions may be able to bridge. On the other hand, low fertility rates are causing governments across the region alarm, because of their role in shaping population stagnation and decline, as well as population ageing (see chapter 8). Consequently, more than ten governments across the region have implemented more or less explicit pronatalist policies to stimulate fertility rates (UN DESA, 2021). Some of these policies rely on family policy instruments and pro-natalist messaging. In some cases, meanwhile, these policies have crossed over with policies to restrict access to reproductive health and family planning services, with deleterious effects on individuals and their bodily autonomy (UNFPA, 2021).

Turning to the COVID-19 pandemic, this has had considerable effects on fertility, sexual and reproductive health, services and rights, as seen in box 4.1.

3 Family planning services

The provision of universal access to reproductive health services, including family planning and sexual health is a cornerstone of the ICPD Programme of Action. Indeed, accessing both reliable family planning systems, and the knowledge and understanding to be able to maximize their potential has been a driver of both fertility and maternal mortality declines across the region. Despite this, there is still a wide variation in contraceptive prevalence rates. Among women aged 20–49, in Afghanistan, Maldives, Tonga and Tuvalu, for instance, these rates are lower than 20 per cent — though important progress has been made, especially through multisectoral co-operation, as seen in Tuvalu (box 4.2). In a related measure, the percentage of women whose demand for family planning is satisfied with modern methods is also far off the 100 per cent target in many countries, such as in Armenia (40.2 per cent, 2015) and Maldives (29.2 per cent, 2016). Generally, the unmet need for contraception is significantly higher for (unmarried) adolescents, with education and socioeconomic status often an important intervening factor. Furthermore, many women face numerous challenges when using traditional methods in countries with restrictive laws, which may, in turn, result in unplanned or unintended pregnancies.

BOX 4.1 COVID-19, fertility, sexual and reproductive health, services and rights

In the early part of the pandemic, there was a general assumption that prolonged periods of lockdown would bring about a significant boost in the number of pregnancies and births. This viewpoint profoundly misjudged both the stresses and strains of lockdown on family life and the relationship between time spent at home, sexual activity and pregnancy. Indeed, the outcome has been rather different. In low fertility settings, fertility rates have stayed low or even declined. This can be due to several key factors, namely reduced work-life balance, economic uncertainty and reduced access to assistive reproduction services (UNFPA, 2020). However, fertility rates in many such settings in several countries have indeed rebounded, leading researchers to refer to the 'rollercoaster' of total fertility rates over recent years (Sobotka and others, 2023).

Access to sexual and reproductive health services has frequently been curtailed, especially for marginalized populations and more resource-poor countries. It is inevitable that these restrictions have led to an increase in unsafe abortions and unintended pregnancies across the region. Moreover, there is evidence that in several countries in the region, COVID-19 lockdowns have increased the incidence of domestic violence (Marzouk and others, 2022).

Nevertheless, research has shown that, in response to the COVID-19 pandemic, several countries in the region have developed innovative sexual and reproductive health delivery responses which have included: door-to-door antenatal care and family planning provision in the Philippines, online platforms for sexual and reproductive health education and outreach in Viet Nam, and increasing sexual and reproductive health service engagement through social media in Indonesia and Myanmar (Marzouk and others, 2023).

BOX 4.2 Accessing family planning and sexual and reproductive health services – the role of civil society: Tuvalu

The Tuvalu Family Health Association is the Pacific island's leading civil society organization promoting and providing sexual and reproductive health services. It offers counselling, information and education, and clinical services through one permanent clinic and five community-based providers of services. The organization also provides house-to-house outreach, including to underserved populations and people in vulnerable situations. It works very closely with the Ministry of Health, Social Welfare and Gender, as well as other civil society organizations in the country.

Source: ESCAP 2022/23 Survey on Population and Development.

Empowerment in decision-making is a major factor in shaping progress towards SDG 5.6.1. Table 4.1 shows that women in several countries across the region are generally empowered to make their own informed decisions regarding contraceptive use and reproductive health care. However, the figures are significantly lower when it comes to a more holistic measure of reproductive autonomy, namely being empowered to make their own informed decisions regarding sexual relations, contraceptive use (including the variety of contraceptive choices on offer to enable women to make informed decisions depending on age, stage and situation in life) and reproductive health care. In Pakistan and Timor-Leste, for example, while most women are making informed decisions about contraceptive use, only around 40 per cent are able to make holistic informed decisions to include sexual relations and reproductive health care. Expanding the delivery of these services will require innovative means of communication and education, as seen in Cambodia and Indonesia (box 4.3).

Additional concerns are that access to abortion services is highly varied throughout the region, and in many countries, it is becoming more restricted, while the different needs of different groups are often not properly considered.

Migrants, especially women, are frequently met with barriers to accessing reproductive and sexual health services. More broadly, there is a strong normative link in several countries between marriage/reproduction and being able to access sexual and reproductive health services. This can mean that the specific needs of people outside of this rubric can be neglected. For example, the sexual and reproductive health needs of older persons and unmarried adolescents are often underserved (see chapters 7 and 8). Furthermore, HIV infection rates have increased in some countries in recent years, highlighting the importance of sexual and reproductive health services for young people. Younger people can be more effectively served through the enhanced development of comprehensive sexuality education in schools. Greater disaggregation of data is required to better understand and meet these specific needs, and improved tracking of investments in the area is required to enhance the ability to monitor and evaluate developments.

BOX 4.3 Sexual and reproductive health outreach: Cambodia and Indonesia

The Government of Cambodia has established an e-learning platform for sexual and reproductive health professionals under the leadership of the Ministry of Health and the National Maternal and Child Health Center in partnership with the midwives' professional association and other partners. By the end of 2022, 1,759 health-care professionals (95 per cent women) had used the e-learning platform to learn about sexual and reproductive health, and 2,923 health-care professionals (95 per cent women) had signed up for it. The Government has also established telemedicine programmes for sexual and reproductive health professionals and women and girls. Since its launch in October 2022, 595 female clients have accessed these services.

In Indonesia, with support from UNFPA, local governments are developing curricula and budgets for comprehensive reproductive health and family planning programmes. In addition, there has been outreach through home visits to increase family planning and reproductive health participation. More specifically, collaboration between the Ministries of Health and Education and Culture and UNFPA has resulted in the establishment of the Better Sexual and Reproductive Health Rights for All Indonesia Programme. The initiative has advocated for better health education competency in schools and provided teacher training across nine cities from seven provinces.

Source: ESCAP 2022/23 Survey on Population and Development.



TABLE 4.1 Percentage of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care in selected Asia-Pacific countries, latest available year

COUNTRY	YEAR	CONTRACEPTIVE USE	REPRODUCTIVE HEALTH CARE	SEXUAL RELATIONS	SEXUAL RELATIONS, CONTRACEPTIVE USE AND REPRODUCTIVE HEALTH CARE
Armenia	2016	83.3	96.0	75.5	61.8
Bangladesh	2018	93.5	76.8	85.9	63.8
Fiji	2021	84.0	86.3	77.0	61.6
Georgia	2018	97.5	95.4	87.8	82.4
India	2021	91.6	82.4	83.1	65.6
Kyrgyzstan	2012	94.6	93.7	85.4	76.6
Cambodia	2014	88.9	91.3	92.9	75.6
Maldives	2017	83.6	88.6	69.5	53.9
Myanmar	2016	97.9	84.9	81.4	67.5
Mongolia	2018	83.9	85.0	80.3	63.2
Nepal	2016	85.9	58.7	89.9	47.6
Pakistan	2018	84.8	52.3	54.8	31.5
Philippines	2017	93.7	95.8	87.3	79.8
Papua New Guinea	2018	83.6	86.0	75.6	56.7
Tajikistan	2017	79.3	47.5	53.5	27.2
Turkmenistan	2019	90.4	85.4	69.7	59.3
Timor-Leste	2016	92.2	92.7	39.9	35.9
Uzbekistan	2022	89.7	89.4	84.5	70.4

Source: ESCAP Statistical Database, see https://dataexplorer.unescap.org/.

Photo: UNFPA Flickr
Caption: Photo taken during a sexual reproductive workshop.

B Infertility and delays in childbearing

Infertility is an important dimension of sexual and reproductive health. Undiagnosed and untreated sexually transmitted infections play a key role in infertility, especially among young people. Moreover, the proportion of women who are delaying pregnancy beyond the age of 35 years has increased greatly in the past few decades because of the clash between the optimal biological period for women to have children and obtaining additional education and building a career. Increased paternal age is associated with lower fertility, a rise in pregnancy-associated complications and an increase in adverse outcomes in the offspring.

According to WHO, 17.5 per cent of the adult population — or 1 in 6 people worldwide — experience infertility. Infertility does not discriminate, and numerous people in Asia and the Pacific are among those affected by the inability to have a child at some point in their lives. Estimates of infertility prevalence are similar across countries regardless of country income level. The causes of infertility are varied, complex and often not fully understood; moreover, both men and women are affected (WHO, 2023c).

Infertility is not yet considered a public health priority in national population and development policies and reproductive health programmes, but it is a reality for many in the region. While assisted reproduction technologies are available in some parts of the world, these are still largely unavailable, inaccessible and unaffordable in low- and middle-income countries, both globally and in the Asia-Pacific region. Often, these services are also not acceptable by society due to norms, as well as ethical and religious principles. Access to sexual and reproductive health services is the primary way for people to have the best chance of having the number of children they desire.

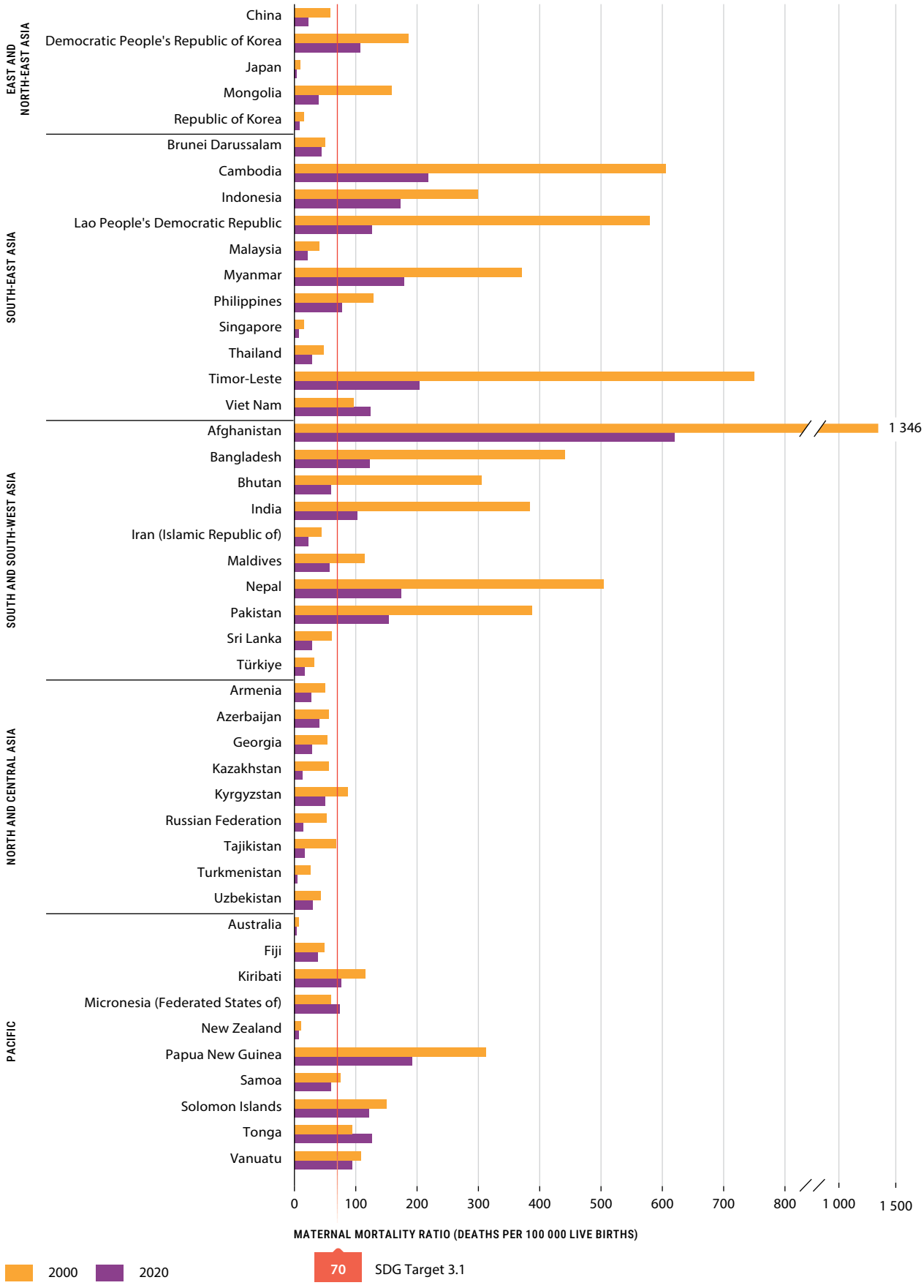
C Maternal mortality

SDG 3.1 is to 'Reduce the global maternal mortality ratio to less than 70 per 100,000 live births'. As figure 4.1 shows, data from 2020 suggest that 26 countries/areas across the region have already met their target, again with cases of dramatic declines (greater than 60 per cent between 2020 and 2000) in the following countries: Bangladesh, Bhutan, Cambodia, China, India, Lao People's Democratic Republic, Mongolia, the Russian Federation, Tajikistan, Timor-Leste and Turkmenistan. However, in 2020, the maternal mortality ratio in Afghanistan, Cambodia, Indonesia, Nepal, Pakistan, Papua New Guinea and Timor-Leste was still more than double the target rate, with figures for Afghanistan, Cambodia and Timor-Leste being 620, 218 and 204, respectively. A key related indicator is the percentage of births attended by skilled health personnel. In Asia and the Pacific, skilled birth attendance is nearly universal except for South and South-West Asia, where it was estimated at 89 per cent in 2021. At the country level, however, variations exist. It is no surprise that in the countries with the highest maternal mortality ratios, the lowest matching percentages of births attended by skilled health personnel are seen. In Afghanistan, for instance, the figure was as low as 61.8 per cent in 2020 (although this has increased significantly from 14.2 per cent in 2003). Looking below the national level, inequalities within societies become ever clearer. In many countries, women in urban areas and women with higher education and/or income are generally more likely to give birth with a skilled provider. While some of these disparities have been reduced significantly over recent decades, they also continue to demonstrate the existing inequalities which still need to be addressed.

D Diversity, equity and inclusion

People of diverse sexual orientation, gender identity and expression still widely experience stigma, discrimination, exclusion, violence and denial of other human rights. Eleven countries in the region still criminalize same-sex relations and have prosecuted persons under their laws (Afghanistan, Bangladesh, Indonesia, Islamic republic of Iran, Malaysia, Myanmar, Pakistan, Sri Lanka, Turkmenistan and Uzbekistan) (HIV Policy Lab, 2023). A further six countries also criminalize sex-sex relations but have not enforced them with prosecutions (Kiribati, Papua New Guinea, Republic of Korea, Samoa, Solomon Islands, Tonga and Tuvalu). The Russian Federation has no criminalizing law, but has reported recent prosecutions. Transgender and gender diverse persons also experience prosecution and widespread exclusion.

FIGURE 4.1 Maternal mortality, deaths per 100 000 live births, by Asia-Pacific country and subregion, 2000 and 2020 [SDG 3.1.1]



Source: ESCAP Statistical Database, see https://dataexplorer.unescap.org/; World Health Organization, Trends in Maternal Mortality 2000 to 2020.

E

Recommendations

1 Respect and protect sexual and reproductive rights and enable all individuals without distinction, to exercise them without discrimination on any grounds, and ensure the integration of sexual and reproductive health into national health strategies, while guaranteeing adequate financing for related services and tracking of resources.

2 Implement evidence-based policies that are based on the rights of couples and individuals, especially the most marginalized, to decide freely and responsibly the number and spacing of their children and to have the means to do so, taking into account that such policies should be evidence-informed, and based upon good practice.

3 Eliminate maternal, newborn and child mortality, and decrease morbidity through increasing the proportion of births attended by skilled health personnel, reducing unintended pregnancies and unmet need of family planning; promote primary care, family planning and antenatal services to eliminate mother-to-child transmission of, among others, HIV, syphilis and the hepatitis B virus.

4 Provide a comprehensive package of sexual and reproductive health information and other services that includes access to adequate counselling; information and education; a full range of acceptable, affordable, safe, effective and high-quality modern contraceptives of choice; comprehensive maternity care, including pre- and postnatal care; safe abortion under the criteria permitted by law and post-abortion care; prevention and treatment of infertility; and prevention and treatment of sexually transmitted infections, HIV and reproductive cancers, as well as other communicable and non-communicable diseases.

5 Enhance access to sexual and reproductive health services to persons in vulnerable situations — including adolescents and youth, persons with disabilities, older persons, people with mental health problems, migrants, indigenous people, key populations at risk of HIV and other marginalized individuals — through sensitive community approaches and reducing barriers to access.

6 Ensure that comprehensive sexuality education is scientifically-accurate, age-appropriate, uses curricula based on international standards, and equips teachers with the needed capacities, resources and support, while engaging schools, communities and families; extend out-of-school comprehensive sexuality education for vulnerable and marginalized young people.

7 Promote evidence-based innovative communication technologies and approaches to increase access to sexual and reproductive health information and services, including for young people, the poor and persons in vulnerable situations.

8 Significantly scale up efforts to meet the goal of ensuring universal access to HIV/sexually transmitted infection prevention, treatment, care and support, free of stigma and discrimination, and encompassing gender-equality perspectives.

9 Integrate HIV/sexually transmitted infections prevention, treatment, care and support interventions into programmes for primary health care, sexual health, family planning, maternal, neonatal, child and adolescent health, while promoting community engagement and leadership.

10 Address the legal and policy barriers that impede access to HIV/sexually transmitted infection prevention, treatment, care and support, particularly among people living with HIV and key affected populations, including sex workers, persons who inject drugs, gay, bisexual and other men who have sex with men, transgender and gender diverse people, and mobile populations.

11 Integrate responses to gender-based violence in all sexual and reproductive health services and programmes, as part of a broader, multisectoral, coordinated response, including within maternal, newborn, child, adolescent and youth health, family planning and HIV/sexually transmitted infections-related services, and ensure that survivors of violence have immediate access to critical services.

12 Respect the sexual and reproductive health and rights of adolescents and young people and ensure health systems meet their sexual and reproductive health, information and education needs, with their full participation and engagement, and respect for their privacy and confidentiality, while acknowledging the roles and responsibilities of the wider community around them, including their parents, teachers and peers.

13 Monitor policies on sexual and reproductive health and rights and make quality and timely data on this available and accessible to assess coverage and quality of programmes and services.

14 Ensure that the human rights of women and girls are prioritized in humanitarian settings by providing access to timely, safe, high-quality, affordable and acceptable sexual and reproductive health and rights and gender-based violence information and services.

15 Ensure national and subnational disaster management, disaster risk reduction and climate policies, frameworks, plans and interventions are gender and age responsive and recognize the unique sexual and reproductive health and rights needs, opportunities and capabilities of all people, in their diversity, in adaptation planning, implementation, and monitoring and evaluation.



CHAPTER 5

Education

Credits: UNFPA Flickr, Bangladesh
Caption: Young Bangladeshi children eager to learn in school.

APMD committed member States to the realization of the right to education and universal access to complete, free and compulsory high-quality primary education, along with ensuring greater access to secondary, tertiary and vocational education and skills training. The 2030 Agenda, as outlined in SDG 4, reiterates that education is fundamental to realizing population and development goals, as well as preparing youth for the transition from school to the labour market. Principle 10 of the ICPD Programme of Action states that 'Everyone has the right to education'. Education should be directed towards 'the full development of human resources, and human dignity and potential, with particular attention to women and the girl child'. Education should be designed to 'strengthen respect for human rights and fundamental freedoms' and 'the best interests of the child shall be the guiding principle of those responsible for his or her education and guidance.' Data gathered from the ESCAP 2020 Indicator Framework on Population and Development form the primary evidence base of this chapter.

Ensuring high quality education for all is critical to ensuring not only the best start in life, but also learning across the life course. Moreover, it is a key component of a country's potential ability to maximize the demographic dividend and secure positive outcomes in the context of an ageing society. Fortunately, education attainment has continued to increase across the region over the past decade. Despite this, issues relating to gender equality in attainment, school infrastructure and education (and teacher) quality remain. Vocational training is still viewed not as favourably as other forms of education. Throughout the region, migrating for education purposes is becoming an increasingly relevant factor contributing to overall migration.

A Educational attainment

Looking at the region, the revolution in educational attainment has increased at pace. Figure 5.1, for example, shows how the face of education across different countries has been completely transformed over the past twenty years, and is projected to continue to do so over the next decades. As can be seen, mean years of schooling are projected to increase in all countries of the region. For 14 countries, however, figures are projected to remain below 10 years at least until 2040. In all other countries, people aged 25 or over are projected to have attended school for an average of 10 years and more. For some countries, the increase in mean years of schooling between 2000 and 2040 is projected to be significant, such as in Bhutan, Pakistan, Nepal and Timor-Leste, where the average years of schooling are projected to triple.

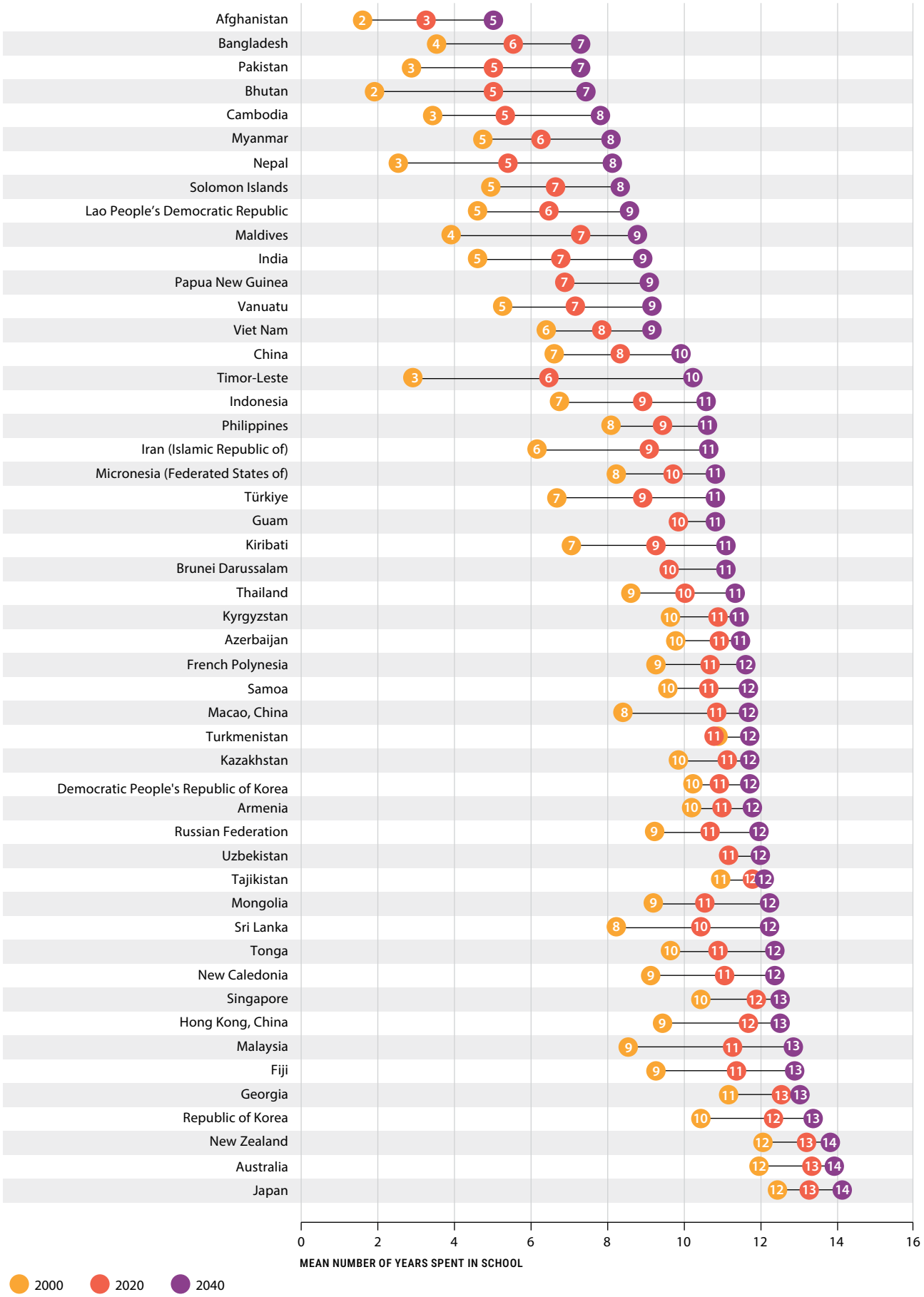
Figure 5.2 shows how educational attainment for women and men aged 20–24 by subregion has been transformed over the past twenty years. The percentage of those with less than primary education has halved and more in almost all subregions, while there has been a notable increase in those with secondary qualifications and more, as in Bhutan (box 5.1). In almost all subregions, the share of women with upper and post-secondary education is projected to be higher than for men. Nevertheless, these regional figures for one age group mask a very high degree of divergence and heterogeneity at the country level.

BOX 5.1 Expanding education: Bhutan

The most significant policy shift in education in Bhutan has been increasing basic education to 13 years of schooling from 11 years. Under the new policy that is in place, all those passing grade 10 get free education to continue until the thirteenth year. With basic education raised to 13 years of schooling, more students have the opportunity to choose different education and career pathways. This also provides benefits to economically disadvantaged parents who cannot afford to support their children's education in their twelfth and thirteenth year. Bhutan has also implemented its Education Blueprint 2014–2024. The Blueprint aims at: (a) developing sound educational policies that enable the creation of a knowledge-based gross national happiness society; (b) providing equitable, inclusive and quality education and lifelong learning opportunities to all children and harnessing their full potential to become productive citizens, and (c) equipping all children with appropriate knowledge, skills and values to cope with the challenges of the twenty-first century.

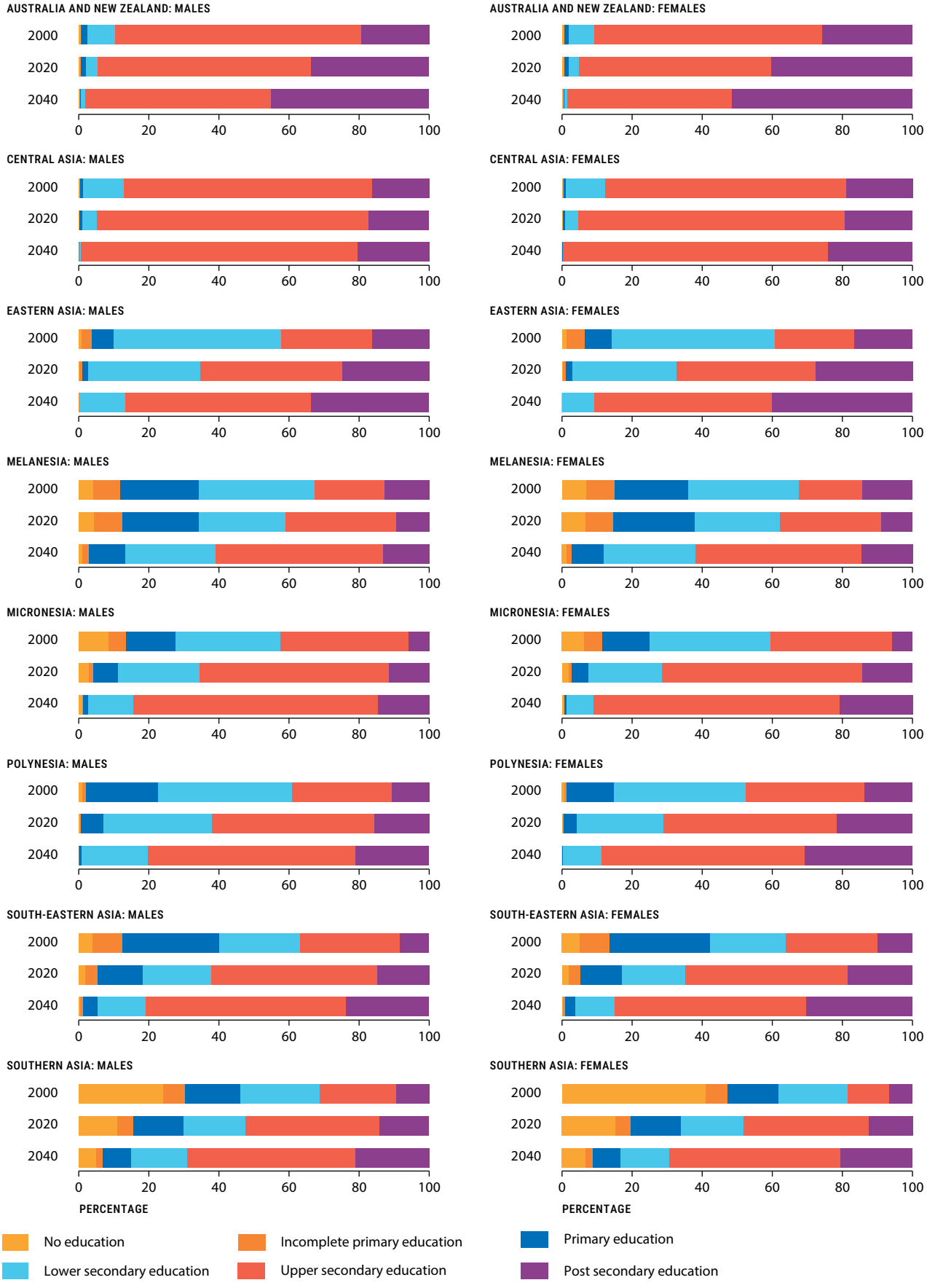
Source: ESCAP 2022/23 Survey on Population and Development.

FIGURE 5.1 Mean years of schooling for people aged 25 or older, by Asia-Pacific country/area, 2000, 2020 and 2040



Source: Wittgenstein Centre for Demography and Global Human Capital (2018). Wittgenstein Centre Data Explorer Version 2.0. www.wittgensteincentre.org/dataexplorer.

FIGURE 5.2 Educational attainment, Asia-Pacific subregions, males and females aged 20–24, 2000, 2020 and 2040 [SDG 4.1.2; 4.5.1]



Source: Wittgenstein Centre for Demography and Global Human Capital (2018). Wittgenstein Centre Data Explorer Version 2.0. www.wittgensteincentre.org/dataexplorer.

Note on subregions: These follow a different classification to that used by ESCAP.

As populations are ageing and growth is slowing, there are overall improvements in education (as well as other areas of human capital, such as health, as discussed in chapter 3). Consequently, there has been a rapid expansion of tertiary education in the region.

Action 6.8 of the ICPD Programme of Action states that 'Equal educational opportunities must be ensured for boys and girls at every level'. However, figure 5.2 also shows another feature of educational attainment in many countries across the region, namely a remaining gap between males and females. For example, the percentage of women aged 25 years or over in 2000 classified as having 'no education' was more than 20 per cent higher than that of males in Afghanistan, Bhutan, Cambodia, India, Lao People's Democratic Republic, Nepal, Pakistan and Solomon Islands. By 2020, only the following countries belonged to this group: Afghanistan, Bhutan, Nepal and Pakistan. Nevertheless, in other countries, patterns are reversing, especially at younger ages. In the Republic of Korea, for example, among the age group 25–29, the number of females with bachelor's degrees was almost 10 per cent higher than males (Wittgenstein Centre for Demography and Global Human Capital, 2018). Notably, there is also a significant divergence with regard to access to education by income, which can be further stratified by urban/rural location and gender. This, in turn, can translate into challenges in accessing higher-paying jobs or labour force participation for women (ESCAP, 2018). National Transfer Account data show that costs of education (both to individuals and the state) are highly uneven across the region, and that high costs in many places can serve to entrench inequality (NTA, n.d.).

It has long been recognized that continuing education and lifelong learning are critical, though often overlooked components of the educational system. In the context of a rapidly ageing society, this is even more important — at the macro level because of the need to increase productivity, and at the micro-level because of the likely requirement to change jobs and reskill at different points over the life course. Trade unions can play an important role in such reskilling (ILO, 2022a). Lifelong learning programmes, however, are still somewhat in their nascence in most parts of the region. In some ways, these are hampered by the 'digital divide', especially as it affects older persons and others less able to access digital infrastructure. Moreover, education has seen many major disruptions due to the COVID-19 pandemic, as noted in box 5.2.

BOX 5.2 COVID-19 and education

The COVID-19 pandemic has created the largest disruption of education systems in recent history, affecting nearly 1.6 billion learners in more than 190 countries and in all continents. Closures of schools and other learning spaces have impacted 94 per cent of the world's student population, up to 99 per cent in low- and lower-middle-income countries. Preventing a learning crisis from becoming a generational catastrophe requires urgent action from all. Education is not only a fundamental human right, it is an enabling right with direct impact on the realization of all other human rights. It is a global common good and a primary driver of progress across all 17 SDGs, as well as a bedrock of just, equal, inclusive and peaceful societies. When education systems collapse, peaceful, prosperous and productive societies cannot be sustained (UNSDG, 2020d).

Countries in the region were among the first globally to be affected by the COVID-19 pandemic, and at its peak, containment measures disrupted the education of around 760 million children across the Asia (UNICEF, 2021). Throughout the region, UNESCO data show that schools were often the first institutions to close and the last to reopen. In high-, middle- and low-income settings, among others, children were taken out of schools, exams were cancelled and university education was disrupted. As with so many other of the priority areas, the pandemic exacerbated existing inequities and hit the poorest and most vulnerable students (and their families) hardest (UNESCO, 2022).

In some settings, remote learning was quickly rolled out. Indeed, the potential for digital learning modalities was greatly enhanced through the experience of the pandemic (ADB, 2021). However, questions remain over the efficacy of online learning in all circumstances, and the challenge of ensuring access for all under the circumstances of the ongoing 'digital divide' in terms of, among others, equipment, understanding of digital technology and reliable Internet connections.

The long-term economic and social consequences of the disruption of the pandemic on education will not be known fully for many years (UNSDG, 2020d).

Finally, there are also interlinkages between health and education. There is strong evidence from across the region that these two elements of human capital are mutually reinforcing (and link into other aspects of life, such as reproductive health).

B

Beyond attainment: quality, infrastructure and vocational training

Despite the above-mentioned gains, many countries are unlikely to achieve the specific targets set out in SDG 4. Consider, for example, Target 4.1, namely: 'By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.' Here the matching indicator is the 'proportion of children and young people (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex.' Using this metric, it is clear to see that much further progress needs to be made. For instance, in 2019, fewer than 20 per cent of young people in Cambodia, Lao People's Democratic Republic, Myanmar and the Philippines were meeting the minimum proficiency for reading in primary school (compared to a target of over 95 per cent). On the other hand, some countries have made significant gains in recent years. In Islamic Republic of Iran, for example, the percentage of young people with minimum proficiency for mathematics in 2003 was just 16.6 per cent. By 2019, this had more than doubled to 38.9 per cent.

Educational attainment only tells part of the story, as the quality of educational infrastructure is a key component contributing to the quality of education which is delivered. Based on the most recent data, less than 70 per cent of primary schools had access to basic drinking water in the following countries: Afghanistan (59.6 per cent, 2018), Indonesia (58.3 per cent, 2018), Kiribati (67.0 per cent, 2020), Lao People's Democratic Republic (56.5 per cent, 2019), Nepal (36.9 per cent, 2022), the Philippines (57.8, 2020), Solomon Islands (46.0 per cent, 2019), Timor-Leste (68.1 per cent, 2019), Vanuatu, 49.6 per cent, 2015) and Viet Nam (50.5 per cent, 2021). There is often a significant divergence between rural and urban schools, with the former usually having weaker infrastructure and teacher quality. This stated, there have been initiatives to use information systems to improve access to education, including for those in rural areas, as seen in Fiji (box 5.3).

BOX 5.3 Using online tools to support the education system: Fiji

The Fiji Education Management Information System is a comprehensive online apparatus for students, teachers and school data. It keeps track of personal details, such as age, gender and citizenship. It also stores details, such as the donations needed for emergency situations, building details, initial damage assessments and expenses, which are used to identify key areas of improvement in the country's education sector.

The Ministry of Education uses this information to disaggregate data by age, gender and number of students enrolled in school. The system has allowed the Ministry to carry out initiatives including assistance in transportation and purchase of uniforms and stationery. Furthermore, families in rural and remote areas access the system to send their children to school dormitories.

Source: ESCAP 2022/23 Survey on Population and Development.

Infrastructure can play an important role in ensuring that 'no one is left behind'. Fewer than two thirds of primary schools in Afghanistan, Bangladesh, Cambodia, Indonesia, Kiribati, Lao People's Democratic Republic, the Marshall Islands, Nepal, Pakistan, the Philippines and Uzbekistan have access to single-sex basic sanitation. Moreover, while over 95 per cent of primary schools in Hong Kong, China; Maldives; Niue and Palau provide access to adapted infrastructure and materials for students with disabilities, the figures are less than 1 per cent in Myanmar, Nauru, Turkmenistan and Tonga, and less than 10 per cent in Afghanistan, Kazakhstan, Turkmenistan and the Philippines.

School is also a critical place for preparing younger citizens for life ahead. As such, skills, career development and curriculum design are all important features. Developing comprehensive sexuality education can help students navigate future personal journeys (chapter 4), while climate change education may allow young people to make informed decisions regarding sustainability and the future of the planet (chapter 11). Interestingly, several countries in the region, such as Bangladesh, Bhutan and Fiji, have integrated global citizenship education into school curricula to teach students about the interconnectedness of challenges and threats to people and planet. They also intend to

foster in students a deeper understanding of human rights, geography, the environment and systems of inequalities, as well as historical events that underpin current developments. Furthermore, they try to instil values and teach students behaviours to respect and promote diversity, empathy and open-mindedness, as well as justice and fairness for everyone.

Ensuring there is a link to employability and career guidance and soft skill development can support young people in maximizing their full potential in the labour market. A greater understanding of career aspirations would allow them to be better met. Being able to access the opportunities which arise from the developing digital economy is key; accessing computing and Internet facilities is, in turn, essential in schools. In many countries, very good progress has been made; for instance, based on the latest available data, in the following 25 countries/areas, more than 90 per cent of schools at the secondary level have provided access to computers for pedagogical purposes: Armenia; Australia; Azerbaijan; Bhutan; Brunei Darussalam; China; Cook Islands; Georgia; Hong Kong, China; Indonesia; Kazakhstan; Macao, China; Malaysia; Mongolia; Nauru; New Zealand; Niue; Palau; the Republic of Korea; Singapore; Thailand; Tonga; Turkmenistan; Tuvalu; and Uzbekistan. In Afghanistan and Myanmar, however, the figures are as low as 17.8 per cent (2019) and 11.1 per cent (2018), respectively.

More broadly, technical and vocational education and training (TVET) (including apprenticeships) continues to be under-developed in the region (UNESCO, 2018). In part this stems from a prejudice against the value of such training compared to 'classical' subjects and universities. Clearly, linking such training to life-long career development in burgeoning sectors, and treating such sectors with dignity and respect, would be a means of developing the potential of this field. In other words, education should be inclusive and expansive concerning TVET, as seen, for example in Indonesia, Mongolia and Tuvalu (box 5.4). Moreover, there is a need to consolidate the establishment of a comprehensive, integrated system of tertiary and TVET education which provides quality education and relevant skills for employment, decent jobs and entrepreneurship.

BOX 5.4 Skills development and TVET: Indonesia, Mongolia and Tuvalu

In Indonesia, as a follow-up to APMD, Presidential Regulation (Perpres) No. 68 of 2022 on Revitalization of Vocational Education and Vocational Training System was issued. In March 2023, the Ministry of Education, Culture, Research, and Technology reiterated its plans to revitalize the vocational education and training programme in an effort to create adaptive and creative human resources equipped to face future challenges. Moreover, the Government has established an independent learning progarmme to strengthen vocational education units through two flagship programmes, namely the Vocational School Center of Excellence and the Vocational Freedom Campus.

In 2002, Mongolia passed its first law on TVET that specified the particularities of vocational and technical education and training provisions. Since then, TVET has undergone numerous revisions. Recently, the Government has provided scholarships to students in TVET institutions to cover the costs of training, boarding and food. As a result, the number of students at TVET institutions has increased significantly.

TVET has a long history in Tuvalu. Two of the ten primary schools in the country offer technical and vocational skills training in years 9 and 10. Beginning in 2019, the Government started developing a national policy for TVET and an accompanying strategy for the education sector. Currently, the national school curriculum is under review with the aim of including climate change and family life education, as well as vocational courses at the primary and secondary level under the country's TVET programme.

Source: ESCAP 2022/23 Survey on Population and Development.

C

The intersection of education and population

Across the region, demographic change is placing pressure on educational institutions. In areas of rapid population growth, especially among younger populations (see chapter 7), there is an inevitable challenge for governments to keep up levels of educational spending to match ever-increasing demand. In countries which have seen years of low fertility, being able to fill school places is a growing problem. This can be exacerbated by regional patterns of population decline. For instance, many schools and universities across the region are closing. However, the intensive nature of education in some settings, coupled with high expectations for young people and the significant financial costs associated with extracurricular activities, has been cited as a key reason for pushing fertility rates down to very low levels in many settings.

Meanwhile, migration for education as a modality is developing across the region, often going together with a growing middle-class. In the past, such migration tended to be from the region to English-speaking countries. Increasingly, though, intra-regional student mobility is observed, as well as rising numbers of students from the rest of the world coming to study in Asia and the Pacific. Numerous universities from around the world have set up 'branch campuses' across the region (UNESCO, 2013).

D

Recommendations

1. Recommit, as stated in APMD, to the realization of the right to education and universal access to complete, free and compulsory high-quality primary education, along with ensuring greater access to secondary, tertiary and vocational education and skills training.
2. Ensure the right of everyone to education and emphasize that education should be directed towards the full development of the human person and the person's dignity, and should strengthen respect for all human rights and fundamental freedoms.
3. Provide equal access to education and successful schooling for all people in vulnerable situations, such as children living with HIV and AIDS, migrant and displaced children, children with disabilities or from indigenous communities and in orphanages and institutions.
4. Ensure the provision of viable alternatives and institutional support for education, including for married adolescents and young mothers, with an emphasis on keeping girls in school through post-primary education and promoting the empowerment of girls by means of improving educational quality, ensuring safe and hygienic conditions in schools and physical access to education, and increasing financial incentives for women and their families where necessary.
5. Proactively implement policies to minimize the long-term impact of the COVID-19 pandemic on children and young people who have had their learning disrupted through, for example, school closures.



CHAPTER 6

Gender equality and women's empowerment

Credit: Maximum Exposure PR (Shutterstock 68031601)
Caption: Woman standing in a factory in Bishkek, Kyrgyzstan.

In APMD, member States committed to enhance gender equality and women's empowerment through gender mainstreaming; strengthening legal frameworks to end gender discrimination; ensuring policies and programmes are set in place to eliminate violence against women and girls; encouraging women to participate in leadership and decision-making positions; and improving collection, analysis, dissemination and use of sex-disaggregated data. SDG 5 calls on Member States to achieve gender equality and empower all women and girls. Principle 4 of the ICPD Programme of Action states that 'Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes'. Furthermore, 'the human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights'. Data gathered from the ESCAP 2020 Indicator Framework on Population and Development form the primary evidence base of this chapter.

Throughout this report, it is observed that women are often penalized in all spheres of life, be it health, employment, education or other domains. These hindrances to human capital development and releasing full potential are often also intersectional, when coupled with, among others, rural status, age, disability, ethnicity and migrant status. Across the region, women disproportionately shoulder a heavier burden of unpaid care responsibilities, which, in part, contributes to the low fertility rates discussed in chapter 4. Women continue to be penalized in the world of work, and are not adequately represented in management and political positions. Violence, sexual harassment and harmful practices also disproportionately affect women and continue to be prevalent across the region: including child marriage, skewed sex ratios at birth resulting from sex-selective abortion, and female genital mutilation.

A

Gender equality and empowerment

1 Human capital development

The empowerment of women rests on improving their social, economic and civic agency, while previous chapters in this report have already identified key aspects of gender inequality in human capital development. Whether this is in terms of being in a state of poverty and vulnerability to poverty (chapter 2); accessing and maintaining decent employment (chapter 2); attaining good health and accessing health and reproductive health services (chapters 3 and 4); or benefiting from education and adequate infrastructure (chapter 5). Female labour force participation is lower than that of males in most countries and is falling in many places — often because of policies which do not enable an adequate combination of work and family life. In each case, the COVID-19 pandemic has disproportionately penalized women and girls, not least because of their unpaid care roles and fragility of work (box 6.1).

Taken together, it is clear that there is a strong intersectionality of gender equality with health, poverty and employment that can multiply vulnerabilities for many women across the region, and which legal and social frameworks need to address. This can be seen, for example, in Solomon Islands (box 6.2).

2 Gender equality and fertility

As observed in earlier chapters, total fertility rates are very low across many parts of the region. It is generally agreed that gender inequality plays a significant role in shaping these low fertility rates. As shown in time-use surveys, women take primary responsibility for caring (both for children and older persons) and domestic chores. Yet, the higher educational attainment levels of women identified in chapter 5 show that women are also aiming to develop a career and intend to remain in the workforce longer. The mismatch, and the inability to be able to properly balance career and family, is a clear driver of low fertility across the region. In addition, work culture and gender-based prejudice in the workplace and at home are additional factors shaping low fertility outcomes, while postponement of childbearing is common across the region as a result of more years spent in education and establishing oneself in a career. These concerns relate to Action 4.13 of the ICPD Programme of Action, which states that 'Countries are strongly urged to enact laws and to implement programmes and policies which will enable employees of both sexes to organize their family and work responsibilities through flexible workhours, parental leave, day-care facilities, maternity leave, policies that enable working mothers to breast-feed their children, health insurance and other such measures.' Again, as mentioned in chapter 4, some governments are attempting to raise birth rates by pushing back gains in gender equality and reproductive rights and health.

BOX 6.1 COVID-19 and gender

The year 2020, marking the twenty-fifth anniversary of the Beijing Platform for Action, was an important milestone for assessing progress towards achieving gender equality. With the COVID-19 pandemic, the limited gains made in the past decades are at risk of being rolled back. The pandemic has deepened pre-existing inequalities, exposing vulnerabilities in social, political and economic systems, which are in turn amplifying the impacts of the pandemic (UNSDG, 2020e).

Across every sphere, from health to the economy, security to social protection, the impacts of the COVID-19 pandemic are exacerbated for women and girls simply by virtue of their sex. As with most other priority areas, the pandemic exacerbated existing gender inequities. Women were more likely than men to experience job loss and more likely to become economically inactive (ILO, n.d.). As home-schooling was rolled out across the region, women disproportionately took on educational responsibilities at home in addition to caring for sick relatives, this, on top of pre-existing inequalities in the role of care and domestic work. Women constitute 70 per cent of the workers in the health and social sector globally, and they have been on the frontlines of the response. Within this sector, an average gender pay gap of 28 per cent exists, which may be exacerbated in times of crises (GiHA, 2020). The pandemic has had a multi-dimensional impact on female migrant workers, whose experience of the health crisis have been compounded by detrimental impacts on freedom from violence and harassment, employment, income and social protection, as well as access to services and to justice (ILO and UN Women, 2020).

Meanwhile, access to sexual and reproductive health services have been frequently curtailed (chapter 4). There is strong evidence that the prevalence of gender-based violence, especially intimate partner violence and digital violence, has increased during the pandemic (ESCAP, 2021).

Older women have been particularly affected by the COVID-19 pandemic. Apart from the threat to their health, they have suffered from neglect and abuse at home and in care settings. Because women are generally less likely to be covered by social protection, their risks of falling into poverty have increased. At the same time, they have had to balance increased demand for caregiving and trying to make a living (UNSDG, 2020f).

BOX 6.2 Integrated, holistic gender policy — addressing gender inequality in different policy domains: Solomon Islands

National Population Policy (2017–26). Among other topics, this promotes the development of gender sensitivity training and publicity to change attitudes and norms. Moreover, it aims to: mainstream gender into all public policies and plans; generate new and more accurate information on gender and violence against women; strengthen capacity to conduct gender analysis and incorporate results into policies and plans; expand economic opportunities for women in small business management; remove gender bias in existing laws and correct wherever possible; and rehabilitate and treat perpetrators of violence against women.

Agriculture Sector Growth and Investment Plan (2021–2030). This aims to support women in agriculture and ensure that women in all provinces are empowered to improve in their livelihoods.

Solomon Islands National Gender Equality and Women Policy (2016–2020). This aims to: deliver gender responsive government programmes and services; improve the economic status of women; ensure equal participation of women and men at all levels of decision-making, governance and leadership; prevent and respond to violence against women and girls; increase awareness and acknowledgement of the role of women in peace and security; increase access to education and provide a supportive school environment; and improve access to sexual and reproductive health services.

Gender Equality and Women's Development National Stakeholders Taskforce. This is established under the National Policy on Gender Equality and Women's Development Policy. The taskforce includes representatives from civil society organizations. The mandate of the taskforce is to collect data and information on gender equality initiatives, track progress against key results areas of the national policy, assess emerging lessons and identify areas for adaptation or change.

Other comprehensive policies under revision, review and/or development include: *National Policy to Eliminate Violence Against Women and Girls 2016–2020; Family Protection Act 2014; National Strategy on Economic Empowerment of Women and Girls 2020–2023; Women, Peace and Security Action Plan 2017–2020; and Affirmative Action Strategy — Accelerating Women's Prospects and Pathway to Leadership, Decision Making and Governance 2022–2027.*

Source: ESCAP 2022/23 Survey on Population and Development.

3 Employment, management and representation

As already observed above and in chapter 2, female employment (either formal or informal) tends to be lower and of lower quality than males. National Time Transfer Accounts (and time-use surveys) provide strong evidence of the high degree to which the (unpaid) burden of care is disproportionately placed on women, which can again restrict their opportunities in the broader labour market (Wittgenstein Centre for Demography and Global Human Capital, 2018). However, while women of all ages provide the majority of unpaid care work, older persons are net producers of care, which means they provide more unpaid care work than they consume, and older women provide much of the care consumed by older persons (ESCAP, 2020b).

One reflection of significant inequalities can be found in the representation of females in politics and management positions, especially those at senior levels. The ICPD Programme of Action, for example, states that 'The full and equal participation of women in civil, cultural, economic, political and social life, at the national, regional and international levels, and the eradication of all forms of discrimination on grounds of sex, are priority objectives of the international community.' Across the region, only New Zealand has reached the target of 50 per cent for women holding seats in the national parliament. Meanwhile, the figure is less than 25 per cent in 22 countries and less than 10 per cent in 13 countries. Similarly, fewer than 25 per cent of managerial positions are filled by women in countries as diverse as Afghanistan, Bangladesh, India, Islamic Republic of Iran, Japan, Malaysia, Maldives, Nepal, Pakistan, the Republic of Korea and Türkiye. Plans to improve such representation can be found in responses from numerous countries to the ESCAP 2022/23 Survey on Population and Development, such as from Lao People's Democratic Republic (box 6.3).

Climate change is set to further threaten women's access to decent employment across the region unless steps are taken to, for example, ensure that women are better represented in the green energy sector. In this regard, investments are needed to ensure that women have education and training opportunities to gain access to green jobs.

BOX 6.3 Integrated gender equality strategies: Lao People's Democratic Republic

In 2021, the government approved its *National 5 Year Plan of Action for Gender Equality.* The main goals of the plan are to: enhance knowledge on gender equality; improve access to information and health services for women and children; enhance access to decent employment for women and promote economic empowerment (especially in leadership positions); provide access to justice for women and girls; and improve legal frameworks, laws and policies for promotion of gender equality.

So far, the policy has resulted in the gradual reduction of the gender equality gap between men and women; women gaining more confidence to speak out and receive more opportunities for their own development; an improved data system and statistics on gender equality and elimination of all forms of discrimination against women at national, sectoral and local levels; and improved conditions to promote access to information on gender equality and elimination of all forms of discrimination against women for all organizations of the government, State enterprises, private enterprises, development partners, international organizations and the general public.

There is now an increased percentage of women in decision-making and management positions in government and mass organizations, up to an average of 25–30 per cent, and a goal to increase the proportion of women members of the National Assembly and People's Provincial Assemblies to reach at least 30 per cent.

In addition, there have been improvements in: livelihoods of women and girls to graduate from poverty and live securely through economic empowerment; access to quality services in terms of education, public health and social welfare; access to justice, and prevention and elimination of violence against women and girls; and in terms of disaster and climate change risk reduction. Finally, there has been expanded cooperation with development partners and other countries in the area of gender equality.

Source: ESCAP 2022/23 Survey on Population and Development.

B

Gender-based violence and other harmful practices

1 The constellation of gender-based violence

SDG target 5.2 considers eliminating violence against women and girls. This target comprises two indicators: 5.21 on the proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age; and 5.2.2 on the proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence.

In effect, gender-based violence can include a wide variety of acts, including femicide, psychological violence, stalking, physical violence, forced marriage, sexual violence (including rape), female genital mutilation, and forced abortion and forced sterilization and sexual harassment, as well as unacceptable justifications for crimes, including crimes committed in the name of so-called honour (Council of Europe, 2023). Gender-based violence can often be responsive to activism, especially concerning climate change, where many women environmental human rights defenders face threats and violence as a means of control. In emergencies, conflicts and natural disasters, the risk of violence, exploitation and abuse is heightened, particularly for women and girls. Improving legal frameworks to minimize gender-based violence and other harmful practices is essential, as in the case of Maldives (box 6.4).

BOX 6.4 Reforming legal frameworks to promote gender equality: Maldives

Since 2013, in Maldives, there have been significant advances in aligning the country's national legal and regulatory frameworks with obligations in the Article 16 on Family in the Convention on the Elimination of all forms of Discrimination against Women (CEDAW):

With regard to the continued reservations on Article 16 (1) and (2), the Government has made recent efforts to assess how Article 16 may contradict the country's Constitution. While the Constitution ensures the equality of men and women in all matters relating to marriage and family relations, it stipulates, "without prejudice to the provisions of the Islamic Shari'ah, which govern all marital and family relations of the 100 per cent Muslim population of the Maldives". Following the assumption of office by the newly elected Government in November 2018, the President, upon recommendations from the Cabinet, lifted reservations on sections (b), (e), (g), and (h) of Clause 1 and Clause 2 of Article 16 of CEDAW on 24th December 2019.

Law Number 18/2016 (Gender Equality Act) was enacted in August 2016, and came into force 6 months thereafter. This Act prohibits discrimination on the basis of gender and promotes gender equality in all aspects of public and family life. A historic law, long-awaited by the women's movement, the Act outlines explicit duties and responsibilities on State and private parties, prohibits victimization and introduces remedies for gender-based discrimination.

Law Number 19/2019 (Child Rights Protection Act), ratified in November 2019, marks significant changes in the legal protection of children, as it prohibits marrying any child below the age of 18.

The Second Amendment to the Family Act (9/2016) now provides for the equal distribution of matrimonial property after divorce.

The 8th Amendment to the Decentralization Act (7/2010) now provides local councils with more fiscal and legal autonomy and allocates a third of council seats to female councillors.

Furthermore, the national *Gender Equality Action Plan* (2022–2026), comprising five main goals: Leadership and Governance, Economic Empowerment, Institutional Gender Mainstreaming, Elimination of Gender Based Violence and Access to Justice, was approved by the ministerial cabinet in February 2022, and launched in March 2022. A high-level steering committee was established in March 2023, to oversee the implementation of the action plan. Additionally, a technical committee has been formed, comprising the lead agencies of the five main goals.

Source: ESCAP 2022/23 Survey on Population and Development.

While the vast majority of gender-based violence is perpetuated against women and girls, men and boys are also affected. People who do not conform to social norms regarding sexual orientation or gender identity are often subjected to violence and many are criminalized.

Data on non-partner violence are available from national surveys on the prevalence of violence against women. Experience of physical violence in the last 12 months was disclosed by 3 to 16 per cent of women in nine countries of Oceania, compared to 1 to 6 per cent in countries from other subregions. The experience of sexual violence in the last 12 months perpetrated by a non-partner (SDG indicator 5.2.2) ranged from 0 to 12 per cent of women.

Digital and online violence (also referred to as technology-facilitated gender-based violence) is an increasing issue across the region. Online gender-based violence is deeply rooted in discriminatory social norms and gender inequality, and is often connected to offline violence. It is actively a barrier against women, girls and gender-diverse people's freedom of speech and their involvement in the public agenda. Research has shown online gender-based violence undeniably widens the gender digital gap and ultimately is a threat against peaceful, sustainable and gender equal societies (UN Women, n.d.b). Recent studies have suggested that users with limited digital skills, predominantly women and girls, are more at risk of online gender-based violence. Schoolchildren who spend more time online may also be at risk, including from online sexual exploitation — primarily against girls (UN Women, 2020). However, very little data on this topic currently exist. Indeed, data relating to gender are often the least covered in the SDG indicators.

2 Sex ratios at birth

One of the most extreme manifestations of gender inequality is sex selection at birth. Item 4.23 of the ICPD Programme of Action states that 'Governments are urged to take the necessary measures to prevent… prenatal sex selection.' Highly skewed sex ratios at birth are a reflection of son preference, which operates in tandem with falling fertility rates and easier access to sex-selection technology.

The sex ratio at birth generally ranges from 103 to 106 male births to 100 female births. Since 1980, the advent of prenatal diagnostic techniques revealing the sex of the foetus has meant that people in countries with strong male preference have used such techniques to achieve male births, deliberately terminating pregnancies carrying female foetuses, and brining about skewed sex ratios at birth. Prior to the 1960s, the sex ratio at birth in Asia and the Pacific was around 106. By 2000, it had risen to 110; it remained at this level over the period 2000–2015. As a result of legislation prohibiting the disclosure of the sex of the foetus, cash and non-cash transfer programmes benefitting girls, and significant behaviour change communication activities, by 2023, the ratio had fallen to 107.

As with other indicators, these averages mask heterogeneity across the Asia-Pacific region. In 2023, four of five subregions reported average sex ratios at birth rates of 106–107 male births per 100 female births; in East and North-East Asia, the figure was as high as 110, suggesting strong continued use of sex selection techniques. By 2030, the region is projected to have a normal sex ratio at birth (106), with all subregions reporting ratios in the range of 106–107.

Because of skewed sex ratios at birth in some countries, estimates have put the numbers of 'missing women' in China and India at 72.3 million and 45.8 million, respectively (compared to 24.5 million in the rest of the world (Bongaarts and Guilmoto, 2015). This has also negatively affected the marriage market, especially in China, where millions of men are unlikely to find partners. As such, countries must continue to follow the ICPD Programme of Action objective to 'eliminate all forms of discrimination against the girl child and the root causes of son preference'.

3 Early marriage

Principle 9 of the ICPD Programme of Action states that 'Marriage must be entered into with the free consent of the intending spouses, and husband and wife should be equal partners.' Furthermore, Action 6.11 states that 'Countries should create a socio-economic environment conducive to the elimination of all child marriages and other unions as a matter of urgency and should discourage early marriage.' In chapter 4, it was shown that adolescent fertility is still alarmingly high in several countries. In many cases, this is an outcome of unmet need for family planning as well as broader linkages to limited education, gender inequalities, lack of empowerment and limited perceived choices regarding the future. It can thus operate as a factor in limiting the scope of career development over the life course. Related to this feature, of course, is early marriage. Consider, for example, indicator 5.3.1, namely, the 'proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18.'

Globally, the percentage of women aged 20–24 married before age 18 was 19.5 per cent (figures reported during 2015–2023). Across the region and using the latest available data on SDG 5.3.1, the percentages of women aged 20–24 who were first married or in union before age 18 was over 20 per cent in the following countries: Afghanistan, Bangladesh, Bhutan, India, Lao People's Democratic Republic, Nepal, the Marshall Islands, Nauru, Papua New Guinea, Solomon Islands, Thailand and Vanuatu (table 6.1).

Early marriage in many countries across the region is clearly linked to income level. For example, whereas 62.5 per cent of women aged 20–24 in the lowest wealth quintile were first married in Bangladesh before age 18, the figure was 38.5 per cent of such women in the highest wealth quintile. Similar examples can be found across the region. In numerous settings, there are also significant rural-urban disparities, with the former seeing higher rates. Clearly, these higher marriage rates represent limited choices and the perception of limited opportunities for empowerment in the future.

4 Intimate partner violence

'The elimination of all kinds of violence against women' is a cornerstone of the ICPD Programme of Action. Violence by a husband or male intimate partner (physical, sexual or psychological) is the most widespread form of violence against women globally (WHO, 2021).

As the most common form of gender-based violence against women, intimate partner violence remains a major concern for the region. Information is available from 45 countries in Asia and the Pacific concerning women's experience of intimate partner violence — physical and/or sexual — in the preceding 12 months. Subregional variation is considerable.[6] Using SDG regional distributions, rates vary from 3 per cent in Australia and New Zealand to 29 per cent in Oceania (excluding Australia and New Zealand).

The proportion of ever-partnered women disclosing they experienced physical or sexual intimate partner violence in the last 12 months was 10 per cent or less in most countries of East and North-East Asia for which data are available, eight of the nine countries in South-East Asia and four of the six countries in North and Central Asia. The remaining two subregions showed considerably higher rates. In half of the ten countries of South and South-West Asia, 10 per cent or more of women had experienced such violence in the 12 months preceding the survey. In most countries of Oceania for which data are available, violence was experienced by 10 per cent or more of women in the 12 months preceding the survey (figure 6.1).

TABLE 6.1 Women aged 20 to 24 years who were first married or in union before age 18, 2021 [SDG 5.3.1]

SUBREGION	COUNTRY	PERCENTAGE
East and North-East Asia	Democratic People's Republic of Korea	0.1
	Mongolia	12.0
South-East Asia	Cambodia	18.5
	Indonesia	16.3
	Lao People's Democratic Republic	32.7
	Myanmar	16.0
	Philippines	16.5
	Singapore	0.1
	Thailand	20.2
	Timor-Leste	14.9
	Viet Nam	10.6
South and South-West Asia	Afghanistan	28.3
	Bangladesh	51.4
	Bhutan	25.8
	India	27.3
	Iran (Islamic Republic of)	16.7
	Maldives	2.2
	Nepal	32.8
	Pakistan	18.3
	Sri Lanka	9.8
	Türkiye	14.7
North and Central Asia	Armenia	5.3
	Azerbaijan	11.0
	Georgia	13.9
	Kazakhstan	7.0
	Kyrgyzstan	12.9
	Russian Federation	6.2
	Tajikistan	8.7
	Turkmenistan	6.1
	Uzbekistan	7.2
Pacific	Fiji	4.0
	Kiribati	18.4
	Marshall Islands	26.3
	Nauru	26.8
	Papua New Guinea	27.3
	Samoa	7.4
	Solomon Islands	21.3
	Tonga	10.1
	Tuvalu	1.8
	Vanuatu	21.4

Source: ESCAP Statistical Database, see https://dataexplorer.unescap.org/.

Across the region, 75 per cent of women have experienced sexual harassment. Sexual violence is also common, and usually perpetrated by partners. Over a quarter of ever-partnered women in Bangladesh, Fiji, Kiribati, Papua New Guinea, Thailand, Timor-Leste and Vanuatu have experienced sexual violence by partners over their lifetime. While data on sexual violence by non-partners are more limited, the figures are still alarmingly high in many parts of the region. More than one-in-ten women in Nauru and Papua New Guinea had experienced sexual-violence from a non-partner in the preceding 12 months.

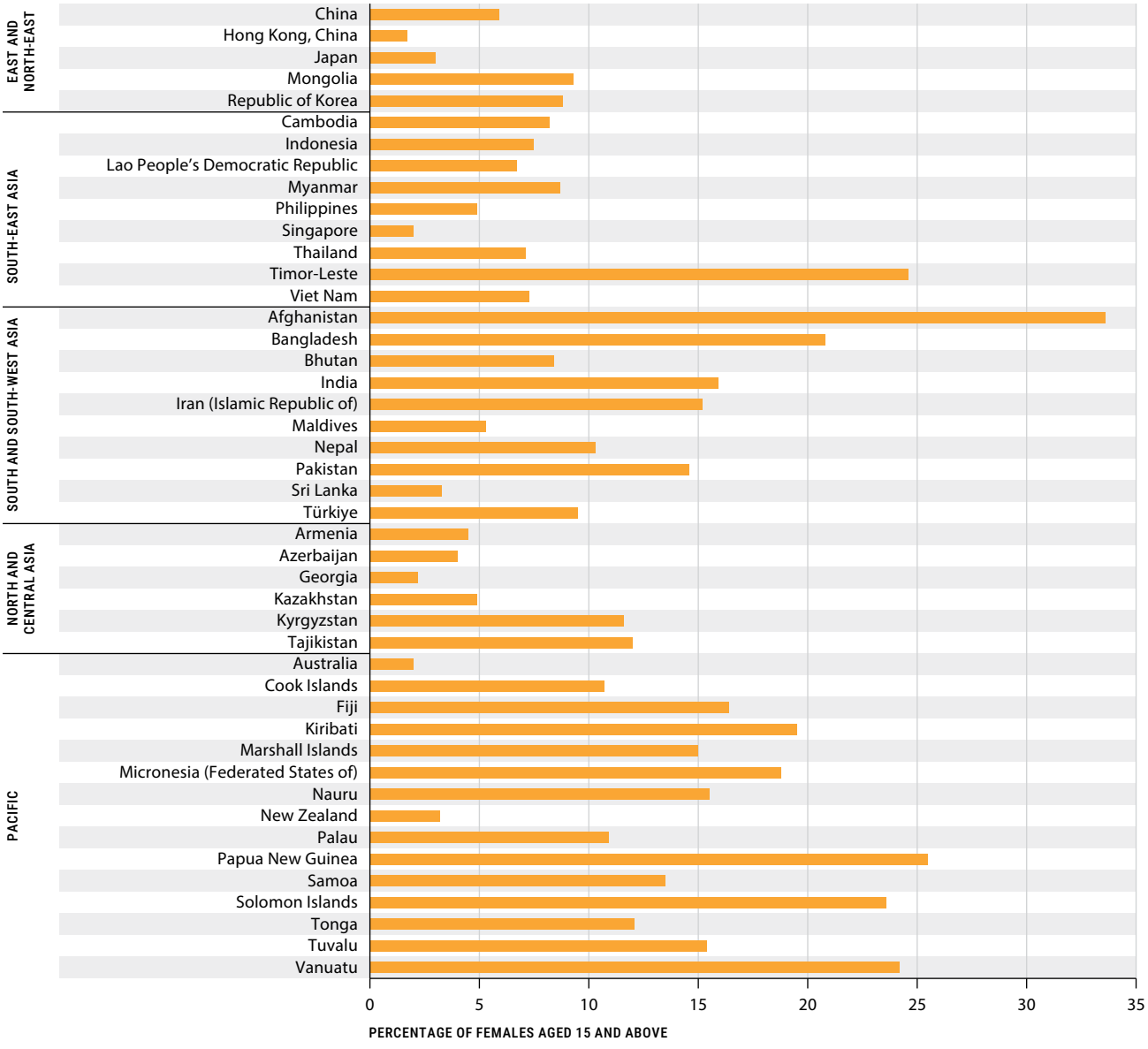
6 Indicators are drawn from the UNFPA portal and refer to the most recent DHS survey, or the SDG Global Database 2022.

5 Female genital mutilation

SDG 5.3.2 focuses on the elimination of all harmful practices including female genital mutilation, a deeply entrenched cultural practice also referred to as female genital cutting or female circumcision. Similarly, item 4.22 of the ICPD Programme of Action states that 'Governments are urged to prohibit female genital mutilation wherever it exists and to give vigorous support to efforts among non-governmental and community organizations and religious institutions to eliminate such practices.' Across the region, it has been argued that the motivation for female genital mutilation differs (Dawson and others, 2019).

While much focus has been placed on the practice in Africa and among the African diaspora, relatively less attention has been paid to the practice in the Asia-Pacific region. Female genital mutilation is practised in Bangladesh, Brunei, Cambodia, India, Indonesia, Lao People's Democratic Republic, Malaysia, the Philippines, Singapore, Sri Lanka, Thailand and Viet Nam, and, also among migrant women in Australia and New Zealand. However, detailed data are very scarce. In Indonesia, one of the very few places with national data, 49 per cent of approximately 34 million girls under the age of 12 in 2013 were found to have undergone some form of female genital mutilation — although this figure varies dramatically between provinces (UNICEF, 2016).

FIGURE 6.1 Ever-partnered women and girls subjected to physical and/or sexual violence by a current or former intimate partner in the previous 12 months, by Asia-Pacific country/area and subregion [SDG 5.2.1]



Source: ESCAP Statistical Database, see https://dataexplorer.unescap.org/.

C

Recommendations

1 Mainstream the gender dimension into strategies, plans and programmes at subnational, national, subregional and regional levels as well as through enhanced and increased international cooperation; allocate adequate funding to increase and track the investment in gender equality and the empowerment of women and girls, taking into account the diversity of needs and circumstances of women and girls.

2 Enhance gender equality and women's empowerment through gender mainstreaming and strengthen legal frameworks to end gender discrimination. This can be supported by gender-sensitive budgeting in resource allocation of the necessary human, financial and material resources for specific targeted activities to ensure gender equality and the advancement of women and girls.

3 Encourage and empower women of various background's full and effective participation and leadership at all levels in order to maximize their contribution to society; this includes programmes that increase women's participation in political processes and other leadership activities, including the removal of discriminatory hiring practices, increasing peer support and capacity development for new office holders, and promoting civil society partnerships for women's empowerment.

4 Develop national monitoring and evaluation mechanisms, and preventive and response strategies to address the structural and underlying causes of violence against women and girls, including gender discrimination, gender stereotypes, and unequal power relations between women and men, and prohibit multiple and intersecting forms of gender discrimination in both public and private spheres.

5 Ensure survivors of all forms of gender-based violence, rape and incest — including people with disabilities, indigenous people and people of various ethnicities and from traditional communities — have immediate access to critical services, including: 24-hour hotlines; psychosocial and mental health support; treatment of injuries; police protection; safe housing and shelter; documentation of cases, forensic services and legal aid; case management and referrals; and longer-term support.

6 Develop appropriate policies to promote the responsibility of men and boys in preventing and eliminating all forms of violence against women and girls, and engage them, as well as families and communities, as agents of change in this process as well as in promoting gender equality.

7 Eliminate intimate partner violence and expand and ensure the availability and access to services to prevent, respond to and protect survivors of such violence and their children.

8 Establish and implement legal and institutional frameworks and enforcement mechanisms, build capacity of doctors, midwives, law enforcement agencies and judges, and increase public awareness on the value of the girl child, including in order to eliminate all forms of discrimination against the girl child, child and forced marriage and the root causes of son preference.

9 Take legislative, administrative, social, educational and other measures to protect and promote the rights of older women, women and girls with disabilities and women and girls affected by migration and displacement, as they are especially vulnerable to all forms of exploitation, discrimination, violence and abuse, in the workplace, educational institutions, the home, public institutions and other settings.

10 Design, adopt and implement evidence-based and effective policies and programmes focusing on the empowerment of female-headed households through ensuring adequate socioeconomic support, health services, and entrepreneurship education and business incubators, and enabling them to continue to stay in the labour market, while providing care for children, grandchildren, older adults and others in the family.

11 Employ legislative, administrative, financial and other measures to give women full and equal access to economic resources, particularly women facing multiple and intersecting forms of discrimination, including the right to inheritance and to ownership of and access to land and other property, assets, investments, credit, natural resources and appropriate technologies.

12 Improve the collection, analysis, dissemination and use of sex-, age- and disability- disaggregated data and relevant indicators to inform policies and ensure the collection and dissemination of internationally-comparable gender statistics.

13 Ensure national and subnational disaster management, disaster risk reduction and climate policies, frameworks and plans are gender- and age-responsive and recognize the unique protection needs, opportunities and capabilities of women, in their diversity, in adaptation planning, implementation and monitoring and evaluation.

14 Guarantee that early warning systems and mechanisms are gender- and age-sensitive to ensure that women, girls, persons with disabilities, older persons and people with specific protection needs — such as people living with HIV, sex workers, and people of diverse sexual orientation or gender identity — are not left behind.



CHAPTER 7

Adolescents and young people

Credits: UNFPA Mongolia | Photographer: Jargalsaikhan Buzmaa
Caption: Youth in Mongolia smile optimistically.

APMD calls for respect for sexual and reproductive health and rights of adolescents and young people, and full attention to meeting their sexual and reproductive health, information, and educational needs. The ICPD Programme of Action refers to children and youth as 'the world's future human resources.' Provision of accessible youth-friendly sustainable health and social services without discrimination are noted as essential. Moreover, calls are made to address youth unemployment and underemployment, with skills development and vocational training identified as important to meet specific labour market needs. The 2030 Agenda highlights youth and adolescents as agents of change. They are, however, often vulnerable and need empowerment, along with support in gaining high-quality education, decent work and access to health services. Indeed, the ICPD Programme of Action States that 'Countries should aim to meet the needs and aspirations of youth, particularly in the areas of formal and non-formal education, training, employment opportunities, housing and health, thereby ensuring their integration and participation in all spheres of society, including participation in the political process and preparation for leadership roles. Data gathered from the ESCAP 2020 Indicator Framework on Population and Development form the primary evidence base of this chapter.

In chapter 1, it was pointed out how the region is ageing rapidly. As a consequence of this demographic shift, over the past decade younger people, apart from in a handful of countries, have come to represent an ever-shrinking percentage of the overall population in many parts of the region. As such, the need to amplify their voices is greater — not least because of the various extra penalties they often struggle with, including higher rates of unemployment (especially for young females). Though a primary focus is on those aged 15–24, it has been observed that younger adolescents (10–14) are often the most marginalized group, especially regarding issues such as dropout rates, early marriage and vulnerability to mental health problems. Finally, the specific needs of adolescents and young people are often not properly catered for in areas such as sexual and reproductive health services.

A

Demographic trends

In previous chapters, adolescent pregnancy and early marriage were described with reference to young people. Chapter 5 discussed the continuing lack of equal access to education and basic infrastructure in schools across the region. It has also been observed that increasing educational attainment is critical to a country's opportunity to reap the demographic dividend — as long as this is gender-responsive and matched by decent employment (chapter 2).

FIGURE 7.1 Number of 15–24-year-olds, by Asia-Pacific subregion, 2000, 2023 and 2050



Source: United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition.

As figure 7.1 shows, the number of youth aged 15–24 differs across the region. Between 2000 and 2023, the youth population is estimated to have more than doubled in Afghanistan and risen by more than 50 per cent in Pakistan, Papua New Guinea, Solomon Islands, Timor-Leste and Vanuatu. By 2050, the youth population is projected to be more than double that of 2023 in Afghanistan, Solomon Islands and Vanuatu. Over the next 7 years, the populations of Afghanistan, Pakistan and the Philippines will grow by around 700,000, 2 million and 400,000 annually, respectively. This is a major challenge for policymakers in terms of providing education, health services and social protection for young people, as well as creating decent work and lifelong learning opportunities.

At the same time, the youth population declined by more than one third between 2000 and 2023 in countries/areas such as American Samoa; Armenia; Georgia; Hong Kong, China; the Marshall Islands, Niue; Northern Mariana Islands; the Republic of Korea and the Russian Federation. In countries such as China, Islamic Republic of Iran and Japan, the youth population declined by over 20 per cent. By 2050 the youth population is projected to be just 39, 44 and 49 per cent of its 2000 figure, respectively, in the Republic of Korea; Hong Kong, China; and both Armenia and China.

In some countries, especially in East and North-East Asia and North and Central Asia, these trends are driven primarily by low fertility. In other settings, especially in the Pacific, high rates of emigration are either the primary driver, or one which exacerbates historically low fertility. Again, both drivers, in turn, reflect other challenges to young people in their quest for decent work and to start a family. Young people will also increasingly find themselves representing ever smaller percentages of the population. As Figure 7.2 shows, by 2050 young people aged 15–24 are projected to account for 10 per cent or less of the population aged 15 or over in countries such as Armenia; China; Hong Kong, China; Japan; Macao; Maldives; the Republic of Korea; the Russian Federation; Singapore and Thailand — sharp declines from the values in 2000 and even 2023.

Shrinking youth populations could have serious consequences for the voice of young people being heard in policymaking, not least through democratic participation, and again raises the importance of intergenerational solidarity and justice. Young people should be recognized as equal partners in finding solutions to contemporary social and economic challenges and have the potential to be key agents for positive change in society. As such, extra effort should be made to strengthen young people's participation in political spaces (The Body Shop, n.d.). For example, this can be amplified in planning and urban design, as seen in China (box 7.1).

BOX 7.1 Involving young people in urban design: China

In May 2022, China launched the *National Pilot Program for Youth Development-Oriented City Construction*. This clarifies the concept and connotation of a youth development-oriented city and sets out the guiding ideology, basic principles, scope of application, and objectives and tasks for the construction of such cities.

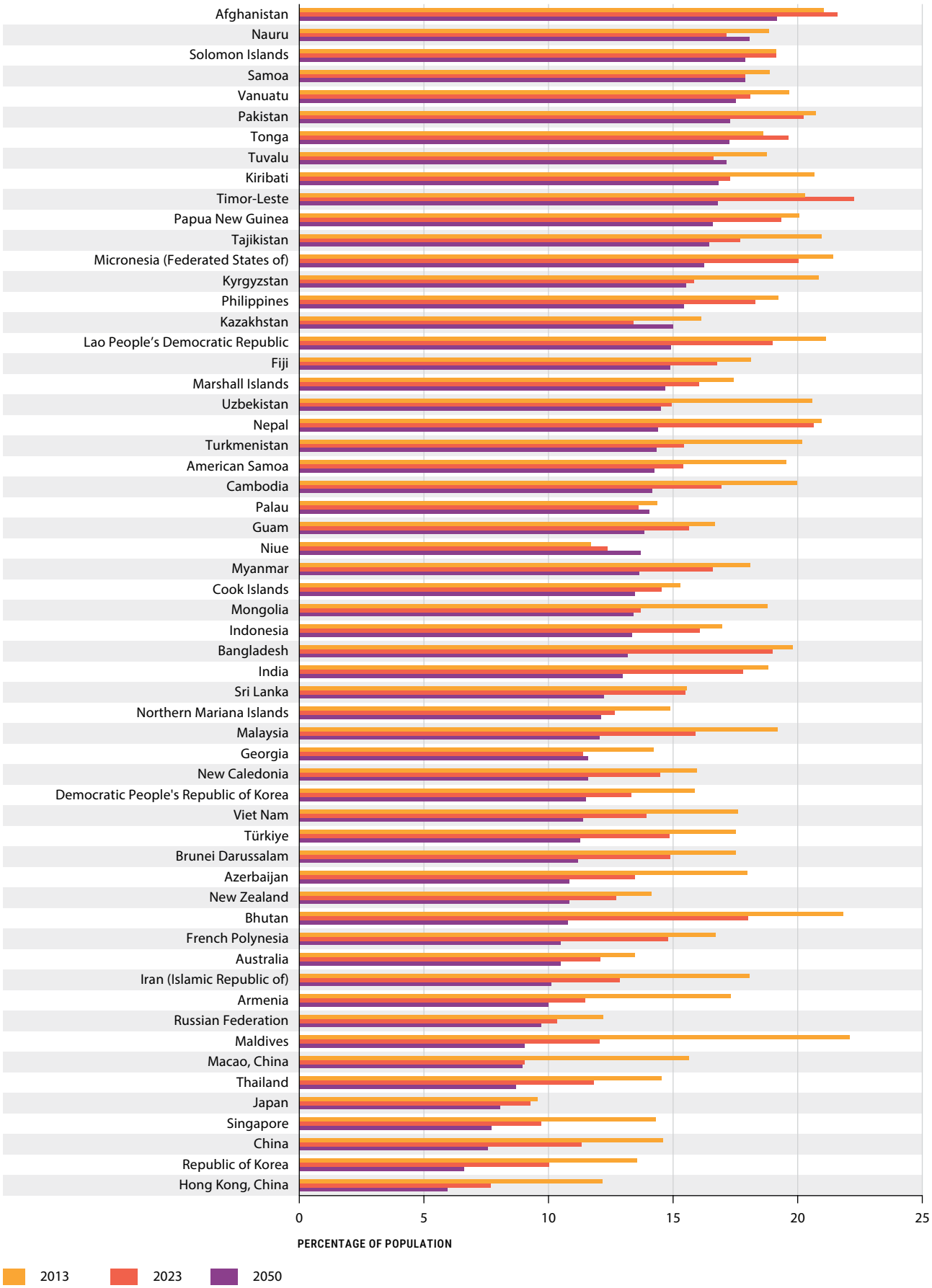
With a focus on promoting high-quality urban development by youth and making cities more youth-friendly, it emphasizes the need to include young people in the urban planning process; provides a fair and quality education environment; creates an employment environment that encourages the talents of young people; ensures basic housing needs for youth; addresses challenges related to marriage, parenting and childcare; promotes a healthy environment for the physical and mental growth of young people; and ensures a safe environment that effectively protects their rights and interests from accidents and illegal infringements.

With a focus on achieving high-quality development of cities and providing more opportunities for youth in urban settings, it highlights the importance of organizing and mobilizing youth to lead 'urban civilizations', get actively involved in innovation and entrepreneurship, participate in social governance in an orderly manner and contribute to the improvement of quality of life.

Building youth development-oriented cities is an important initiative to promote the implementation of China's Medium- and Long-Term Youth Development Plan and uphold the concept of prioritizing youth development. At present, 187 cities nationwide have put forward the goal of constructing youth development-oriented cities. Moreover, 13 provinces have included the Plan and related content on youth development in their government work reports, leading to further improvements in the policy and the social environment for youth development.

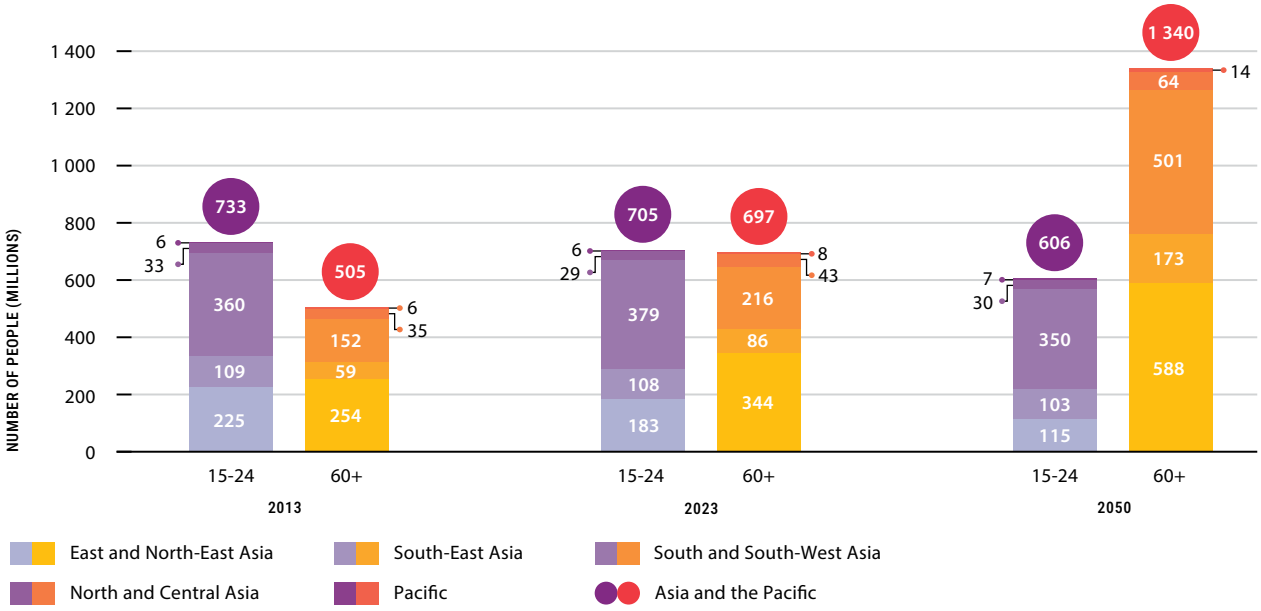
Source: ESCAP 2022/23 Survey on Population and Development.

FIGURE 7.2 Number of 15–24-year-olds as a percentage of total population aged 15 or older, by Asia-Pacific country/area, 2013, 2023 and 2050



Source: United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition.

FIGURE 7.3 Youth population (15-24) and older adult population (60+), by Asia-Pacific subregion, 2013, 2023 and 2050



Source: United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition.

With relatively fewer youth, as compared to the growing numbers of older persons, impacts will be felt across all dimensions of social economic development. Figure 7.3 shows that, while there were considerably more youth than older persons in 2013, by 2023 the numbers are not particularly dissimilar. However, by 2050, the number of youth is projected to be less than half the number of older persons. There are many implications with regard to health (chapter 3), as well as concerning sustainable development (chapter 11). From an economic point of view, adjustments need to be made, such as how the nexus between older persons and work is considered (chapter 8). At the same time, it is imperative that *all* youth are engaged in decisions that affect their future, as well as the future of generation to come.

Notably, though when dealing with young people, a primary focus is on those aged 15–24, it has been observed that younger adolescents (10–14) are often the most marginalized group, especially regarding issues such as dropout rates, early marriage and exploitation, as well as vulnerability to sexual and reproductive health and mental health challenges. Furthermore, as noted in chapter 4, the specific needs of adolescents and young people are often not properly catered for in areas such as comprehensive sexuality education and sexual and reproductive health services. However, there are several cases in which successes have been achieved, such as in Federated States of Micronesia and Timor-Leste (box 7.2).

As noted throughout this report, the COVID-19 pandemic has had profound socioeconomic impacts across the Asia-Pacific region. Among those most affected have been young people (box 7.3)

BOX 7.2 Young people, health, education and sexual and reproductive health services: Federated States of Micronesia and Timor-Leste

In the Federated States of Micronesia, personal hygiene products are provided for schoolgirls so that students do not miss school owing to menstrual needs, while a school programme for sixth to eighth graders addresses unhealthy lifestyles, including smoking. In addition, campaigns have been launched to raise awareness about the importance of education, health and sports, with youth ambassadors promoting the participation of girls in sports.

In Timor-Leste, a healthy relationship manual covering sexual and reproductive health has been developed. Moreover, training of trainers regarding healthy relationships at national and municipal levels has been implemented, while the first ever socialization and coordination with local churches on sexual and reproductive health issues has taken place.

Source: ESCAP 2022/23 Survey on Population and Development.

B Work and training

1 Employment rates

It is well known that investing in young people and giving them the fullest opportunities to be productive through education, decent employment and access to health services is the key to reaping the demographic dividend. However, globally, young people are about three times more likely than adults to be unemployed. As such, Action 6.14 of the ICPD Programme of Action states that 'Governments should formulate, with the active support of non-governmental organizations and the private sector, training and employment programmes.' Across the region, and based on SDG indicators, the estimated youth unemployment rate (for those aged 15–24) is 14.6 per cent (2023). In several countries, unemployment of young women was higher than for young men. In Brunei Darussalam, Fiji, Georgia, Islamic Republic of Iran, Samoa, Singapore, Tonga and Türkiye, unemployment of young women is estimated at generally at least 5 percentage points higher than that of young men. On the other hand, in Hong Kong, China; Maldives; Mongolia; Tajikistan and Turkmenistan, young men experience unemployment at least 5 percentage points above the rate for young women.

More than 20 per cent of young people (latest available year), aged 15–24, are NEET in the following countries: Afghanistan, Armenia, Bangladesh, Fiji, Georgia, India, Indonesia, Islamic Republic of Iran, Kiribati, Lao People's Democratic Republic, Maldives, the Marshall Islands, Nepal, New Caledonia, Pakistan, the Republic of Korea, Samoa, Sri Lanka, Timor-Leste, Tuvalu, Türkiye and Vanuatu. Often, these NEET figures are significantly higher for females than males. On the other hand, labour underutilization applied to young people (namely, the combined rate of unemployment and potential labour force) is estimated at 19.5 per cent in 2020 for the region and has also been on an increasing trend since at least 2012 (ILO, 2022b). Young men in the region face a higher rate of labour underutilization compared to young women. The lack of a significant drop, and indeed increases because of the pandemic, calls for a renewed focus in countries on macroeconomic, employment and labour market policies to address the youth employment challenge. Integrating training and skills development in education and employment policies with a specific focus on young people is critical, as seen in Kiribati (box 7.4).

As discussed in chapter 2, accessing decent work is a struggle for many young people across the region. 'Decent' can mean either formal, and/or work which matches the expectations of ever-more educated young people. As such, young people across the region increasingly find themselves working in precarious informal sector jobs or juggling multiple precarious jobs. Crowd working and the 'gig economy' offer more employment opportunities for young people; but these, again, can be fraught with risks and can be of a fragile nature.

BOX 7.3 COVID-19 and young people

Children of all ages, and in all countries, have been affected by the COVID-19 pandemic directly and indirectly. Many have fallen ill, others have suffered from school closings, isolation and abuse. For some children, the impact will be lifelong, while the harmful effects will not be distributed equally. They have been the most damaging for children in the poorest countries, and in the poorest neighbourhoods, and for those in already disadvantaged or vulnerable situations (UNSDG, 2020g). As mentioned in chapter 5, the long-term consequences of the tremendous disruption to education by the COVID-19 pandemic have not yet been identified. There is little doubt though that the impact — not least on education poverty — is significant.

Young people have also been much more likely to have been forced out of the labour market by the economic conditions which have resulted from the pandemic (ILO, n.d.). 'Getting started in life' with a first job and establishing a home was difficult before the pandemic; but the immediate conditions and aftermath have only served to exacerbate these challenges. Indeed, the long-term consequences of both higher rates of formal unemployment and challenges in maintaining incomes in the informal sector are still to be fully seen (ADB and ILO, 2020). Amidst all this anxiety and uncertainty, mental health challenges have been facing many young people across the region (UNESCO Bangkok, 2021). However, studies have shown that young people in parts of the region may have emerged more resilient, not least through their rapid take-up of digital technologies to navigate education and work (Broom, 2020).

Source: https://unsdg.un.org/sites/default/files/2020-04/160420_Covid_Children_Policy_Brief.pdf

BOX 7.4 Skills development and engagement: Kiribati

The Government of Kiribati has developed various schemes to improve skills development and well-being amongst its younger population. These include the establishment of the Youth Peer Expanded Network, in 2015, with 50 young people. It has since been expanded to support more than 5,000 young people and reach out to 18 Outer Islands. In addition, sexual and reproductive health and rights and life skills training to adolescents and young people have been conducted on South Tarawa and the Outer Islands; skills building training has also been conducted to support youth on South Tarawa and 3 Outer Islands; and an Out of School Life Skills Manual is to be completed in 2023.

In another development, disaggregated data are now available to better understand issues adolescents and young people face at MICS_DHS Kiribati, while disaggregated data on youth can also be found at the National Statistics Office.

Source: ESCAP 2022/23 Survey on Population and Development.

C

Recommendations

1 Recognize adolescents and young people as 'agents of change', as noted in the 2030 Agenda, and ensure that they enjoy, on an equitable and universal basis, the highest attainable standard of physical and mental health, including sexual and reproductive health, and have access to quality education and training, and decent employment opportunities.

2 Recognize that young people should be empowered and supported and can benefit from working, living and socializing with people of other generations, including older persons, to promote intergenerational cohesion.

3 Build resilience of young people and address the root causes of many of the key challenges they face, improve their human capital development and unlock demographic dividend potentials.

4 Design programmes and ensure sufficient resources and implement comprehensive sexuality education programmes that are consistent with evolving capacities and are age appropriate, and provide accurate information on human sexuality, gender equality, human rights, relationships, and sexual and reproductive health, while recognizing the roles and responsibilities of parents.

5 Respond to the specific needs of young people and adolescents regarding sexual and reproductive health, in particular youth in vulnerable situations.

6 Address youth unemployment, underemployment, vulnerable employment and informal employment by developing and implementing targeted and integrated youth employment policies for inclusive creation of decent jobs, improved employability, skill development and vocational training.

7 Support youth entrepreneurship, including through the development of networks of young entrepreneurs at the regional, national and local levels, which foster knowledge among young people about sustainability and inclusion.

8 Enable adolescents and young people to participate in decision-making, including planning, implementing, and monitoring and evaluation of policies and programmes to develop and strengthen opportunities for young people to be aware of their rights and responsibilities in society.

9 Promote and enable youth social, economic and political participation, and remove obstacles that limit their full contribution to society, while promoting and supporting the engagement of adolescent and youth associations, volunteer and intergenerational groups in sustainable development initiatives.



CHAPTER 8

Ageing

Credit: UNFPA Flickr
Caption: Thai skipped-generation family play at home.

APMD highlights the need to adopt policies and national plans to prepare for and respond to population ageing throughout the life course and to accord priority to addressing the rights of older persons. It also acknowledges the gender differential in life expectancy and the need to provide necessary care for female and male older persons, noting the link between ageing and disability. It further calls for strengthening collection and analysis of data on older persons to increase the knowledge base on ageing. The 2030 Agenda calls for efforts by all to ensure that 'no one will be left behind', and SDG 3 aims at promoting healthy lives and well-being for all at all ages. Finally, as the global guiding document on population ageing, the Madrid International Plan of Action on Ageing (complemented by the United Decade of Healthy Ageing 2021–30) provides a firm foundation for the development of holistic policies, designed to both address the economic and social challenges of ageing, while ensuring the maximum well-being and respect for rights and dignity of older persons. In 2022, ESCAP member States reviewed the implementation of the Madrid Plan of Action for the fourth time and called for accelerating its implementation in Asia and the Pacific. Data gathered from the ESCAP 2020 Indicator Framework on Population and Development form the primary evidence base of this chapter.

As noted in chapter 1, the population pyramids of the region demonstrate a clear, ongoing transition in the age structure of the region which has continued over the past decade. As well as a rapidly ageing population, changing household structures mean there is a continued decline in co-residence which, in turn impacts well-being and care. While this change is often presented as a social and economic threat, alternative measures can be deployed to present a more realistic and manageable picture.

Furthermore, population ageing not only represents a triumph of human achievement, but also an opportunity for transformational change. Despite this, social protection measures in place for older persons are often weak and unsustainable, and patterns of work in older age are not always associated with dignity and well-being. A life course approach to ageing, which encompasses healthy ageing, is critical to offsetting both the individual and macro-level challenges associated with this profound demographic shift.

A Demographic shifts

1 Demographic measures

In 2023, there are an estimated 697 million people aged 60 or older across the region, more than double the figure in 1990. As figure 8.1 shows, the number and share of older persons has been growing across all subregions. By 2050, the number of persons 60 years or older is projected to double again. One in seven people in the world in 2050 will be an older person from Asia and the Pacific. These increases can be seen in relative measures. Even in populations with comparatively young age structures, the number of older persons is projected to increase sharply over the coming decades. In Pakistan, for example, while a high fertility rate means the share of older persons may not rise significantly, the number of persons aged 60 or over is projected to reach 26 million by 2040, an greater than three-fold increase relative to the figure of 8 million in 2000.

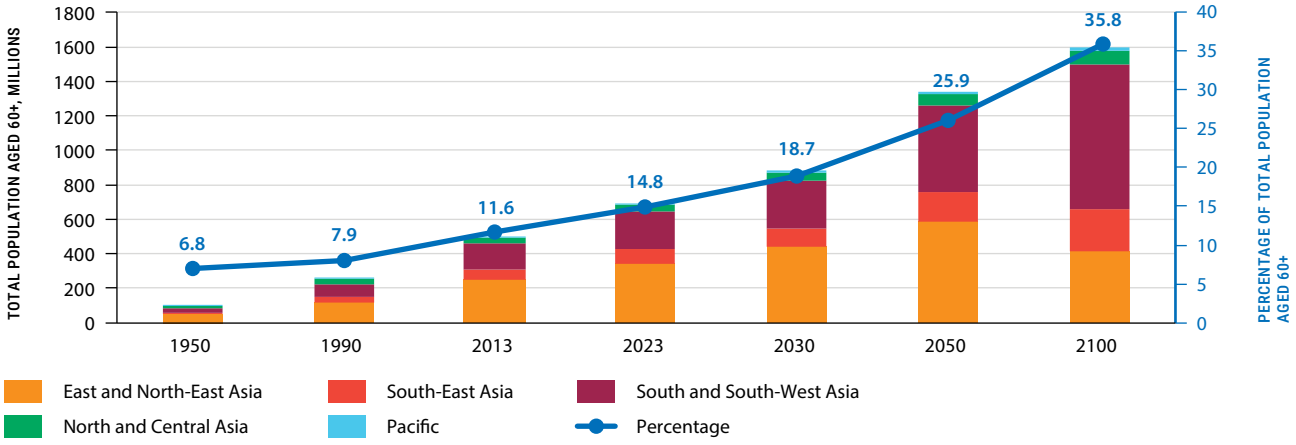
The pace of ageing in Asia and the Pacific is the most rapid in the world, although there is a wide variation across the region. Thus, countries have less time to adjust policies and programmes to respond to the growing needs of older persons.

At older ages, as figure 8.2 shows, populations are usually highly skewed towards females. This is a consequence of higher adult mortality among men and relative higher longevity among women. Especially high femininity ratios in Northern and Central-Asia emanate largely from historically high male adult mortality rates. While women do, indeed, live longer, because of the compounding of inequalities over the life course, this can often result in older female populations suffering from multiple vulnerabilities relating to health and poverty (chapters 2 and 3). Older women are less likely to have built up adequate financial protection in older age. Furthermore, gender-responsive health and social care provisions are not always available in many countries across the region.

2 Household structure

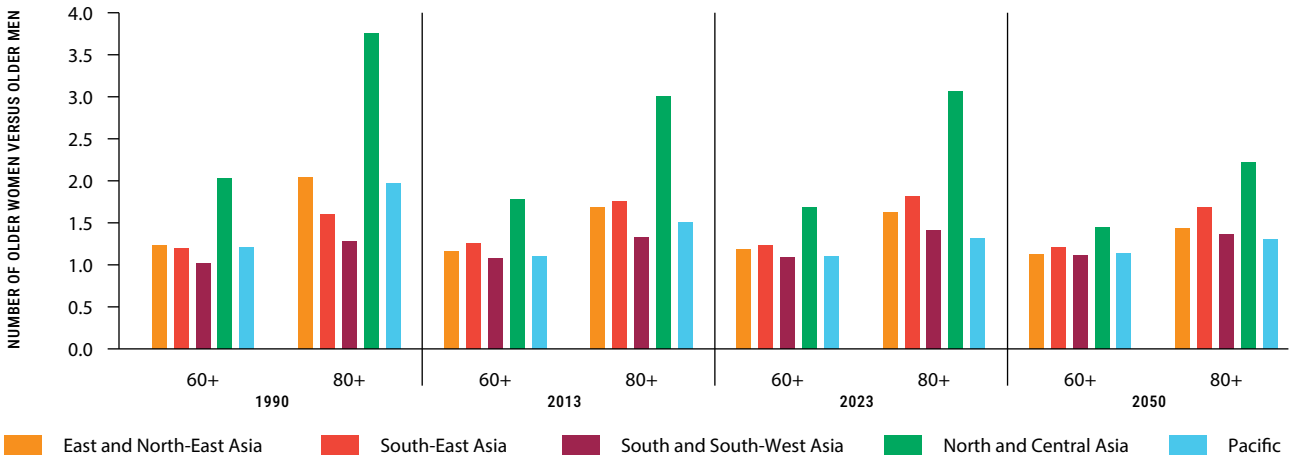
Changing patterns in household sizes and structures, with co-residence generally decreasing, are impacting care supply. Across the region, more than a quarter of households in Armenia, Georgia, Japan, Samoa and Thailand are headed by someone aged 65 or older, while more than a quarter of households in Armenia, Azerbaijan, Georgia, India, Pakistan, the Russian Federation, Samoa, Thailand, Timor-Leste, Tonga and Tuvalu have at least one household member aged 65 or older. Multi-generational living is still common in many parts of the region, with more than 15 per cent of households in Bangladesh, Kiribati, Pakistan, Samoa, Tajikistan, Tonga

FIGURE 8.1 Number and share of people aged 60 years or older in Asia and the Pacific and by subregion, 1950, 1990, 2013, 2023, 2030, 2050 and 2100



Source: ESCAP calculations based on United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition.

FIGURE 8.2 Femininity ratio at older ages, females/males, aged 60 or older and 80 or older, by Asia-Pacific subregion



Source: ESCAP calculations based on United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition.

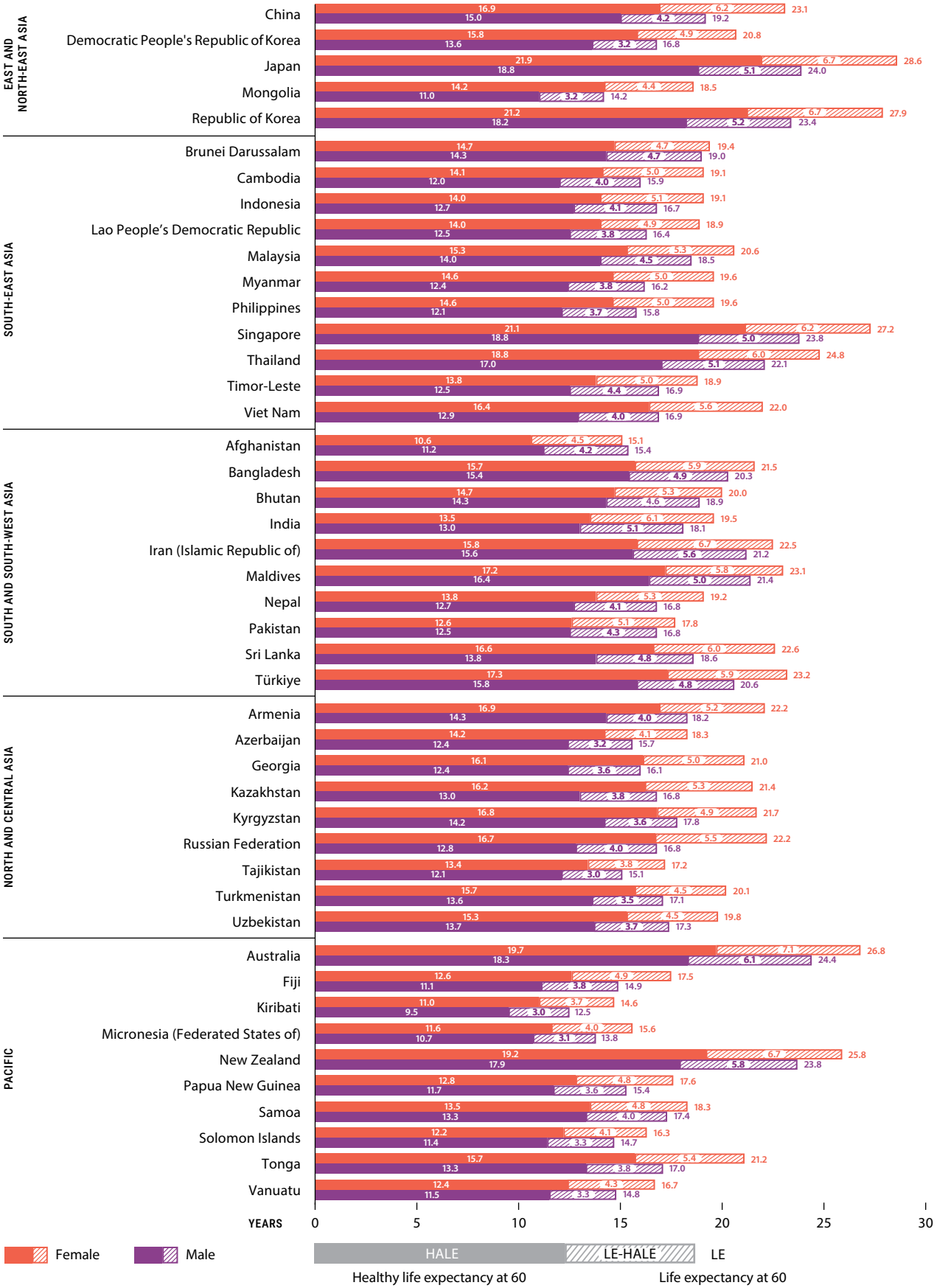
and Tuvalu home to people aged both over 65 *and* under 15 years of age. (UN DESA, 2022). Nevertheless, as family sizes become smaller, urbanization increases pace and attitudes towards care alter, co-residence patterns are also changing. Generally, co-residence has been declining in many settings due to shrinking family sizes. Furthermore, in some countries where lifelong childlessness and non-marriage is increasing, it is likely that more older persons will find reduced familial support networks in the future (ESCAP, 2022b).

As figure 6.1 in chapter 6 shows, older age is highly feminized across the region — especially at the oldest ages. This means that gender-responsive policies should be implemented to better approach the different needs of men and women in older ages, especially given the multiple inequalities which compound over time to leave older women more vulnerable to ill-health and poverty.

3 Older, but healthier?

As already mentioned, one of the core drivers of population ageing is the increase in life expectancy. This is especially true of decreases in mortality in older age. However, as figure 8.3 shows, these increases in life expectancy at older ages are also matched with a significant number of years lost to disability. In many cases, up to one quarter of older age is lost to disability. A further consequence of the 'epidemiological transition' referred to in chapter 3 is the growing prevalence of chronic diseases in older age. Many of these diseases — such as Alzheimer's — require complex, long-term care which is not always available and/or accessible (chapter 3). As can be seen in figure 8.3, despite women's longer life expectancy, they often spend more years in ill health compared to men.

FIGURE 8.3 Life expectancy and healthy life expectancy at age 60 (years), by sex and by Asia-Pacific country and subregion, 2019



Source: ESCAP calculations based on World Health Organization, Global Health Observatory data repository, online, accessed on September 2023. Available at http://apps.who.int/gho/data/?theme=main.

Note: In rounding the above figures to one decimal place, certain small discrepancies exist between sums (HALE + LE-HALE) and total values (LE).

B An alternative view?

The prevalent view of ageing across the region is that it presents a grave threat to economic and social development. However, there is an alternative, more hopeful perspective. Such an approach is crucial to both combat ageism and to ensure that older persons are treated with dignity and respect, as, for instance, is being emphasized in the Democratic People's Republic of Korea (box 8.1). The population dynamics which have resulted in population ageing, namely low mortality and low fertility, have been brought about through improvements in health and reproductive autonomy — changes to be celebrated with a positive mindset and supportive policies and interventions.

BOX 8.1 Respecting older persons: Democratic People's Republic of Korea

In Democratic People's Republic of Korea, significant attention is given to the protection of older persons. Since 2015, all homes for older persons across the country have been newly built in a modern style and homes for veterans have been built in each province, increasing the social benefits for them. A large-scale meeting of war veterans has been held annually and public concern for them has increased.

Through the 'International Day of Older Persons' and other occasions, activities have been conducted to raise awareness of the need to protect older persons.

It has become the prevailing environment in the country and society to respect and show special courtesy towards older persons. Moreover, health centres for older persons have been built as a base of social life for them.

Source: ESCAP 2022/23 Survey on Population and Development.

1 Demographic metabolism

As discussed in chapters 1 and 5, while populations across the region are getting older, they are more highly educated, healthier and, in some cases, richer. This process of so-called 'demographic metabolism' can be seen in many countries across the region (for example, the revolution in education, chapter 5). As cohorts age, the older segments of the population become much more highly educated, as well as larger in number. For example, in China, the population aged 65 or older is projected to more than triple between 2015 and 2060. However, of that smaller population in 2015, around one third had only achieved primary educational attainment. By 2060, the figure is projected to fall to 6 per cent. Furthermore, the percentage of the population with postsecondary education is projected to be 21 per cent in 2060 (Wittgenstein Centre for Demography and Global Human Capital, 2018). This can lead to increased potential for active ageing, with engagement in employment and civic life, and the attainment of the 'second demographic dividend' of higher consumption and spending among older persons, with higher levels of material well-being (UNICEF, 2016).

2 Alternative measures

Several scholars have argued that alternate measures can present a much more nuanced, accurate and optimistic view of ageing. This includes measures which take account of improving productivity among these smaller, yet more highly educated, populations, as well as taking into account improvements in health through measures of 'prospective ageing.' The latter, for instance, questions the idea of a 'fixed boundary' to older age (for instance, 60 or 65), and rather looks at remaining years of life and how these change under dynamic systems of improving life expectancy. As well as providing a more 'real-world' view of ageing, these alternative measures can serve to avoid reliance on language which could be deemed as stigmatizing to older persons, such as the 'dependency ratio' (ESCAP, 2022b).

C Social protection, well-being, healthy and active ageing

1 Social protection

Action 6.18 of the ICPD Programme of Action states that 'Governments should develop social security systems that ensure greater intergenerational and intragenerational equity and solidarity and that provide support to elderly people through the encouragement of multigenerational families, and the provision of long-term support and services for growing numbers of frail older people'.

As discussed in chapter 2, older persons can be particularly vulnerable to falling into poverty — especially older women. As such, developing adequate, inclusive income protection schemes

is a high priority. Across the region, protection schemes vary widely in their scope, coverage and level — but have generally seen improvements in the past decade; for example, there has been progress in the Philippines (box 8.2). Moreover, in some countries, the pension levels are quite high relative to earnings — such as in China, Pakistan and Viet Nam. At the same time, replacement rates in other settings — such as Indonesia and Singapore — are as low as 12.5 per cent (OECD, n.d.).

Existing pension systems in many countries in Asia and the Pacific have a number of shortfalls. Although overall coverage for the region currently stands at 73.5 per cent, there are significant variations at the subregional and country levels. For example, in the following countries with available data (SDG 1.3.1), less than 30 per cent of the population are covered by a pension: Afghanistan, Bhutan, Cambodia, Indonesia, Islamic Republic of Iran, Lao People's Democratic Republic, Malaysia, Myanmar, Pakistan, Papua New Guinea, the Philippines, Solomon Islands and Vanuatu.

There are also wide gaps in pension eligibility ages across the region. For example, nearly all countries have a set statutory retirement age for those who are covered by a pension scheme, which often ranges from 55 through 65 years. Some countries have increased the statutory retirement ages over time. The retirement age in Malaysia, for example, was raised from 58 to 60 in 2012. Since 2019, the general retirement age in Indonesia has been 57 years; this will gradually increase by one year every three years to 65 by the year 2050. However, compared to the estimated and projected life expectancy of older persons, these statutory retirement ages are still quite low. Moreover, women's statutory retirement ages are generally lower than men's.

BOX 8.2 Social protection of older persons: The Philippines

Since 2013, the following legislation has been passed in relation to the rights and welfare of older persons in the Philippines:

1. Expanded Senior Citizens Act (RA 10645). The law prescribes that all older persons shall be covered by the national health insurance program of PhilHealth. Funds necessary to ensure the enrolment of all older persons not currently covered by any existing category shall be sourced from the Nation Health Insurance Fund of PhilHealth from proceeds of Republic Act No. 10351, in accordance with pertinent laws and regulations.

2. Anti-Age Discrimination in Employment (RA 10911). Under the law, the State shall promote equal opportunities in employment for everyone. In this regard, it shall be the policy of the State to: (a) promote employment of individuals on the basis of their abilities, knowledge, skills and qualifications rather than their age; (b) prohibit arbitrary age limitations in employment; and (c) promote the right of all employees and workers, regardless of age, to be treated equally in terms of compensation, benefits, promotion, training and other employment opportunities.

3. Creating the National Commission of Senior Citizens (RA 11350). The law mandates this commission to, among others, ensure full implementation of laws, policies and programmes of the government pertaining to older persons; formulate policies for the promotion and protection of the rights and well-being of older persons; conduct information, education, and communication campaigns to raise awareness on the rights of older persons.

4. Increasing the Social Pension of Indigent Senior Citizens (RA 11916). The law has increased the pension of qualified older persons from PHP 500 to PHP 1,000. The primary beneficiaries of this programme are indigent older persons across the country who would gain from augmented daily subsistence and medical requirements and a reduced the incidence of hunger. The law further provides that social safety assistance intended to cushion the effects to economic shocks, disasters and calamities shall also be available for older persons.

5. Universal Health Care Act (RA 11223, 2018). The promotion of universal health care aims to provide financial risk protection among the poor, including older persons, in ensuring their access to needed health care.

Source: ESCAP 2022/23 Survey on Population and Development.

Withdrawal of savings before retirement is very common. In fact, during the COVID-19 pandemic, people in several countries took advantage of early withdrawal provisions in their pension schemes, such as in Indonesia and Malaysia. Some of the pension funds in the region now face funding shortfalls. Also, pension savings are often taken as lump sums, with the risk that people outlive their resources, and pensions are often not automatically adjusted to reflect changes in the cost of living, which is particularly important when there are inflationary tendencies in national economies (ESCAP, 2022b).

As mentioned above, chronic, long-term illnesses will account for an ever-growing proportion of sickness and disability in older age. With the older population growing, this can raise the risk of increased health-care spending at the macro-level, but also at the household level. Given the unequal gendering of care roles, it is likely that such long-term care needs may be disproportionately burdened by women. While ageing-in-place is a desired outcome for older persons across the region, and individuals, families and communities should be the primary caregivers, the paucity of long-term institutional systems is a significant challenge in many settings. These challenges have been added to by the impact of the COVID-19 pandemic on older persons (box 8.3).

2 Older age and work

As figure 8.4 shows, in many countries, older persons continue to work beyond the age of 65. For some, work in older age can be a means of engaging with the community, keeping a role in life and practising active ageing. For many others, meanwhile, work in older age is a necessary corollary of inadequate social protection systems.

BOX 8.3 COVID-19 and older persons

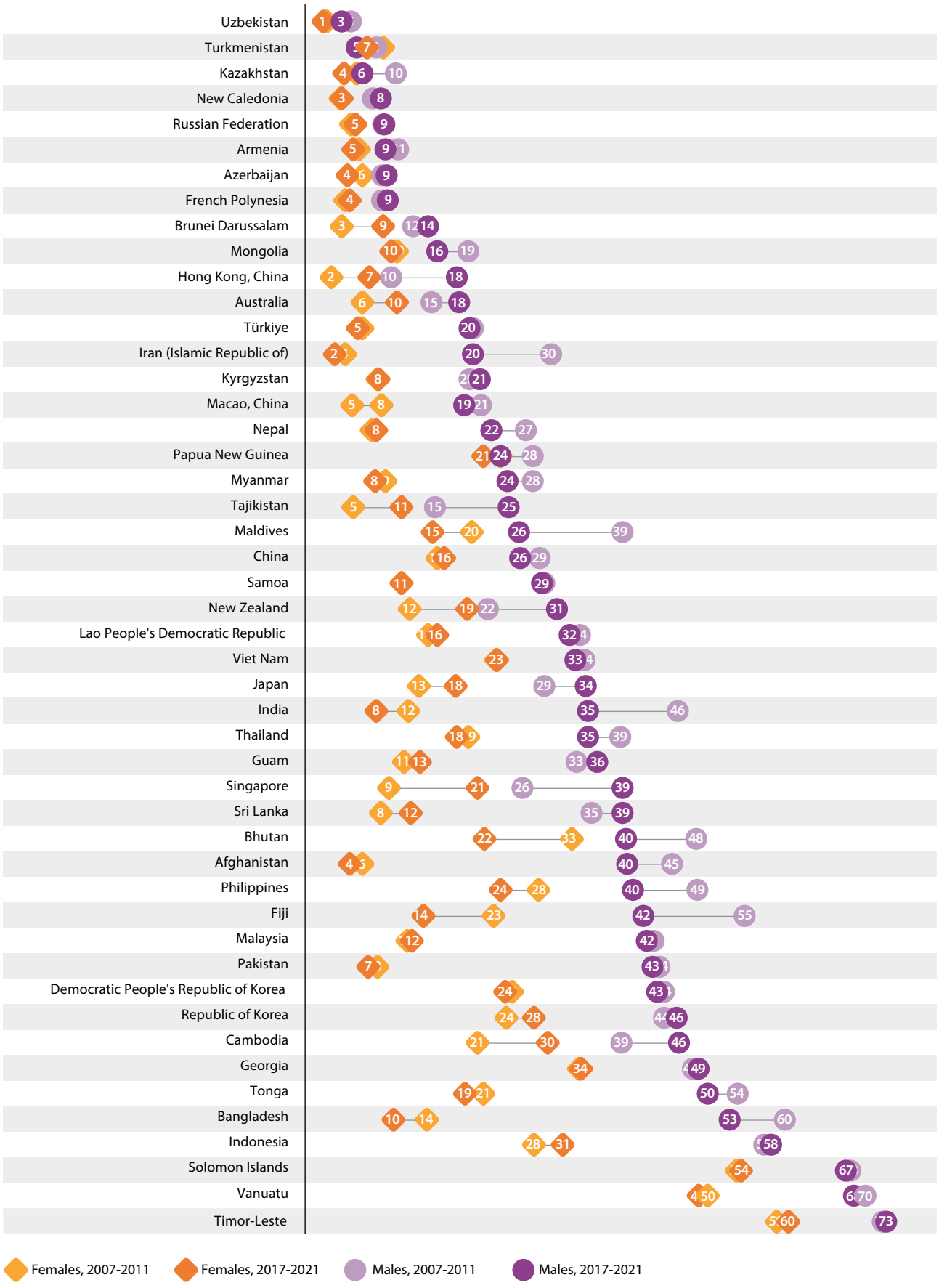
Many older persons have suffered disproportionately under the COVID-19 pandemic. Apart from higher death rates, health care has also been denied for conditions unrelated to COVID-19, and there has been increased neglect and abuse in institutions and care facilities, higher levels of poverty and unemployment, negative impacts on well-being and mental health, and the trauma of isolation, stigma and discrimination (UNSDG, 2020f).

Death rates for older persons have generally been higher than for other groups across the region. Being more prone to serious sickness and greater concerns about vaccination because of underlying chronic illnesses has significantly impacted both physical and psychological well-being. Quarantine and lockdown periods have exacerbated pre-existing challenges relating to loneliness and accessing health-care services. As numerous public and health-care services become 'online only', many older persons who have been affected by the 'digital divide' have effectively been shut out. The long-term care sector has been particularly badly affected through higher infection rates (UNFPA and HelpAge, 2020).

In addition, ageism has become more prevalent. 'Hostile ageism' has taken the form of a lower regard for older persons' lives in many narratives, especially in comparison to younger people. But also 'compassionate ageism', which paints older persons as helpless, overly vulnerable, and dependent on support, has been a strong, developing theme. At the same time, older persons, in particular older women, have often been the ones who have kept the family together during the pandemic. They have provided shelter for children returning from cities during lockdowns, looked after grandchildren and other older family members, and provided food to the entire family.

However, the COVID-19 pandemic has also spurred policy innovation across the region. For example, in some countries, governments, civil society organizations and other community organizations have been able to work together in a holistic way to consolidate support for older persons. Elsewhere, older persons have been active in their community in terms of helping each other, and the community at large (Gietel-Basten and others 2022). The pandemic has also pushed forward advances in telehealth which, if applied equitably, can improve well-being and support ageing in place.

FIGURE 8.4 Labour force participation rate of older persons 65 or older, by sex and by Asia-Pacific country, 2007–11 and 2017–21



Source: International Labour Organization, ILOSTAT explorer, see https://ilostat.ilo.org/data/.

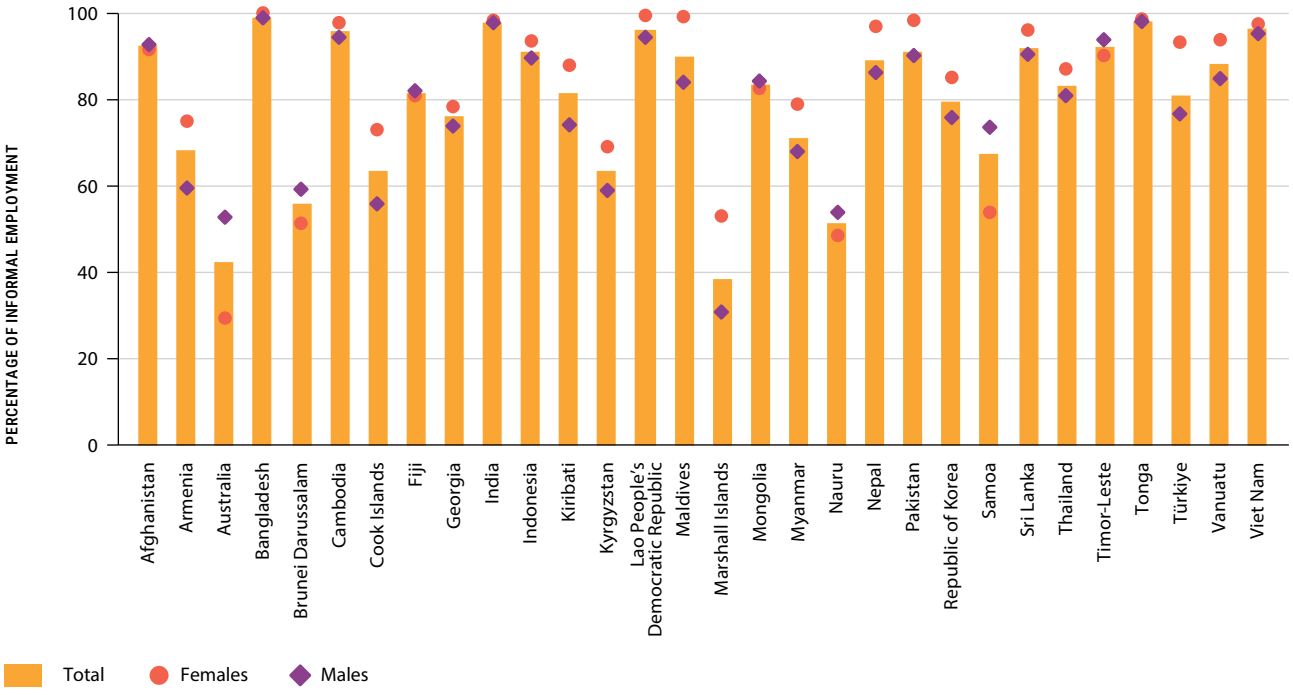
Figure 8.5 demonstrates how much of this work occurs in the informal sector, especially for women. Again, this fragile work provides fewer opportunities for securing economic and physical well-being at a time when working is no longer possible. In this vein, the ICPD Programme of Action states that governments should 'invest more resources in gender-responsive research as well as in training and capacity-building in social policies and health care of older persons, especially the elderly poor, paying special attention to the economic and social security of older persons, in particular older women'. Furthermore, the statutory retirement ages across the region, especially for women, mean that many older persons are 'forced out' of the labour market, sometimes against their wishes. Finally, ensuring that life-long learning and reskilling is embedded in education and work systems over the life course, coupled with maximizing the potential benefits of technology, can be a further means of ensuring longevity in work, and healthy and active ageing. More broadly, it should not be forgotten that older adults make a very large contribution to unpaid care. Indeed, older persons are net producers of care, which means they produce more unpaid care work than they consume, and older women provide much of the care consumed by older persons (ESCAP, 2020b).

3 Well- being, and healthy and active ageing

It has been argued that responses to population ageing can learn from a climate science approach: *adapting* to current circumstances by better supporting older persons today; and *mitigating* future challenges and building *resilience* by making existing systems more sustainable and helping people to 'age better' (Gietel-Basten, 2021). Here, of course, improved education (chapter 5), health (chapter 3), decent work (chapter 2), and lower inequality and lower levels of poverty (chapter 2) will certainly help. In addition, getting older persons engaged in activities and events organized by centres specifically catering for their needs can promote well-being. This is the case in Kazakhstan, with its 'Active Longevity' initiative (box 8.4).

Active ageing programmes and other schemes of empowering older persons in their communities are essential. Indeed, many components of the Madrid Plan of Action and the United Nations Decade of Healthy Ageing (2021–2030) are concerned with precisely such actions. Adopting a life course approach to healthy ageing is a critical component of ensuring well-being in older age. Finally, reskilling and upskilling older persons as part of a more general commitment to life-long learning can be critical to ensure older persons can continue to contribute to the labour force.

FIGURE 8.5 Informal employment of older persons 65 or older, females and males, as a percentage of total non-agricultural employment, in selected Asia-Pacific countries, latest available year



Source: International Labour Organization, ILOSTAT explorer, see https://ilostat.ilo.org/data/.

BOX 8.4 Focusing on active longevity: Kazakhstan

As part of Kazakhstan's Action Plan to Improve the Situation of Older Citizens 'Active Longevity' until 2025, Active Longevity Centers have been created. As of January 2023, a total of 63 centres were functioning across the country. The activities of the centres are organized through various state and communal modalities. Moreover, professionals from diverse fields – such as, psychologists, lawyers, social workers, trainers and teachers – support activities at the centres. In 2022, a total of almost 850 different services were provided in the centres for the benefit of more than 355,000 service recipients. Moreover, 5,080 events were held in support of the centres.

Source: ESCAP 2022/23 Survey on Population and Development.

D

Recommendations

1 Adopt policies and national action plans to prepare for and respond to societies of all ages and ensure that national coordination bodies on ageing are strengthened and follow a whole-of-society approach, in line with APMD.

2 Accelerate implementation of the Madrid Plan of Action using the outcome document of the Asia-Pacific Intergovernmental Meeting on the Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing, 2022, as well as the complementary United Nations Decade of Healthy Ageing.

3 Accord priority to addressing the rights of older persons, adopt a life course approach and acknowledge the gender dimension of population ageing in national legal and policy frameworks and action plans to prepare for and respond to population ageing.

4 Strengthen health systems to prepare for and respond to the needs of older persons by noting the link between ageing and disability, and providing an integrated and gender-sensitive continuum of care, including preventive care, acute care, chronic disease management, long-term care, end-of-life care and palliative care, emphasizing quality home and community-based care.

5 Develop or strengthen inclusive social protection systems, with particular attention given to older persons, especially older women, and their high risk of being poor and socially isolated, by providing universal pensions and strengthening intergenerational solidarity and partnerships, as well as bonds within families.

6 Recognize the contributions and enhance the capacity of formal and informal caregivers and volunteers, including family members, and advocate for quantifying the caregiving contribution of older persons to the economy in national accounts.

7 Eliminate all forms of discrimination, abuse and violence against older persons, including ageism in employment, health care and other settings, while developing positive narratives of population ageing to recognize the meaningful contributions of older persons to society.

8 Create and promote, with intergenerational engagement, enabling environments to support active participation of all persons, especially older persons with disabilities, in society; adopt the age-friendly cities framework with a focus on universal design, including in transportation, housing, social participation, outdoor spaces and buildings, information and communication.

9 Facilitate the establishment and development of organizations of, and for, older persons that provide an effective community mechanism for strengthening the voices of older persons, and ensure that they can contribute to society and support each other.

10 Collect age- and gender-disaggregated data and undertake research, including at the micro-level, to provide evidence on population ageing; adopt and further develop alternative measures of ageing, such as prospective ageing and National Transfer Accounts, which more accurately capture the nature of demographic change.



CHAPTER 9

International migration

Credits: UN Photo, Kibae Park
Caption: A view of passengers aboard trains connecting the suburbs of Kolkata, India

In APMD, member States pledged to address international migration using a human rights approach through international, regional and bilateral cooperation and dialogue. The 2030 Agenda contains a call for Member States to facilitate orderly, safe, regular and responsible migration and mobility of people. Additionally, in the Global Compact for Safe, Orderly and Regular Migration, the first-ever negotiated global framework to address all aspects of migration in a holistic and comprehensive manner, concrete objectives to reinforce the benefits of migration and to address its challenges are identified.

Following a review at the Asia-Pacific regional level in 2021, four key themes were put forward as opportunities for regional and national implementation of the objectives of the Global Compact for Migration: building analytic resources and capacities; comparative analysis; theories, models and forecasts; and capacity-building through partnerships, training and communication of information and evidence. Data gathered from the ESCAP 2020 Indicator Framework on Population and Development form the primary evidence base of this chapter.

Migration levels have been on the rise over the past decade, particularly in the Asia and the Pacific. While primarily associated with labour migration, there are a wide variety of motivations for people to be on the move across the boundaries of the region. However, the supposed triple benefits of labour migration (for origin countries, for destination countries and for migrants themselves) are undermined by a system that rests on limiting or withholding the rights of migrant workers.

Furthermore, forced displacement and human trafficking continue to be a feature of the migration landscape, bringing about trauma and hardship for millions of people across the region. New and developing forms of migration — and exploitation — need to be rapidly understood and responded to.

A

Core demographic measures

Migration levels have been on the rise, particularly in the Asia-Pacific region. Figures 9.1a and 9.1b show that, in 2020, there were 66.6 million international immigrants in the region and 108.7 million international migrants had left countries in the region to reside either in another country in Asia and the Pacific or one outside the region. Most immigrants were residing in South and South-West Asia and North and Central Asia, while South and South-West Asia was the region with the highest number of emigrants.

FIGURE 9.1A Immigrants (migrant stock) in Asia and the Pacific and by subregion, 1990–2020

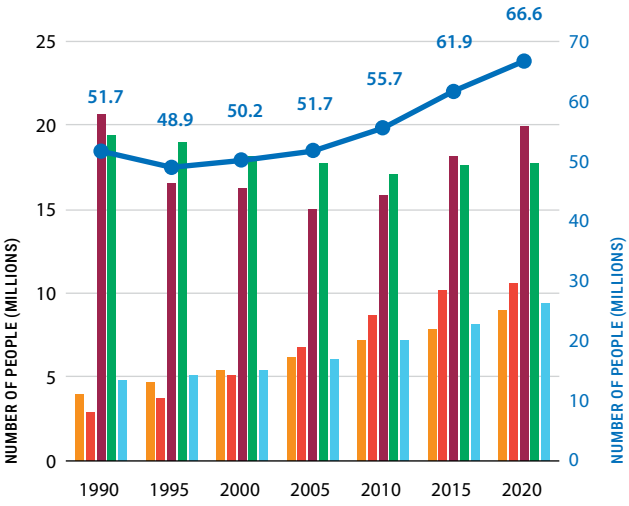
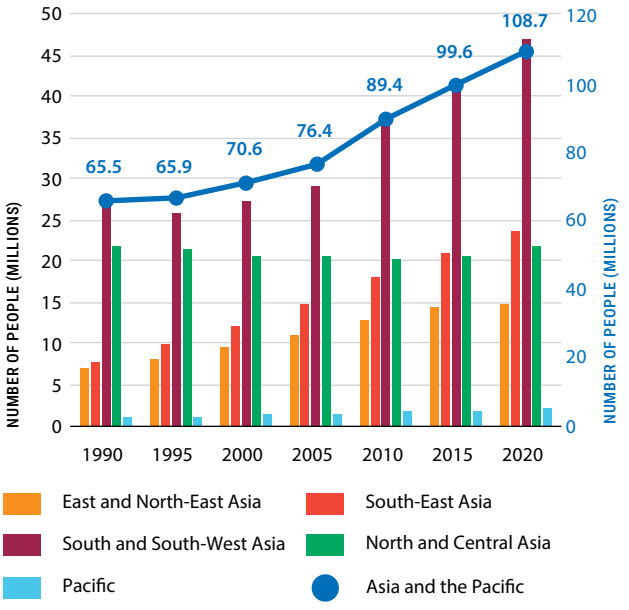


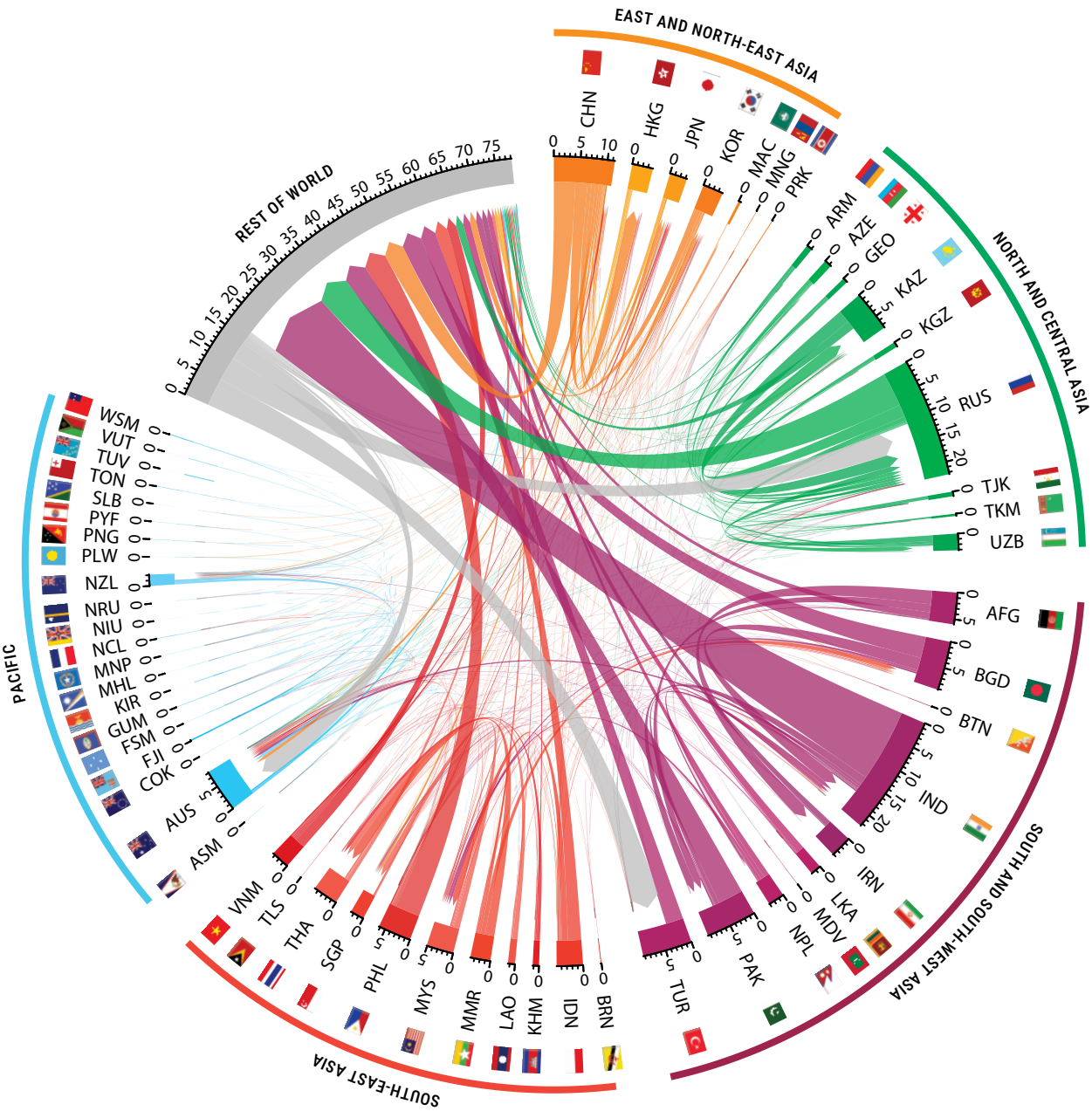
FIGURE 9.1B Emigrants (migrant stock) from Asia and the Pacific and by subregion, 1990–2020



Source: United Nations, Department of Economic and Social Affairs, Population Division (2020). International Migrant Stock 2020.

Figure 9.2 shows that most international migration in Asia and the Pacific is regional in nature (although there is a very significant flow from South and South-West Asia to other parts of Western Asia, which is predominantly male labour migration to the Middle East). Clearly, some places are preferred loci of destination (for example, Australia; Hong Kong, China; New Zealand and the Russian Federation), while others are primarily countries of origin (such as Bangladesh, China, India, Indonesia and the Philippines). However, over time, a number of countries have become both countries of immigration and emigration. Much labour migration in the region is managed through bilateral memoranda of understanding between some of these host and sending countries.

FIGURE 9.2 International migrant stock by country of origin, Asia-Pacific countries/areas and subregions, and other regions of the world, mid-2022



Source: United Nations, Department of Economic and Social Affairs, Population Division (2020). International Migrant Stock 2020.

B

Reasons for migration

1 Work

Most of this movement in Asia and the Pacific is grounded in labour migration. It is often seen as a triple-win: for destination countries facing labour shortage, for countries of origin facing poverty, unemployment and skills challenges, and for migrants in need of employment opportunities/better earning prospects (ILO, 2020b). Recent technological developments have facilitated processes that benefit migrants, as well as the communities they come from (and most often return to) and go to. This can be seen, for example, in Nepal (box 9.1).

Various different types of flows can be identified. Women make up around 50 per cent of migrant workers across the region. However, as the demand for workers in highly feminized sectors (such as health care, domestic work, entertainment, manufacturing and textiles) increases, coupled with the lack of available full–time employment for men, this percentage may grow in the future. In countries where data are available, migrant workers are largely concentrated at the bottom of the occupational skills ladder, namely in low- or medium-skilled manual labour.

In some countries, labour migration is considered a means of offsetting the perceived economic and social challenges associated with population stagnation and/or a declining labour force. Indeed, the International Monetary Fund notes that 'labour market reforms can be key for ageing societies'. By encouraging foreign workers, including through guest worker programmes, migration can soften the adverse growth impact of rapid ageing by partially offsetting the expected decline in the domestic labour force. However, there is much political, popular and cultural resistance to large-scale immigration in many parts of the region. Furthermore, the number of migrants required to keep population age structures constant becomes unrealistic over the medium- to long-term (UNDP 2001; Coleman 2002). Despite this, targeted labour migration policies can still serve to offset particular sectoral challenges (for example, in the growing care sector).

Emigration, on the other hand, can lead to both 'brain drain' and general labour market shortages in sending countries. For example, in smaller countries (such as in the Pacific), the migration of skilled labour leaves a chasm in various social and economic sectors, which is not easily or quickly filled.

Temporary labour migration has become a prominent feature in the labour migration landscape. There is no clear definition of temporary migration, either in the academic literature or at the policy level. Different countries make efforts to measure their own temporary migrants through visa systems, but registration processes vary, and it is difficult to provide a statistical picture for the entire region. The forms and impacts of temporary migration are thus diverse and complex (ESCAP, 2020c).

BOX 9.1 Using digital technologies to facilitate migration: Nepal

Nepal has developed a digital platform to harmonize labour migration governance. The Foreign Employment Information Management System is an integrated migration information management system that cuts across the four stages of labour migration: (pre) recruitment, deployment, employment, and return and integration. The system brings together the different migration actors and stakeholders — migrant workers, recruitment companies, employers in destination countries, and government agencies and regulators — under one unified multifunctional platform individually accessible by each party. In addition, a provision exists that the private recruitment agencies, in labour migration cycles, are liable to rescue and repatriate the workers they have recruited if there are any falsehoods in the migrants' contracts.

Nepal has also recently launched a telemedicine service for Nepali workers abroad. Its objective is to counsel workers to be healthy, while providing expert services from medical professionals based at hospitals in Nepal through mobile applications — such as Imo, Viber and WhatsApp. This acts to support migrant workers in receiving health information at the required time, so there are no delays in delivering requisite health services to them.

Source: ESCAP 2022/23 Survey on Population and Development.

2 Remittances and recruitment costs

The economic contribution of migrants across the region is significant. In 2021, remittances comprised over one fifth of GDP in Kyrgyzstan, Nepal, Samoa, Tajikistan, Tonga and Vanuatu. These remittances contribute to investments in children's education and care for older persons; they also offset poverty. However, remittance costs are often high. In 2021, for the 27 countries with available data, the target of reducing transaction costs of migrant remittances to below 3.0 per cent by 2030 was only met in 5 countries: Azerbaijan, Georgia, Kazakhstan, Tajikistan and Uzbekistan. Some large sending countries, such as Bangladesh, Nepal, the Philippines and Sri Lanka, are not far off the target, at 3.0–5.5 per cent. Meanwhile, figures are above 9.0 per cent in Cambodia, Lao People's Democratic Republic, Samoa, Tonga and Vanuatu.

Recruitment costs are also a significant issue across the region. SDG 10.7.1 considers recruitment costs borne by employee as a proportion of yearly income earned in country of destination. It recognizes that high recruitment costs faced by many low-skilled migrant workers reduce the overall benefits from migration, and lead to migrant indebtedness, along with abusive situations, such as forced labour. Thus, the objective as a way forward is to minimize the costs incurred by migrant workers in obtaining jobs abroad.

In Asia and the Pacific, surveys have been completed or are ongoing in Bangladesh, Cambodia, Indonesia, the Philippines and Viet Nam. In Viet Nam, the 2021 Labour Force Survey reported average recruitment costs equivalent to 7.4 months of migrant workers' wages (ILO, 2022c). For Bangladesh, such costs equated to earnings of 17.6 months for men, and 5.6 months for female domestic workers (Bangladesh Bureau of Statistics, 2020). Reducing recruitment costs is an important key to ensuring that migrant workers are protected and can increase the rate at which development occurs in countries of origin. The Global Compact for Safe, Orderly and Regular Migration, the global guiding document on international migration, adopted by United Nations Member States in 2018, addresses recruitment costs in its objective 6, and calls on prohibiting 'recruiters and employers from charging or shifting recruitment fees or related costs to migrant workers in order to prevent debt bondage, exploitation and forced labour, including by establishing mandatory, enforceable mechanisms for effective regulation and monitoring of the recruitment industry.'

3 Working conditions, abuse and well-being

Despite this economic contribution, living and working conditions for migrants can often be challenging. For example, restrictive migration policies, weak contracts, lack of recognition and undervaluation of women migrant domestic workers result in exploitation and negligence of rights (including social protection). Further, restrictive policies lead to an increase in the number of undocumented domestic workers who are left more vulnerable to exploitation (UN Women, n.d.b). More generally, it is common for migrants to be engaged in work which is 'dirty, dangerous and demanding' and for migrants to be stigmatized and the subject of abuse (ILO and UN Women, 2019).

Temporary labour migrants, especially women and those in low-income jobs, are often most vulnerable when it comes to rights and, in the case of women, to sexual harassment. The mental health of migrants is often poorly affected, and with limited matching services to respond to it. All of this can be further exacerbated under conditions of climate change (and climate change-induced migration). Migration can often lead to vulnerabilities for 'left-behind' families. Gendered domestic worker migration is expected to increase in the future as families in more developed countries seek to recruit migrant workers to work as caregivers. While ILO C189, the Domestic Worker Convention has been ratified by 36 countries globally, the only included State Party in the region is the Philippines. In addition to the aforementioned concerns, the COVID-19 pandemic has affected migrants particularly severely (box 9.2).

4 Migration beyond work

While most migration in Asia and the Pacific is for employment by workers in elementary and middle skilled occupations on temporary employment contracts, there are many other factors which shape migration in the region. In chapter 5, for instance, student mobility and migration for education were discussed. Marriage and family formation are other drivers of migration in the region. These often reflects the exodus of women from rural areas and demographic imbalances in destination countries which encourage men to search internationally for partners. Population ageing, coupled with higher savings rates, low living costs, high-quality services for older persons and pleasant climates has resulted in many older persons migrating for retirement to countries in Asia and the Pacific. This can be a source of economic benefits, but also raises some challenges regarding transnational health care and social isolation in old age (ESCAP, 2020c). Finally, many migrants, of course, are forced to move through conflict (Section D) or because of climate change (chapter 11).

BOX 9.2 COVID-19 and migration

The COVID-19 pandemic has left few lives and places untouched. But its impact has been harshest for those groups already in vulnerable situations before the crisis. This is particularly true for many people on the move, such as migrants in irregular situations, migrant workers with precarious livelihoods or working in the informal economy and victims of trafficking in persons, as well as people fleeing their homes because of persecution, war, violence, human rights violations or disaster, whether within their own countries — internally displaced persons — or across international borders — refugees and asylum-seekers (UNSDG, 2020h).

As mentioned in chapter 1, migrants (especially females) have been disproportionately affected by the pandemic in several ways. Firstly, they have been more likely to be involved in fragile employment, which has often been the first to be scaled back under pandemic conditions. Secondly, migrants have been more likely to be exposed to infection by virtue of being in 'front line' jobs in the health, care and service sectors. Thirdly, migrants have been affected more by travel restrictions than other groups because of their inability to travel to work or be reunited with family. Remittances have also been heavily affected, leading families in other parts of the region to be at further risk of falling into poverty (ILO, 2022d). The pandemic has, moreover, revealed the large gaps in social protection coverage for many migrants across the region, who have become unable to access needed benefits during both economic and health struggles. All of these challenges have been disproportionally experienced by temporary labour migrants.

The COVID-19 pandemic has also had a significant impact on forced displaced persons across the region. This has occurred through, amongst others, inaccessibility to asylum, the inability to move internally and internationally due to lockdowns, higher levels of unemployment and lower expected remittances, unreliable access to a shelter, education and health care, and a growing sense of xenophobia towards refugees and other vulnerable groups (UNHCR, 2021).

C Migration policy

1 General policies

It is important for countries to develop sound migration policies which guarantee safe, orderly and regular migration. Indeed, poor labour migration policies can themselves contribute to modern slavery, undocumented migration, xenophobia, social exclusion and the criminalization of migrants. The Global Compact for Safe, Orderly and Regular Migration, rooted in the 2030 Agenda, sets out concrete objectives to reinforce the benefits of migration and to address its challenges. Furthermore, the ICPD Programme of Action states that: 'Countries receiving documented migrants should provide proper treatment and adequate social welfare services for them and their families and should ensure their physical safety and security.' Indeed, this is the basis of SDG target 7.2: orderly, safe, regular and responsible migration and mobility of people.

Often, countries follow one set of policies for professional/highly-skilled migrant workers and another for low- or medium-skilled workers. Although there are exceptions, as in the case of Armenia (box 9.3), there is currently only a limited focus on return and re-integration policy (including family reunion), and few countries have designed proper policies regarding pathways to residence.

Several countries have progressed in developing polices and plans to support migrants, including Cambodia and the Philippines (box 9.4). Many such policies, however, are hampered by the lack of timely, reliable, comparable and disaggregated data. Often, data are collected by different government entities, leading to problems regarding comparability. There are inconsistencies regarding definitions and concepts, and often data are collected but not shared for security reasons. When data are not disaggregated by relevant subcategories, statistics that average out measures of well-being can paint a misleading picture. In collecting and disseminating migration data, privacy concerns must be respected.

BOX 9.3 Return migration: Armenia

In Armenia, the government has introduced the Program of Primary Assistance for Reintegration of Nationals Returning to the Republic of Armenia (including Compulsory Returnees). This is supported by the 'Readmission Case Management Electronic System', launched in January 2019. Armenia is also engaged with the European Union regarding the Increasing Migrants' Potential to Act for Development of Armenia (*EU4IMPACT Armenia*) project. The overall objective of this 48-month project is to contribute to empowerment of labour migrants, returnees and their family members through mobilizing remittances to invest in local development and job creation in Armenia. The Project is funded by the European Union and is implemented by the International Centre for Migration Policy Development. Finally, the Office of the High Commissioner for Diaspora Affairs of the Republic of Armenia implements the 'iGorts' Program, which is fully funded by the Government of Armenia. The programme invites professionals from the Armenian Diaspora to work in the public sector and for the Government of the Republic of Armenia.

Source: ESCAP 2022/23 Survey on Population and Development.

D Forced displacement

Most people move in search of a better life, yet refugees and asylum seekers flee across international borders to escape persecution and conflict, while internally displaced persons are displaced within their own countries by disasters, climate change or conflict (chapters 10 and 11). Some refugees and asylum seekers are stateless and do not have the nationality of any country. The number of refugees, asylum seekers, stateless persons and internally displaced persons in and from the region remains high.

At the end of 2022, over 7.9 million refugees and people in refugee-like situations were estimated to be living in Asia-Pacific countries, representing 37 per cent of the global refugee population under the mandate of UNHCR, and the largest refugee population in the world (UNHCR, 2023). Türkiye, Islamic Republic of Iran, Pakistan, the Russian Federation and Bangladesh — in order of largest numbers — alone hosted 91 per cent of all refugees and people in refugee-like situations in the region (table 9.1). About 13 per cent of these refugees were aged 5 or younger.

BOX 9.4 International migration policy and planning: Cambodia and the Philippines

In Cambodia, many migrants have been provided with pre-departure training courses prior to going to work abroad. In addition, guidelines on dispute resolution of migrant workers have been developed and implemented. Furthermore, labour attachés have been appointed and posted to the Royal Embassy of Cambodia/Consular General/ Consular Office in all countries of destination. These officials focus on working to protect migrant workers and solve any problems they may face.

The Philippines adopted the Global Compact for Safe, Orderly and Regular Migration and is one of its champion countries. As a net migrant-sending country, the Philippines actively participated in the negotiation processes which resulted in the inclusion of provisions on labour mobility, fair and ethical recruitment, anti-slavery and antitrafficking, as reflected in the Global Compact for Migration document, paragraphs 22 (g) and (h) under Objective 6: Facilitating fair and ethical recruitment and safeguarding conditions that ensure decent work. The Global Compact for Migration is now a key reference for migration policies in the Philippines, as it covers all dimensions of migration, including pre-departure, onsite, and return and reintegration phases. In February 2022, the Philippines established the Department of Migrant Workers by virtue of Republic Act No. 1164116. Existing key offices with migration-related functions are now consolidated into a single streamlined entity to serve Filipino migrant workers. The law includes the realization of the 23 Global Compact for Migration objectives, the definition of ethical recruitment and the strengthening of the domestic labour market for the effective reintegration of overseas Filipino workers.

Source: ESCAP 2022/23 Survey on Population and Development.

TABLE 9.1 Top five countries of asylum in the Asia-Pacific region, end-2022

COUNTRY OF ASYLUM	REFUGEES AND PEOPLE IN REFUGEE-LIKE SITUATIONS (END-2022)
Türkiye	3,568,000
Iran (Islamic Republic of)	3,425,000
Pakistan	1,744,000
Russian Federation	1,278,000
Bangladesh	952,000

Source: United Nations High Commissioner for Refugees, Refugee Data Finder, see https://www.unhcr.org/refugee-statistics/download/?url=8r3Gws.

About 5.1 million refugees in the region had left their country of origin at the end of 2022, with the majority remaining in the region. Afghanistan, Myanmar and China accounted for some 82 per cent of refugees from the region (table 9.2). In addition to refugees, the numbers of asylum seekers, stateless people and internally displaced people in the region are also high. The tables below provide an overview of the main countries of origin and destination of refugees and person in refugee-like situations in Asia and the Pacific.

The core rights of refugees are set out in the 1951 Convention Relating to the Status of Refugees. While refugees are covered by the Global Compact on Refugees, in light of their distinct status under international law, refugees can travel over the same routes and use the same means of transport as other groups of people on the move. Further, while stateless persons may not have crossed international borders and internally displaced persons have not crossed them, they may yet be vulnerable to onward forms of unsafe and irregular migration.

TABLE 9.2 Top five countries of origin of refugees in the Asia-Pacific region, end-2022

COUNTRY OF ORIGIN	REFUGEES AND PEOPLE IN REFUGEE-LIKE SITUATIONS (END-2022)
Afghanistan	5,662,000
Myanmar	1,252,000
China	161,000
Sri Lanka	148,000
Iran (Islamic Republic of)	123,000

Source: United Nations High Commissioner for Refugees, Refugee Data Finder, see https://www.unhcr.org/refugee-statistics/download/?url=8r3Gws.

E

Human trafficking

A core objective of the ICPD Programme of Action is to 'prevent all international trafficking in migrants, especially for the purposes of prostitution.' That stated, progress towards SDG target 16.2 to end human trafficking is developing, but still far off in many settings. Human trafficking is a multi-billion-dollar industry, which operates across the region. For instance, the United Nations Office on Drugs and Crime estimates that over 150,000 people are trafficked annually in South Asia — women and girls make up 44 and 21 per cent, respectively, of trafficking victims.

Forced labour, sexual exploitation and forced marriage are recorded as the most common forms of trafficking in the region. Often, the majority of trafficking victims are women (58 per cent of those trafficked in East Asia and the Pacific in 2020) and girls (21 per cent), but also include men (18 per cent) and boys (3 per cent) (UNODC, 2022). In 2020, in East Asia and the Pacific and in South Asia, the majority of detected victims were trafficked for forced labour. Indeed, online scams and the enslaving of migrants are becoming more prevalent in several countries in the region.

New and developing forms of trafficking, including crypto-trafficking, urgently need to be better understood and addressed. As documented in a recent OHCHR report, cybercrime scams have become a major issue in Asia, with many workers trapped and forced to participate in scams targeting people over the Internet. Most people trafficked into online scam operations are men, although women and adolescents are also among the victims. They face a range of serious violations and abuses, as well as other human rights violations. These online scam operations are rooted in the rise of casinos and online gambling operations, especially in South-East Asia (OHCHR, 2023).

F

Recommendations

1 Continue to make progress towards the achievement of the objectives of the Global Compact for Safe, Orderly and Regular Migration and the implementation of the APMD priority action on international migration, with a focus on the human rights and fundamental freedoms of all migrants and their families.

2 Mainstream migration into national planning through, among others: identifying institutional focal points to lead on environment, climate change and migration within domestic, regional and global policy; and implementing recommendations of the Nansen Initiative on the protection of cross-border displaced persons.

3 Enhance international migration by means of international, regional or bilateral cooperation and dialogue and a comprehensive and balanced approach, recognizing the roles and responsibilities of countries of origin, transit and destination, as well as relevant stakeholders, while avoiding approaches that might aggravate the vulnerability and risks faced by migrants.

4 Promote dialogue and establish cooperation among countries, in cooperation with the private sector and civil society, to provide social protection for migrants, especially: health care, including sexual and reproductive health services; employment services and job training; and social insurance and social assistance.

5 Incorporate a gender perspective into all policies and programmes on international migration in order to reinforce the positive effects that migration can have for the empowerment of women and the contributions that migrant women can make to the economic, social and human development of their countries of origin, destination and transit.

6 Ensure that remittance costs are low, according to the 2030 Agenda, and develop portable schemes of remittances and social and income protection.

7 Acknowledge the important multidimensional contributions made by migrants and migration to development in countries of origin, transit and destination, and identify appropriate ways and means of maximizing the development benefits and minimizing the negative impacts.

8 Consider voluntary labour migration as a possible climate change adaptation strategy and develop durable solutions for internally displaced populations, those at-risk of displacement and for people living in informal settlements.

9 Examine the root causes of undocumented migration, including by promoting cooperation, in accordance with relevant international obligations and commitments at all levels so as to foster safe, orderly and regular processes of migration; examine the causes of emigration to minimize the adverse effects of brain drains on the development efforts of developing countries.

10 Adopt and implement legislation and policies that ensure equal treatment of migrant workers with national workers, where appropriate, in employment and working conditions, while stressing that such migrants should not be punished for submitting complaints and by promptly investigating all alleged crimes against them.

11 Strengthen actions to prevent and eliminate all forms of violence, coercion, discrimination, trafficking in persons (including new forms of trafficking such as crypto- and education-trafficking) and other types of exploitation and abuse of migrants, including to women, boys and girls, especially domestic workers, who are predominantly women.

12 Enact national legislation and introduce further effective measures to combat trafficking in persons and smuggling of migrants, recognizing that these crimes may endanger the lives of migrants or subject them to harm, servitude, exploitation and sexual violence, while ensuring access by survivors of trafficking to counselling, rehabilitation services and alternative economic opportunities.

13 Strengthen international cooperation to combat trafficking in persons and migrant smuggling, and consider ratifying or acceding to the related Conventions and Protocols.

14 Strengthen policies to ensure that international migration for the purpose of marriage does not lead to exploitation or abuse, and to assist with the social integration of marriage migrants and their children.

15 Ensure access to civil, economic, social and cultural rights for all children affected by migration, whether as migrants or those staying behind, regardless of their parents' migration status; include children affected by migration in social protection systems, policies and programmes.

16 Collect and utilize accurate and disaggregated data as a basis for evidence-based policies, and build capacity to collect, analyse and disseminate such data, as well as information.



CHAPTER 10

Urbanization and internal migration

Credits: UNFPA, Asad Zaidi
Caption: View of busy roads of Lahore, Punjab.

Cities and urban centres act as accelerators for social and economic progress in the Asian and Pacific region. According to the ICPD Programme of Action: 'Urbanization has profound implications for the livelihood, way of life and values of individuals… At the same time, migration has economic, social and environmental implications — both positive and negative — for the places of origin and destination'.

The New Urban Agenda was adopted at the United Nations Conference on Housing and Sustainable Urban Development (Habitat III) in Quito, Ecuador, in 2016. It represents a shared vision for a better and more sustainable future. If well-planned and well-managed, urbanization can be a powerful tool for sustainable development for both developing and developed countries.

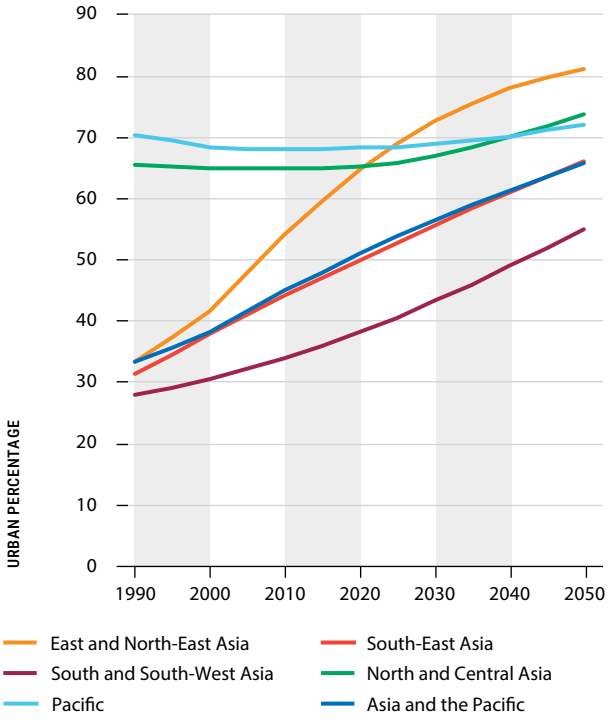
In APMD, member States agreed on increasing efforts to ensure effective and sustainable urban planning, as well as better manage cities, especially with respect to provision of public services, housing, basic infrastructure, and sanitary and waste management services for the urban poor. At the same time, it was noted that infrastructure development and employment opportunities needed to be enhanced in rural areas to upgrade the quality of life there. In this context, the promotion of the growth of small and medium-sized urban centres, and decentralization was put forward as a strategy to address balanced rural-urban development. SDG 11 specifically calls for making cities and human settlements inclusive, safe, resilient and sustainable. Data gathered from the ESCAP 2020 Indicator Framework on Population and Development form the primary evidence base of this chapter.

Over the past decade, the urban population has continued to grow apace across the region — both in terms of megacities, but also in smaller and medium-sized settlements which continue to be the main motors of urban growth. Despite this overall growth, there are still many challenges relating to infrastructure, housing and services, as well as inclusive and autonomous decision-making. Rural areas are often 'left behind' in some developmental models. Internal displacement, driven by a variety of reasons, including development, conflict and climate change, is still a feature of population dynamics in many parts of the region.

A Urbanization

Across the region, the urban population continues to grow apace. Figure 10.1 shows that the Pacific and North and Central Asia continue to be highly urbanized. Other subregions are urbanizing very rapidly, especially East and North-East Asia. Indeed, this is projected to be the most urbanized subregion by later this decade.

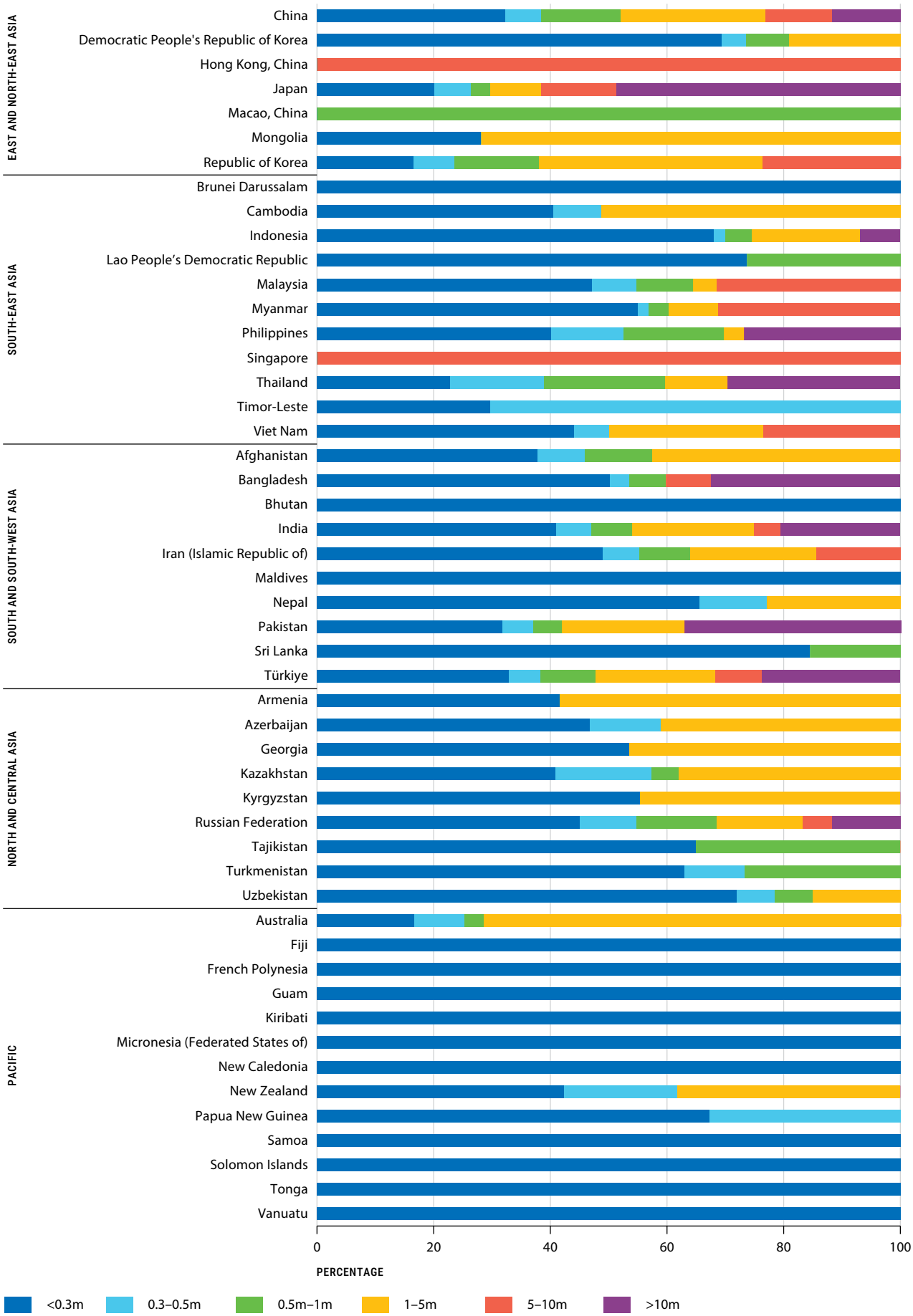
FIGURE 10.1 Population living in urban areas as a percentage of the total population in Asia and the Pacific and by subregion, 1990 to 2050



Source: ESCAP calculations based on United Nations, Department of Economic and Social Affairs, Population Division (2018). World Urbanization Prospects: The 2018 Revision, Online Edition. https://population.un.org/wup/Download/.

In 1950, 7 of the 30 largest cities in the world were in the Asia-Pacific region: Tokyo, Osaka, Kolkata, Shanghai, Mumbai, Tianjin, Shenyang (listed by size of the urban population), with a combined population of 35 million. By 2020, the figure had risen to 19, with a combined population of 340 million. By 2035, the four most populous cities in the world are projected to be in Asia and the Pacific, with a combined population alone of 145 million. However, while megacities and large urban agglomerations tend to receive the most attention, the reality — as figure 10.2 shows — is that urbanization in most countries in the region is concentrated in more modestly sized towns and cities.

FIGURE 10.2 Settlement types, urban population, by Asia-Pacific country/area and subregion, 2020



Source: United Nations, Department of Economic and Social Affairs, Population Division (2018). World Urbanization Prospects: The 2018 Revision, Online Edition.

B

Urban inequalities, urban spaces

1 Inadequate housing

Urbanization, combined with good policy, should contribute to job creation, livelihood opportunities, and improved quality of life in urban areas, as promoted in Kiribati and Viet Nam (box 10.1). Looking across the region, the proportion of the urban population living in slums, informal settlements or inadequate housing, however, is frequently high, meaning progress towards SDG 11.1.1 is often limited.

Of concern is that more than 50 per cent of the urban population in Afghanistan, Bangladesh, Myanmar and Pakistan resides in slums, informal settlements or inadequate housing. Despite this, table 10.1 demonstrates how considerable progress has been made in many countries since 2000.

TABLE 10.1 Proportion of urban population living in slums, informal settlements or inadequate housing, by Asia-Pacific country/area and subregion, 2000 and 2020 [SDG 11.1.1]

SUBREGION	COUNTRY	2000	2020
East and North-East Asia	Mongolia	57.6	17.9
South-East Asia	Cambodia	84.8	39.7
	Indonesia	35.1	19.4
	Lao People's Democratic Republic	54.4	21.8
	Myanmar	29.4	58.3
	Philippines	50.0	36.6
	Thailand	15.6	6.8
	Timor-Leste	56.1*	33.9
	Viet Nam	45.3	5.8
South and South-West Asia	Afghanistan	63.6**	73.3
	Bangladesh	58.3	51.9
	India	55.3	49.0
	Maldives	41.5*	34.8
	Nepal	66.3	40.3
	Pakistan	71.2	56.0
	Türkiye	24.6	14.1***
North and Central Asia	Armenia	12.8	8.4
	Azerbaijan	50.9	26.9****
	Georgia	13.6	7.1
	Kazakhstan	24.5	0.8
	Kyrgyzstan	47.2	2.4
	Tajikistan	60.3	17.1
	Turkmenistan	10.5	8.5
Pacific	Fiji	15.0*****	9.4

Note: *year 2004, **year 2006, ***year 2018, ****year 2012, *****year 2002.

Source: ESCAP Statistical Database, see https://dataexplorer.unescap.org/.

BOX 10.1 Urban management: Kiribati and Viet Nam

In Kiribati, since its establishment in 2021, the Housing and Settlement Section, under the Urban Planning Unit is responsible for developing and overseeing housing standards, policies and regulations, in order to guarantee affordable and adequate housing for communities, while being suitable, given the country's climatic conditions and socioeconomic environment. The Urban Housing and Informal Settlement Policy is currently under development with the assistance of key stakeholders. It will be the first of its kind to provide guidance on national housing development, allowing its implementing bodies to manage and control housing growth in urban areas and peri-urban areas. The aim is to build sustainable communities with better living spaces and a housing market suitable for the country's growing population.

In Viet Nam, urban planning and development capacity has improved in recent years. In particular,

the country's institution on urban development management has completed a process for public engagement in urban planning and development projects; policies to encourage the use of new, advanced and environmentally friendly building materials have been issued; and new technologies in good quality, low-cost housing construction have been deployed. In addition, research into energy saving solutions in residential areas, office buildings, green urban development services and solutions for rapid and sustainable urbanization has been performed. Moreover, regional and urban construction planning to ensure consistency and efficiency in coordination with the implementation of socioeconomic sectoral planning has been reviewed. Overall, the government is working to enhance the quality of planning and plan management at all levels.

Source: ESCAP 2022/23 Survey on Population and Development.

Meanwhile, the cost of housing is very high for many citizens in a number of cities and regions. Some of the most expensive real estate in the world can be found in Asia and the Pacific. This is often cited as a reason for very low fertility, as younger people in particular find it difficult to 'get started in life' because of the combination of expensive housing and fragile employment (chapters 2, 4 and 7).

2 Inequalities, infrastructure and services

There has been considerable progress in improving access to infrastructure and services in several countries. Between 2000 and 2022, in Afghanistan, Bangladesh, Bhutan, Cambodia, China, India, Indonesia, Lao People's Democratic Republic, Mongolia, Nepal, Pakistan and Viet Nam, the share of the population with such access more than doubled. The following countries had already achieved 90 per cent coverage by 2000: Australia; French Polynesia; Georgia; Hong Kong, China; Kazakhstan; Kyrgyzstan; Macao, China; Malaysia; New Caledonia; New Zealand; Niue; Palau; the Republic of Korea; Samoa; Singapore; Thailand; and Uzbekistan.

Despite the aforementioned progress, the quality of habitat infrastructure throughout the region is often poor. This can contribute significantly to ill-health and other negative effects for well-being. Accessing basic sanitation services is still out of reach for many across the region. There is also a significant urban and rural divide, with 91 per cent of the population in urban areas having access to such services in 2022, compared to 79 per cent in rural areas.

Inadequate housing is just one component of urban inequality. Across the region, there are gleaming megacities and the development of an affluent urban middle class, with a wide array of consumption opportunities. Immigration of younger people means many cites (such as Shenzhen or Seoul) have a widely different age profile to their hinterlands or countries. On the other hand, many internal (and international) migrants in urban settings work in the informal sector, face social exclusion and poor housing conditions, and are, therefore, disproportionately affected by economic shocks and natural disasters. In other words, while urban locations may offer more varied economic opportunities than rural areas, without decent housing and employment, inequalities can translate into the relocation of rural poverty into urban poverty, hindering cities from being motors for inclusive growth.

Cities are often ill-equipped to cope with the needs of their residents. Life in many cities, for example, relies on either having a car or engaging with inadequate public transport. Infrastructure is often not designed with citizens in mind, especially pedestrians, older persons, persons with disabilities or young families. As the region ages, meanwhile, urban spaces will need to be adapted to the changing needs of the population.

Another consideration is land ownership, including that of indigenous communities. Examples exist of progress in increasing registration of such ownership, such as in Cambodia, as noted in box 10.2.

BOX 10.2 Promoting registration of land: Cambodia

In Cambodia, much progress has been made in the registration of real estate and land titles (rising from 78 per cent in 2019 to 100 per cent in 2023). In addition, each year the real estate of 10 indigenous communities has been registered as being under collective ownership. Furthermore, a 'One-window service', in which all administrative services are coordinated and provided under the one roof, has been implemented, thus saving time and effort visiting different offices to obtain required services and cutting down formal and informal costs.

Source: ESCAP 2022/23 Survey on Population and Development.

3 Decision-making

The ICPD Programme of Action emphasizes a participatory model of decision-making regarding urban planning and development, to precisely reduce the above-mentioned inequalities. The WHO 'Age-friendly cities' scheme is one such model on this which encourages a participatory approach to guiding urban development. However, the reach of the scheme in many parts of the region is limited.

More broadly, various United Nations entities and stakeholders have introduced the concept of 'smart and inclusive cities' as models to build urban resilience (UN Habitat, 2019). The concept is based on the notion that 'smart cities' — or the application of new technologies to improve efficiency of cities — need to be balanced with the needs, rights and wishes of residents. As such, securing the effective interplay between people and technology through inclusivity is essential to establishing sustainable smart cities in the region. Inevitably, though, differences between local and national governance mean that cities often have relatively lower decision-making capacity (for instance, in terms of raising tax and planning for their larger urban regions).

C Rural areas

Balancing urban-rural development is a cornerstone of SDG 11. The flip side of rapid urbanization, of course, is the spectre of population decline in rural areas, but also in small towns. This is being seen in many parts of the region, especially in China, Japan and the Republic of Korea. In these countries, the population is not only becoming smaller, but it is also becoming much older. This can lead to challenges for the ongoing provision of infrastructure and public services, yet also for the

maintenance of cultural heritage and language. Low fertility rates and out-migration can bring about a vicious cycle in such areas where rapid population decline contributes to an economic slowdown, which, in turn, reduces the incentive for young people to stay.

Furthermore, the ICPD Programme of Action explicitly states that 'Urbanization and policies that do not recognize the need for rural development also create environmental problems'. Indeed, the Programme of Action recommends that 'Particular attention should be paid to land management in order to ensure economical land use, protect fragile ecosystems and facilitate the access of the poor to land in both urban and rural areas.' In some countries, there have been efforts to encourage movement away from urban areas, such as in Mongolia (box 10.3).

BOX 10.3 Supporting movement from cities to rural areas: Mongolia

In Mongolia, the importance of balancing migration flows between urban and rural areas has been acknowledged as an effective means of reducing urbanization and the pressure caused by migration to cities. The national Law on the Civil Registration was renewed in 2018 and the Civil Transition Movement Register was revised so that registration takes place only where citizens arrive at the location they move to as their new residence. As a result, citizens are no longer required to spend time travelling back and forth to be removed from their original place of residence, resulting in a reduced burden on public services and more efficient operations. This has supported the movement of citizens from cities to rural areas, reducing overcrowding in urban settings and demands on public utilities and services, which are often already stretched.

Source: ESCAP 2022/23 Survey on Population and Development.

In other chapters, this report has shown how those living in rural areas are most likely penalized in terms of accessing health care (chapter 3), education (chapter 5) and opportunities for decent employment (chapter 2), as well as even accessing basic financial services. Furthermore, there can be adverse effects of male migration on female-headed 'left behind' families in rural areas. Climate change is expected to disproportionately affect female-headed households in rural areas. Finally, people in rural areas with limited access to land, formal labour markets, social finance, resilient agricultural methods, infrastructure and education are also highly vulnerable to disaster risks. These structural disadvantages can feed into the negative feedback effects identified above, and lead to further population decline (and ageing) in rural areas. To this effect, the ICPD objective that 'countries should increase information and training on conservation practices and foster the creation of sustainable off-farm rural employment opportunities in order to limit the further expansion of human settlements to areas with fragile ecosystems' is still extremely valid.

D Internal displacement

As mentioned earlier, not all internal migration is voluntary. In fact, 71.1 million people were living in internal displacement worldwide at the end of 2022, a 20 per cent increase in a year and the highest number ever recorded. In East-Asia and the Pacific, the number of internally displaced people stood at 2.6 million in 2022, down from 2.8 million in 2021 and up from 0.9 million in 2013. Myanmar, the Philippines and China had the largest numbers of internally displaced people in this subregion (ordered by number). Disasters were the main trigger of internal displacement in East-Asia and the Pacific, although conflicts and violence were on the rise as the second most relevant trigger.

South Asia accounted for 8.6 million internally displaced people in 2022, an all-time high for the subregion. Disasters caused most of the internal displacement. Afghanistan, Pakistan and India (ordered by number) were the three countries with the highest number of internally displaced people in the subregion. Floods triggered 90 per cent of the subregion's disaster displacements in 2022. All countries recorded flood displacement, but Pakistan, India and Bangladesh (ordered by number) were the most affected. In Pakistan, record-braking rainfall and flash flooding from July to September 2022 left 10 per cent of the country under water and led to the highest level of displacement in a decade, with 8.2 million people displaced in 2022 alone, almost two thirds all the subregion's displacements. The Pacific has the greatest displacement risk relative to its population size.

Conflict is shaping and driving forced internal displacement. In the region, the highest numbers of such persons can be found in Afghanistan and Myanmar, with, respectively, 4.4 million and 1.5 million internally displaced people due to conflict and violence at the end of 2022 (UNHCR, 2023). In addition, internal displacement can be driven by climate change, development projects, food shortages and other factors. There is also overlap between the different triggers, with conflicts and disasters having aggravated food insecurity.

E

Recommendations

1 Accelerate progress towards SDG 11 of the 2030 Agenda, which specifically calls for making cities and human settlements inclusive, safe, resilient and sustainable; the vision set out in the New Urban Agenda adopted at the United Nations Conference on Housing and Sustainable Urban Development (Habitat III) in 2016; and achieving the recommendations of APMD.

2 Reduce urban poverty, acknowledging that many urban dwellers work in the informal sector, and promote the integration of internal migrants from rural areas into urban areas by developing and improving their income-earning capability, with special attention to women, in particular female workers and female heads of households.

3 Recognize the need for a holistic approach to urban development and human settlements that provides for affordable housing and infrastructure, and prioritizes the upgrading of slums and regeneration of urban areas.

4 Commit to improving the quality of human settlements, including the living and working conditions of both urban and rural dwellers, in the context of poverty eradication, so that all people have access to basic services, housing, water and sanitation, and mobility.

5 Enhance the capacity of Governments in sustainable urban planning and promote, where relevant, the decentralization of decision-making to better address local needs, while promoting linkages between urban and rural areas in recognition of their economic, social and environmental interdependence.

6 Harness the benefits of persons moving to urban areas and seize the advantages of higher population density, notably higher energy efficiency in transport and housing, as well as cheaper provision of basic services, including health and infrastructure development, while at the same time working to mitigate the adverse impacts of the rapid concentration of populations in metropolitan areas and ensuring that urbanization is a planned, sustainable and equitable process.

7 Upgrade informal settlements and ensure access to basic services for all. Ensure that urban planning prepares for increased rural-to-urban migration, especially from areas expected to be highly affected by climate change, disasters and other environmental pressures.

8 Strengthen the resilience of cities to disasters and recognize that persons in vulnerable situations are key stakeholders in urban policies and urban disaster risk reduction plans, according to the Sendai Framework.

9 Include population and migration trends and projections, in developing, implementing, monitoring and evaluating regional, national, community, rural and urban development strategies and policies, and seize opportunities and address challenges associated with migration.

10 Promote and protect the human rights and fundamental freedoms of, and promote equal opportunities for, internal migrants to combat all forms of discrimination against them, including the sexual violence and exploitation that women and girls face, including as rural to urban migrants to: provide them with access to education, health care and social services; foster social integration, especially for marginalized migrants; ensure their safety and security.



CHAPTER 11

Population and sustainable development

Credits: UNFPA Flickr, Hannah Reyes Morales
Caption: Badjao sisters stand in front of their makeshift home as their mother washes clothes in Wawa, Batangas.

The very principle of the ICPD Programme of Action was to 'deliver inclusive, equitable and sustainable global development'. This involved tackling demographic challenges which had been compounded by 'growing environmental pressures, including the urgent threat of climate change'. As such, any understanding of population dynamics 'must also be linked to broader development aims of water and food security, decent jobs and sustainable energy for all'. In response to this, APMD calls for more responsive policies and interventions to address shifts in population dynamics taking place in the region, affirming that they need to be inclusive and dynamic, considering environmental changes and increasing socioeconomic disparities. Building resilience to climate change, addressing the effects of environmental degradation and developing sustainable resource management policies are all noted as critical. Policymakers further noted the importance of responding to emerging issues related to demographic change and providing increased access to food, along with more equitable access to energy.

Acknowledging such issues, the 2030 Agenda, in SDG 7, highlights the need for universal access to affordable, reliable, sustainable and modern energy. Established in 1992, the United Nations Framework Convention on Climate Change acknowledges the complex interplay between population growth, demographic changes and climate change impacts. This global treaty has been instrumental in guiding Asia-Pacific member States towards effective climate strategies. Additionally, the integration of population and development considerations into climate policy planning has led to targeted interventions for sustainable development and resilience-building. These efforts were solidified in the Paris Agreement, adopted in 2015. The agreement covers climate change mitigation, adaptation and finance. It seeks to strengthen countries' capacity to manage climate change impacts by limiting global warming to well below 2.0°C, and ideally to 1.5°C, above pre-industrial levels. Data gathered from the ESCAP 2020 Indicator Framework on Population and Development form the primary evidence base of this chapter.

Over the past decade, many SDG indicators relating to climate change have in fact seen regression. This is especially problematic for the Asia-Pacific region, being the most climate change and disaster-prone region in the world, where climate-induced disasters have increased in frequency and intensity. The region's population is highly vulnerable to climate change due to its diverse topography. The temperature continues to rise, and it is forecast to rise further in the future. Climate-induced migration is becoming a greater feature of the demographic landscape, while changes in household shape and population age structures have an impact on energy use. Education in climate change represents a key means to both mitigate it and to build resilience in the future.

A

A region under threat from climate change

Asia and the Pacific is severely affected by climate change. While climate-induced disasters have increased in frequency and intensity, the region remains the most climate change and disaster-prone in the world. Its population is highly vulnerable to climate change due to the region's extensive coastlines, low-lying territories, numerous small island States, deserts and mountain ranges. People are highly dependent on natural resources and agriculture and frequently live in densely populated coastal areas. Many countries in the region lack social protection, and poverty remains prevalent among a considerable proportion of the population.

Human activity has affected the planet's climate, posing a critical threat to human survival. This is a fundamental principle recognized by the Paris Agreement, which not only acknowledges the human-induced nature of climate change, but also underlines the differential impact of climate change on various population groups. This reinforces the urgent need for both mitigation efforts to reduce human-induced climate change and adaptation measures to address the distinct experiences and vulnerabilities of different populations to these changes.

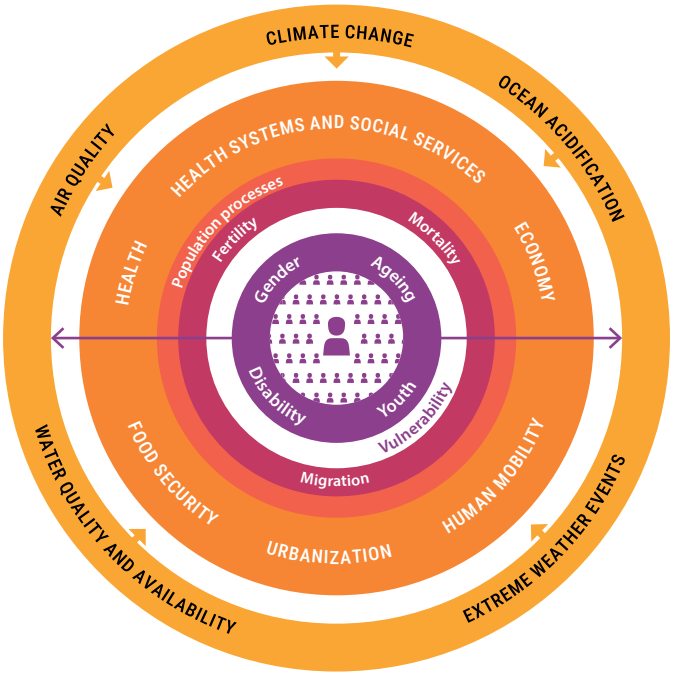
Climate change not only directly affects people's lives, health and well-being, but it also intensifies socioeconomic disparities, contributes to population displacement and exacerbates conflicts. Thus, the effects of climate change are not shared equally across Asia and the Pacific. Figure 11.1 shows how climate change and population dynamics intersect in many ways. The region is demographically diverse, with some countries experiencing population decline, rapid population ageing and high levels of urbanization, while others are still experiencing population growth, large concentrations of the population in rural areas and growing youth populations. The interplay between climate change and population dynamics affects the region's social, economic and environmental sustainability in the short and long run.

To build a resilient and prosperous future for Asia and the Pacific, its people and beyond, coordinated responses from countries in the region and elsewhere are needed. This begins with mainstreaming climate change and sustainable development in national strategic planning activities, as is being done in several countries of the region, including the Marshall Islands (box 11.1).

Slow-onset environmental disasters — such as sea-level rise and drought — create different risks and have different impacts to sudden-onset disasters — for instance, typhoons, hurricanes and floods — that require different responses. The impacts of slow-onset disasters are difficult to measure and tend to be more gradual, such as effects on livelihoods through, for example, declining agricultural yields. Sudden-onset disasters have immediate adverse impacts, in terms of injury, death, displacement and damage to assets, but are also more visible and may mobilize more immediate and effective responses.

Human-induced climate change has become the most urgent global challenge today, with greenhouse gases emissions having increased by 54 per cent since 1990. Energy consumption and agriculture are the main contributors, with electricity generation, transportation and industrial processes being the fastest-growing emission sources within the energy sector. Demographic change is contributing to these challenges through, for example, the differential energy consumption patterns related to population ageing and changes in family sizes, characterized by more and smaller households.

FIGURE 11.1 Relationship between climate change and population dynamics



Source: ESCAP, elaboration based on Raworth, Kate. 'A Doughnut for the Anthropocene: Humanity's Compass in the 21st Century'. The Lancet Planetary Health, vol. 1, No. 2 (1 May 2017): e48–49, https://doi.org/10.1016/S2542-5196(17)30028-1.

BOX 11.1 Mainstreaming climate change and sustainable development in national strategic plans: The Marshall Islands

Climate change and sustainable development is mainstreamed in the latest iteration of the National Strategic Plan of the Marshall Islands. For example, building 'healthy, peaceful and inclusive societies for sustainable development' is embedded in the Social and Culture Pillar. In addition, 'enhanc[ing] resilience of [the Marshall Islands] and its environmental assets to the impacts of climate change and natural disasters and its environmental assets through national, regional and international efforts' is embedded in its Environment, Climate Change and Resiliency Pillar. Moreover, the goal to achieve 'an economy that underpins a resilient, productive, and self-supportive nation … and conditions for an inclusive and sustainable economic growth' can be found in the Economic Pillar.

Source: ESCAP 2022/23 Survey on Population and Development.

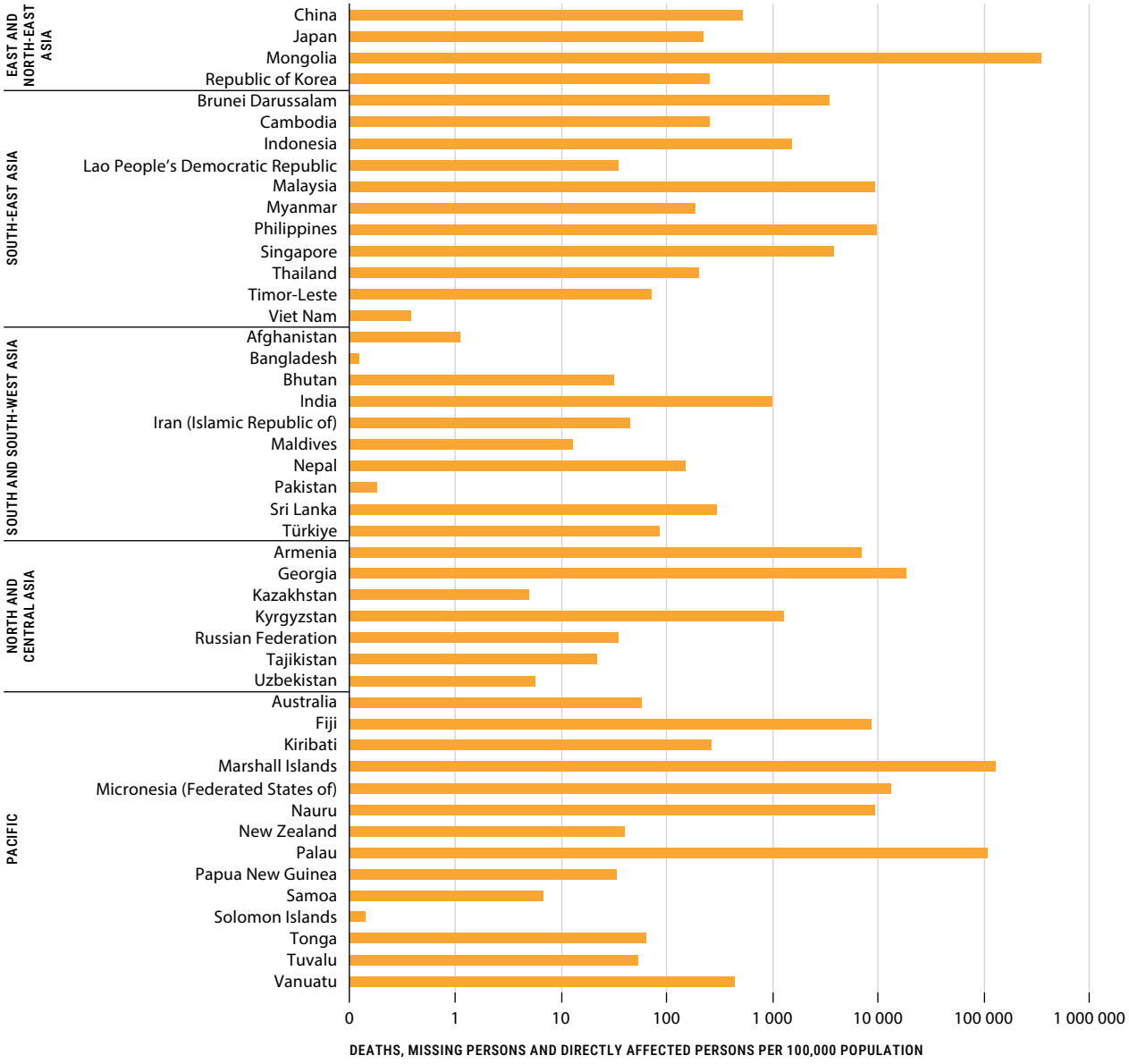
B

Disasters and disaster mitigation

1 Prevalence of disasters

The Asia and the Pacific is one of the most disaster-prone regions in the world. Between 2000 and 2019, of all global weather-related disasters, 37 per cent were seen in the Asia-Pacific region, compared to 24 per cent in the Western Hemisphere and 16 per cent in sub-Saharan Africa (Dabla-Norris and others, 2021). In 2021 alone, weather and water-related hazards caused total damage of US$ 35.6 billion, affecting nearly 50 million people (WMO, 2022). Figure 11.2 shows the number of people directly affected persons attributed to disasters per 100,000 for various Asia-Pacific countries. In some countries, disasters are periodic, for example floods in Bangladesh, or Cyclone Gita, which reaped such havoc in Tonga in 2018. In other countries, the impact appears to be more constant, as in Armenia, Indonesia, Nepal, Mongolia, Malaysia and the Philippines. In these countries, significant numbers of the population are affected by disasters every year. All of which can lead to damage to critical infrastructure, and most often in settings which have least fiscal capacity to upgrade, repair or replace what is adversely affected (WMO, 2022).

FIGURE 11.2 Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population, by Asia-Pacific country and subregion, latest available year [SDG 11.5.1]



Source: ESCAP Statistical Database, see https://dataexplorer.unescap.org/.

Note: Logarithmic scale used.

In 2021, economic damage in Asia from drought, floods and landslides was, respectively, 63, 23 and 147 per cent higher than the 2001–2020 average, while there were over 100 natural hazard events, of which 80 per cent were flood and storm events. These resulted in almost 4,000 fatalities, about 80 per cent caused by flooding. While floods caused the highest number of fatalities and economic damage, drought affected the highest number of people. Sand and dust storms were also a major problem. In 2021, flooding caused the highest economic losses in China (US$ 18.4 billion), followed by India (US$ 3.2 billion) and Thailand (US$ 0.6 billion). Storms caused significant economic damage, especially in India (US$ 4.4 billion), China (US$ 3.0 billion) and Japan (US$ 2.0 billion) (WMO, 2022).

2 Implementing the Sendai Framework and disaster risk reduction strategies

Adopting and implementing national disaster risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction 2015–2030 is a means of offsetting the challenges of, and building resilience to, such disasters. Indicator 13.1.2 shows the extent to which countries have adopted and implemented such strategies. Across the region, six countries have fully met their target, namely China, India, Japan, Mongolia, the Republic of Korea and Tajikistan. A further five countries (Bangladesh, Fiji, Georgia, Kiribati and Sri Lanka) are close to full implementation (>0.9 of an index to 1.0). However, some countries are a long way away, despite rapid progress in recent years. Alarmingly, many of these countries are in disaster prone areas which are especially vulnerable to the effect of climate change, such as in the Pacific subregion.

Older persons, women and girls, low-income groups, rural populations and other disadvantaged populations tend to be disproportionately ill-affected by disasters in terms of economic, social, physical and mental well-being. This creates multiple new vulnerabilities, while disasters kill more women than males. There is thus a need for developing more gender-sensitive implementation of the Sendai Framework to better reflect these divergent experiences (UN Women, 2022).

C Climate change

1 Regional vulnerability

The disasters discussed above are only exacerbated — and will continue to be so — by the ongoing effects of climate change. As the ICPD Programme of Action states: 'Ecological problems, such as global climate change, largely driven by unsustainable patterns of production and consumption, are adding to the threats to the well-being of future generations.' It has been argued that the Asia-Pacific region is more vulnerable than other regions to the effects of climate change because of its dependence on the natural resource and agriculture sectors, densely populated coastal areas, lack of social protection and poverty among a considerable proportion of the population (ADB, 2012). Temperatures are rising two times faster in Asia than the global average (Dabla-Norris and others, 2021). Indeed, as table 11.1 shows, temperatures and precipitation are projected to rise sharply over the coming decades.

TABLE 11.1 Projections in temperature and precipitation, by Asia-Pacific subregion, 2040–2059

2040-2059 PROJECTIONS (RCP8.5 SCENARIO)	EAST AND NORTH-EAST ASIA	SOUTH-EAST ASIA	SOUTH AND SOUTH-WEST ASIA	NORTH AND CENTRAL ASIA	PACIFIC
Temperature (in °C)	To increase by 2.04–2.68	To increase by 1.35–1.74	To increase by 1.41–2.51	To increase by 1.86–3.80	To increase by 1.18–1.84
Precipitation (in mm)	To increase by 33.30–87.44	To increase by 82.94–158.68	To increase by 12.36–180.30, except for Afghanistan (to decrease by 2.89)	To increase up to 108.11, Tajikistan to decrease by 11.56	Papua New Guinea and New Zealand to increase up to 284.88, Australia and Fiji to decrease by 23.74–44.05

Source: World Bank (2021). 'World Bank Climate Change Knowledge Portal', see https://climateknowledgeportal.worldbank.org/.

2 Energy

A key factor shaping climate change across the region — and globally — is energy consumption. Demand for energy is rising rapidly, in part due to urbanization (chapter 10), industrialization, changing household size and shape, and rising living standards. The region accounts for more than half of global energy consumption, with 85 per cent of that regional consumption sourced from fossil fuels (IRENA, 2023). Despite rapid increases in electrification, 157 million people lacked access to electricity across the region, a significant decline from 545 million people in 2010. Many more continue to rely on traditional biomass (such as burning wood) for cooking and heating. Only 65 per cent of the population have access to clean cooking fuels and technologies. Poor indoor air quality contributed to an estimated 2.8 million premature deaths in 2016. Women and children often bear the additional burden of fuel gathering, reducing the time available for education and livelihoods.

As a proportion of total final energy consumption, the share of modern renewable energy is rapidly rising. This reached more than 8.5 per cent in 2018, with the largest gains being in the power sector, where the renewable share of total electricity output was 22.1 per cent, having grown steadily from 16.1 per cent in 2010 (IRENA, 2023).

3 Health

There are direct and indirect impacts of climate change on health. Heatwaves, floods and tropical cyclones directly affect people, whereas vector-borne diseases, food and water insecurity and mental health issues have indirect effects. A major direct health impact of climate change is the increase in mortality rates resulting from heat-related illnesses, extreme weather events and the exacerbation of pre-existing health conditions. Climate change also significantly affects morbidity rates. Altered weather patterns influence the prevalence of vector-borne diseases, such as malaria and dengue. In addition, extreme weather events can cause surges in water-borne diseases, in particular in areas with subpar water and sanitation infrastructure. Meteorological conditions also correlate with adverse cardiovascular, respiratory and neurological outcomes, underscoring the broad impact of climate change on health.

Climate change has an influence on maternal health, both directly and indirectly. Adverse birth outcomes, including low birth weight, preterm births, eclampsia and pre-eclampsia, have been associated with extreme weather events, poor air quality, increases in vector-borne diseases and related reduced access to sexual and reproductive health services. In addition, food and water insecurity, exacerbated by climate change, can adversely affect reproductive health outcomes, including related to menstrual regularity, fecundity and pregnancy. Mental health is often overlooked in climate change discussions, with meteorological conditions linked to post-traumatic stress disorder, anxiety and depression. Climate change disproportionately affects the mental health of groups in vulnerable situations, such as children and adolescents, who possess limited coping mechanisms, as well as older persons, who may face increased challenges due to reduced mobility and social isolation.

The dynamic relationship between climate change and health outcomes is multifaceted, influenced by diverse causal factors and regional specificities. While climate change is a universal concern, people in vulnerable situations are particularly affected. Their socioeconomic marginalization and dependency on the natural environment heighten their vulnerability to climatic disruptions.

4 Climate-induced migration

Climate-induced migration (or displacement) is a strong feature of the movement of people in the region (chapter 10). People move in anticipation of or as a response to environmental stress. Of the five countries with the highest number of internally displaced people due to disasters in 2022, four were located in Asia and the Pacific (China, India, Pakistan and the Philippines). Taken together, these countries accounted for 62 per cent of all internally displaced people globally (32.6 million people in 2022), with flooding being the main trigger for displacement (iDMC, 2023). However, people moving in response to climate change are not only moving internally, but they also cross borders. While their numbers are hard to quantify, they are significant. The population that is disadvantaged by gender, age, class, indigeneity, disability and mobility is often unable to migrate. Immobility and disempowerment leave this population exposed to natural hazards and further socioeconomic marginalization (IOM, 2023). The ICPD Programme of Action states that: 'Governments are encouraged to consider requests for migration from countries whose existence, according to available scientific evidence, is imminently threatened by global warming and climate change.' There appears, however, to be little evidence that this call is being widely heeded.

5 Urbanization

Rapid urbanization, combined with the increased use of non-renewable energy sources in urban settings, also causes air pollution; this threatens the health of people living in cities and the areas surrounding them. It also affects economic activity and tourism. Those residing in slums or working outdoors are particularly vulnerable. Climate change and air pollution are interconnected, as fossil fuel emissions contribute to air pollution and global warming. Additionally, weather conditions potentially aggravated by climate change, such as heatwaves and stagnant air, can intensify air pollution. A significant proportion of the urban population in the region resides in small and medium-sized cities, which often face challenges such as inadequate institutional frameworks, a lack of financial resources, limited access to essential services and inefficient transportation systems. These challenges, in tandem with rising demands for energy-intensive cooling systems, contribute to the overuse of energy and increase the emission of greenhouse gases.

6 Food security

Climate change is posing severe challenges to food security by negatively affecting crop yields and quality. During the past decade, the Asia-Pacific region accounted for 74 per cent of the world's cumulative agricultural losses, with significant disruptions owing to natural disasters witnessed in the milk, egg, honey, oilseed, sugar crop and meat industries. Economic fluctuations induced by climate change have disrupted agricultural trade flows, leading to rising food prices and subsequent food insecurity (FAO, 2021).

With younger generations moving to cities, older persons are often left alone to manage farmlands in times of changing climatic conditions and climate-induced disasters. This highlights the urgent need for greater intergenerational solidarity and support in the agricultural sector, in particular for older farmers, many of whom are women, who may struggle with the physically demanding nature of farming. They may face greater challenges in implementing adaptive strategies, such as shifting cultivation periods, adopting new crop varieties or leveraging sustainable agrotechnology innovations. With this in mind, women and men in rural areas need to be empowered to be critical agents for enhancing agricultural and rural development and food security.

7 Economy

Climate change has significant economic implications, affecting diverse sectors, including agriculture, coastal resources, employment and human capital. This potentially increases income inequality and perpetuates poverty. It is essential to examine the costs and benefits associated with climate change mitigation and adaptation action versus inaction, including to highlight the missed opportunities associated with inaction. Transitioning to a low-carbon, climate-resilient economy can lead to reductions in costs achieved through better resource utilization (often referred to as efficiency savings) and can bring substantial co-benefits.

Climate change can have an impact on employment owing to the loss of jobs due to disruptions to the economy, including to supply chains, and as a result of resource scarcity. However, climate change can also stimulate job creation by driving investments in climate-resilient infrastructure and the transition towards renewable energy sources. In the context of the above-mentioned demographic change in the region, the creation of green jobs might provide opportunities for future economic growth, given declining working-age populations and population ageing. Nevertheless, the reskilling and upskilling of the workforce to take on such jobs would be essential.

Labour productivity, in particular in outdoor sectors such as construction, agriculture and manufacturing, may be negatively affected by climate change, leading to economic losses, such as fewer workhours owing to negative effects on the health of the workforce. Climate change also holds long-term implications for human capital accumulation and economic growth, as natural disasters can disrupt schooling and work activities, affecting education and labour productivity over time.

Climate change disproportionately affects women, in particular in sectors like agriculture, tourism and caregiving. Erratic weather patterns lead to crop failures and livelihood losses, intensifying women's vulnerability to job insecurity and gender-based violence. The growing feminization of agriculture sees women contributing significantly to the sector but often without benefiting from access to vital resources like land or capital. This situation, coupled with limited land ownership rights, undermines the resilience of women to climate crises. Concurrently, climate impacts increase what are considered to be women's domestic duties, for example in respect of sourcing water or gathering food, further reducing

their opportunities for paid work or leisure. In addition, many women must balance work outside the home with the need to provide unpaid care for family members, burdens that escalate during climate-related crises.

8 Health systems and social services

Climate change presents a significant challenge to social services and health systems. Severe climate-related disasters destroy health and social service infrastructure and disrupt services. They also raise demand for services, which in turn increases stress levels and the potential for burnout among health professionals.

The intersection of climate change and sexual and reproductive health presents additional challenges, especially for women and girls. In disaster settings, such as after the 2004 Indian Ocean tsunami, women and girls faced heightened risks of gender-based violence, trafficking and exploitation, alongside limited access to essential sexual and reproductive health services (Pittaway and others, 2007). Climate-induced scarcity of natural resources disproportionately burdens women and girls, who have to travel greater distances to secure food and water, increasing their risk of abuse. Damage to sanitary facilities and disruptions in water supply may lead them to forgo daily hygiene practices. The search for alternatives after dark may expose them to the risk of sexual assault. Moreover, early marriage and motherhood might be resorted to as coping strategies for climate adversities (ARROW, 2014), such as following severe climate change-related disasters (UNFPA APRO and UNICEF ROSA, 2020). Climate change-induced displacements also expose certain groups, including indigenous people, to substandard living conditions, as they are frequently on the front lines defending their resources, territories and rights. Indigenous women in particular face intersecting forms of gender-based and other types of violence.

Climate change further affects broader social services, with disruptions extending to the education, housing and social security sectors. Extreme weather events can compromise access to and the quality of these essential services. For instance, in Bangladesh, frequent floods have disrupted continuous access to education, slowing down educational achievements. In the housing sector, Typhoon Haiyan led to the destruction of over a million homes in the Philippines and to an increased demand for emergency housing services (Brookings Institution and IOM, 2016).

D Mitigation and resilience

Building resilience through environmental protection is an important step, as seen, for example in Maldives (box 11.2). Education is a key means to raise awareness of the issue of sustainable development and build resilience to the effects of climate change (chapter 5). Indeed, Principle 10 of the ICPD Programme of Action states that education should be gender-responsive and 'designed to strengthen respect for human rights and fundamental freedoms, including those relating to population and development.' This can be brought about through general increases in educational attainment, as those with higher levels of education have higher adaptive capacity and resilience to climate change, and hence suffer less damage from the consequences of climate change.

On the other hand, more targeted climate-related education can also be an effective means of building resilience. This is recognized in SDG indicator 13.3.1, which measures the extent to which both global citizenship education and education for sustainable development are mainstreamed in (a) national education policies, (b) curricula, (c) teacher education and (d) student assessment. In 2020, these measures were fully integrated into the national education policies of Cambodia, Georgia, India, Myanmar, the Republic of Korea, the Russian Federation and Türkiye. There is still, however, a wide range in the implementation of these policies and the meeting of this target.

The development of community-based climate activism across the region represents a critical step towards building sustainable resiliency. Indeed, climate activism of youth and older persons exists throughout the Asia-Pacific region. However, activism of older persons is often ignored for better known groups featuring youth, such as school strikes for the climate. If older persons' climate action is to reach its full potential, the cultural, income, health and practical barriers need to be removed, with discrimination, along with negative perceptions and attitudes, challenged and dispelled. This means stereotypes of older persons being incapable of engagement, passive or disinterested need to be abandoned. It also requires respecting, protecting and fulfilling older persons' right to meaningful participation in climate action, including through intergenerational partnerships.

Civil society organizations have been instrumental in climate action. With regard to adaptation, the Center for Natural Resource Studies, in Bangladesh, has promoted climate-resilient agriculture (CRRS, 2023), while the Foundation for Rural Integrated Enterprises and Development in the Pacific has been at the forefront of community-based adaptation initiatives (FRIEND, n.d.). In terms of mitigation, the Asia Low-Emission Development Strategies Partnership, steered by non-governmental organizations, fosters the exchange of knowledge on low-emission development strategies (Asia LEDS Partnership, n.d.). With regard to resilience-building, a civil society organization called Gramin Vikas Vigyan Samiti has been working in the Thar desert in India to implement rainwater harvesting and agroforestry practices that aid desert communities in withstanding increased water scarcity due to climate change (GRAVIS, 2023). Similarly, ACCORD Inc. in the Philippines has been implementing community-based disaster risk reduction strategies (ACCORD Inc, n.d.). The Asian-Pacific Resource and Research Centre for Women, in Malaysia, has brought the gender dimension into focus, emphasizing the inclusion of women's voices in climate policies (ARROW, 2022).

BOX 11.2 **Laws and environmental protection: Maldives**

Maldives has been implementing a wide variety of legal instruments to support efforts to mitigate against climate change, and to maintain a good environment. These include a National Biodiversity Strategy and Action Plan Waste Management Policy; the Energy Road Map; a plan to phase out single use plastic; a new Water and Sanitation Framework and a National Implementation Plan on Chemicals (including phasing out hydrochlorofluorocarbons). The Strategic Action Plan is a comprehensive blueprint for supporting the country to deal with climate change and ensure sustainable development. Sustainable public services are being delivered through the formation of a functional Utility Regulatory Authority for integrated utility and development and enforcement of water and sewerage regulations, policies, standards, specifications and guidelines required under the Water and Sewerage Act; as well as the establishment of an energy efficiency programme (Hakathari labelling) and improvements in quality of electricity service through upgraded infrastructure.

Under the 'one island, one reef and one wetland from each atoll' conservation policy, Maldives has been able to establish 32 protected sites since the implementation of the policy in 2018/2019. This adds up to a total of 79 sites protected under the Environmental Protection and Preservation Act. Out of the 20 administrative atolls, 3 atolls have the designation of UNESCO MAN, and Biosphere Reserves Guidelines have been established on recognizing Other Effective Area Based Conservation Measures in the areas leased for tourism operations in Maldives.

Source: ESCAP 2022/23 Survey on Population and Development.

E

Recommendations

1 Accelerate progress towards the relevant SDGs of the 2030 Agenda, including SDG 7 on affordable and clean energy, SDG 12 on responsible consumption and production, and SDG 13 on taking urgent action to combat climate change and its impacts.

2 Develop more responsive policies and interventions to address shifts in population dynamics and affirm that they need to be inclusive and dynamic, considering environmental changes and increasing socioeconomic disparities, in line with APMD.

3 Redouble efforts to act on the recommendations and commitments in the United Nations Framework Convention on Climate Change and various other climate agreements, including resolutions of ESCAP addressing climate change.

4 Promote sustainable development by proactively addressing population dynamics through the systematic consideration of population data disaggregated by sex, age, disability and other factors, and the formulation of rural, urban and national development strategies and policies, as well as multisectoral and multistakeholder development strategies for infrastructure and services.

5 Promote sustainable development by directing individual choices and opportunities through incentives designed to empower and encourage the participation of all sections of populations, an important and effective instrument for promoting the transition to sustainable development and green economies.

6 Recognize the need to increase efforts to eradicate poverty and hunger, including by increasing diverse methods of achieving sustainable food production and productivity to ensure food security and safety, and using limited natural resources effectively, such as effective use of water through irrigation systems.

7 Promote public education, directing special attention to youth, about the need for sustainable production and consumptions patterns, sustainable natural resource use and prevention of environmental degradation.

8 Ensure collective efforts to halt global carbon dioxide and greenhouse gas emissions, as part of protecting livelihoods and ensuring survival, as well as to support and facilitate adaptation and/or migration with dignity and respect for identity where countries can no longer support the lives of people due to adverse changes in their circumstances and environment resulting from climate change.

9 Ensure forecasting of the consequences of climate conditions and climate change, and prioritize addressing the needs of people living in fragile ecosystems in planning and decision-making processes on economic activities that affect the environment.

10 Identify specific vulnerabilities of different population groups — such as children, women, older persons and persons with disabilities — with regards to climate change and disasters and include their specific vulnerabilities and needs, as well as support their participation in planning and decision-making processes in risk reduction and adaptation strategies and policies.

11 Ensure and strengthen women's and young people's leadership and participation in decision-making on policies related to climate change and disaster management, and support women as 'green entrepreneurs' as they are often more engaged than men in environmental issues such as food security, water and sanitation and renewable energies.

12 Design coherent strategies with regards to relocation of people away from hazards by establishing planned relocation safeguards, mapping and protecting traditional knowledge and cultural heritage, as well as increasing education about relocation risks at all levels of government and society.



CHAPTER 12

Data and statistics

Credit: Plan Asia Flickr
Caption: A young girl from Indonesia shows her birth certificate

The ICPD Programme of Action states that 'Governments, in collaboration with research institutions and non-governmental organizations, as well as with the assistance of the international community, including donors, should strengthen national information systems to produce reliable statistics on a broad range of population, environment and development indicators in a timely manner'. APMD recommends strengthening national statistical systems at all levels to produce reliable, disaggregated and internationally comparable statistics on population, and social and economic development. Tracking progress in implementation of the 2030 Agenda and its 17 SDGs is dependent on the availability of reliable, timely and disaggregated data. The shared vision declared at the Ministerial Conference on Civil Registration and Vital Statistics, in 2014, to "Get Everyone in the Picture" and ensure, by 2024, that all people in the region will benefit from universal and responsive civil registration and vital statistics. Data gathered from the ESCAP 2020 Indicator Framework on Population and Development form the primary evidence base of this chapter.

Over the past decade, good progress has been made in terms of completing censuses, high quality civil and vital registration data, and developing national statistical plans. Comparative, longitudinal surveys have shed new light on processes of change across the region; and new data modalities (such as big data and spatial data) and approaches (for instance, National Transfer Accounts) have been brought into the mainstream. Reporting of SDG indicators, however, is highly uneven both across the different parts of the region and by the SDGs themselves. This represents a severe challenge to understanding progress towards SDGs as the year 2030 approaches.

A

State of data and statistics

Data and statistics are at the heart of the population and development agenda. Yet, availability, accessibility, timeliness, relevance and quality of data vary by topic and geography. Good progress is being made towards SDG indicator 17.19.2, namely completion of a census and good civil registration and vital statistics systems. About 46 countries/areas across the region conducted a census over the 2020 census round (2015–2024). However, a number of countries have not yet completed their censuses, such as Afghanistan, Georgia, Myanmar and Uzbekistan. Of the 40 countries reporting in 2020, 30 were able to report birth registration data which were at least 90 per cent complete, and 35 were able to report death registration data which were at least 90 per cent complete. The COVID-19 pandemic has, however, caused a major disruption in recent census rounds, as well as to other data and statistical collection programmes (box 12.1)

B

Legislation and statistical plans

The developments in census and civil registration are underpinned by strategic leadership and planning in the field of data and statistics. For instance, of the 34 countries reporting data for indicator 17.18.3, 20 have a fully-funded national statistical plan in place. Furthermore, 38 of the 44 reporting countries in 2021 stated that they had national statistical legislation which complied with the Fundamental Principles of Official Statistics — up from 34 in 2019.

However, funding for development and implementation of national statistical plans (SDG indicator 17.18.3) has decreased since 2018, when 73 per cent of plans were fully-funded, to just 59 per cent of plans being fully-funded in 2022. Thus, there is urgent need for investments in the development and implementation of national statistical plans, also to support the monitoring of the implementation of the SDGs. Often, statistical offices do not have adequate funding to fulfil the data collection, analysis and dissemination activities listed in their national statistical plans.

BOX 12.1 COVID-19, data and statistics

Maintaining operational continuity of civil registration and vital statistics systems is always important. An individual's legal identity remains of crucial importance during public health emergencies. People need to be able to prove who they are to access public services such as health care, humanitarian assistance, financial aid and other social services. Children who are not registered at birth due to disruptions, such as the COVID-19 pandemic, are particularly vulnerable. Because of the reliability and timeliness of vital statistics derived from a well-functioning civil registration system, policymakers can create informed and targeted responses to areas in need (CRVS, 2020).

However, the pandemic has caused a tremendous level of disruption to the functioning of these statistical systems. The inability for enumerators to travel freely, let alone to enter people's houses, has meant that census and other surveys have had to be postponed. Elsewhere, disruption to the provision of public services has meant that many people across the region have not been able to register births, marriages, deaths and other important life events. This has brought challenges for migrants and those needing to assert a legal identity (ESCAP, 2020d).

The pandemic has also clearly exposed some of the weaknesses in current data ecosystems. The lack of disaggregated data in many settings and for many fields has made surveillance of trends often challenging. Limitations in clarity and consistency on how to determine the final cause of death have affected how excess mortality has been calculated, thus rendering it difficult to determine the final human cost of the pandemic.

On the other hand, as described in other chapters, the pandemic has been a spur to innovation. Many censuses, surveys and statistical systems have been forced to embrace digital or mixed-mode approaches to data collection, with novel approaches seen across the region.

C Beyond census and civil registration and vital statistics

1 Surveys

In many settings, surveys supplement census and civil registration and vital statistics data to give both a general and/or deeper picture of life across the region. In the last decade, for example, the Demographic Health Survey — an invaluable tool on an array of subjects such as reproductive, family planning, fertility and health — has been run in Afghanistan, Armenia, Bangladesh, Cambodia, Indonesia, Maldives, Myanmar, Nepal, Pakistan, Papua New Guinea, the Philippines, Tajikistan and Timor-Leste (DHS, n.d.). Multiple Indicator Cluster Surveys have also been run in most countries/areas across the region, generating data key for indicators on the well-being of children and women, and helping shape policies for the improvement of their lives (UNICEF, 2023).

In recent years, comparative, harmonized longitudinal surveys have been developed for several locations across the region, revealing new insights into change over time and the impact of interventions. In the field of ageing, these surveys vinclude the surveys on ageing conducted in China (CHARLS), Japan (JSTAR), India (LASI), Malaysia (MARS) and the Republic of Korea (KloSA), as well as the Generations and Gender Surveys conducted in Hong Kong, China; Japan and Kazakhstan. Despite these advances, it is often the case that survey data present challenges for analysis at the subnational level.

2 New methods and approaches

Alternative measures and approaches are constantly being deployed in order to facilitate a better understanding of populations and their changing nature in the region. National Transfer Accounts provide a coherent accounting framework of economic flows from one age group or generation to another, typically for a national population in a given calendar year (Lee and Mason, 2012). They are an invaluable source of information regarding the intergenerational economy, and have been calculated for many countries in the region including Australia, Azerbaijan, Bangladesh, Cambodia, China, India, Indonesia, Islamic Republic of Iran, Japan, Kyrgyzstan, Lao People's Democratic Republic,

Malaysia, Maldives, Mongolia, Nepal, Pakistan, the Philippines, Singapore, the Republic of Korea, the Russian Federation, Sri Lanka, Timor-Leste, Thailand and Viet Nam. In addition, as mentioned in chapter 8, alternative measures of ageing which better consider dynamic changes in health, as well as the true nature of the labour market and redistribution of resources, are being developed and disseminated.

New technologies are being deployed to facilitate data collection, including computer-assisted interfaces, as seen in box 12.2, covering Samoa. One such innovation is data integration, which can be used to provide new official statistics, address new or unmet data needs, reduce the response burden, overcome the effects of declining response rates, and deal with quality and bias issues in surveys. Data integration is the combination of technical and business processes used to combine data from disparate sources into meaningful and valuable information.

Data integration is particularly relevant in the context of reducing the need for more costly and resource-heavy household surveys, and it can increase the number of relevant variables for statistical compilation and other research purposes. Data integration may include any or all of the following activities: (a) combining data from multiple sources, as part of the production of integrated statistics, such as national accounts; (b) combining geospatial data with statistical data or other non-statistical data, as is the case with small area estimation, which uses survey and census data and produces more granular estimates through statistical models; (c) data pooling, with the aim of increasing the effective number of observations of some phenomena; (d) matching linkage routines, with the objective to link micro or macro data from different data sources; (e) data fusion, involving integration followed by reduction or replacement; and (f) prioritizing, when two or more data sources contain information on the same variable, with potentially different values.

Another important consideration is that spatial data integration contributes to a better understanding of various aspects of demographic change, including migration and climate change risk. Increasing the prevalence of geolocation data would enable an important extra dimension to understanding social and economic issues through spatial data.

Big Data can be used as a means of providing granular level data. Indeed, a growing number of development projects in low- and middle-income countries are making innovative uses of Big Data from sources such as satellite imagery, cell phone records, Internet searches, and social media posts. These data are filling

BOX 12.2 Statistics policy and technology: Samoa

The sector-by-sector focus in the Pathway for the Development of Samoa reinforces the shift in Samoa of having a more centralized statistical system, included in this is joint involvement in the direction of statistical sources and recognition of the Samoa Bureau of Statistics in statistical integration, covering design, collection and estimation.

Over the past decade, Samoa has completed two Population and Housing Censuses, two Household, Income and Expenditure Surveys, two Demographic Health Surveys and two Labour Force Surveys. These surveys have provided a wealth of information critical for monitoring the national development plan, sector plans, including those concerning the SDGs, and other global and regional commitments.

The latest census for Samoa, in 2022, used for the first time the Computer Assisted Personal Interview method to collect information compared to the Paper and Pencil Interview method used in the previous census. It was also the first time the population had been tabulated based on the new distribution of political districts and villages used in the national election by the Office of the Electoral Commission in April 2021.

In 2020, Samoa was elected for the first time to become a member of the United Nations Statistical Commission. Samoa's voice was crucial to ensure the realities, challenges and efforts on data collection in the Pacific and Small Island Developing States are recognized by the United Nations.

Source: ESCAP 2022/23 Survey on Population and Development.

information gaps in places where traditional data collection, such as censuses and household surveys, is too costly or logistically challenging. However, traditional censuses and surveys are not obsolete; the most promising innovations combine big and traditional data in such a way that the advantages of one data source overcome the limitations of another.

Big Data are also being integrated into the burgeoning discipline of 'digital demography', shedding new light on processes which have often been obscured by lack of traditional data (PRB, 2022). However, these developments must also be considered in tandem with increased concerns over trust, privacy and the ethical use of data. Various United Nations agencies, including ESCAP and UNFPA, are developing new dashboards with state-of-the-art data visualizations to facilitate an inclusive and scientific approach to appraising population and other data. Finally, there is a wide variation across the region in terms of data sharing and the degrees of commitment to open science. This can mean that many datasets (including surveys) are built, but their potential to shed light on social and economic issues is not fully maximized.

E

Sustainable Development Goal reporting

Despite the above-mentioned key improvements in data and statistics across the region, there are still many gaps — especially as concerns measuring progress towards the SDGs.

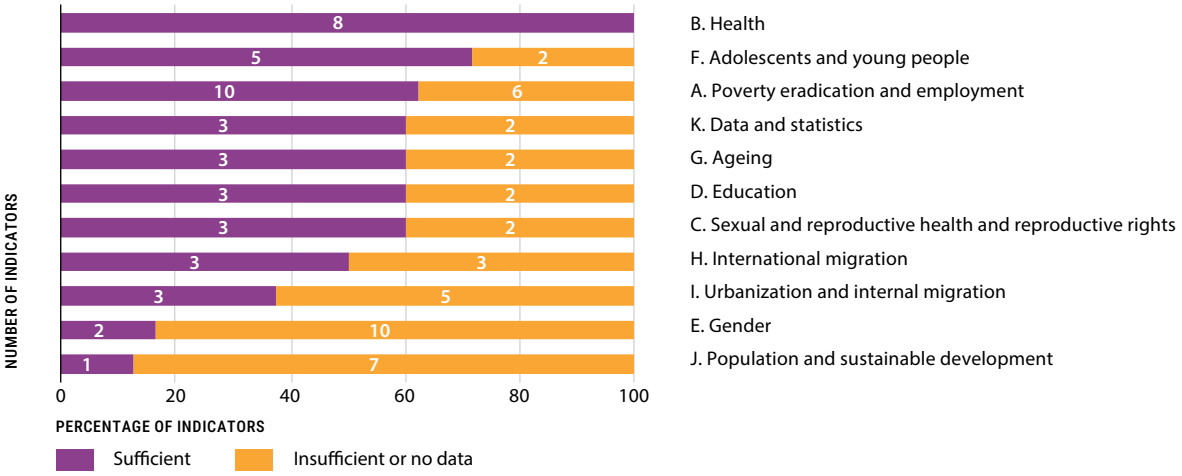
The ESCAP 2020 Indicator Framework on Population and Development is comprised of 76 SDG indicators and 9 non-SDG indicators, for a total of 85 indicators. A preliminary analysis of the available data reveals that, according to the ESCAP Asia-Pacific SDG Gateway, on average, the region has sufficient data to report on between 56 and 60 per cent of all indicators contained in the aforementioned indicator framework, depending on whether duplicate indicators are included or not and on the availability of non-SDG indicators. Nine Asia-Pacific countries/areas have sufficient data to report on at least three quarters of all indicators, but no country/area has sufficient data to report on all indicators. For eight SDG indicators, no country/area has any data that are reflected in the Asia-Pacific SDG Gateway.

South and South-West Asia, along with North and Central Asia, has the highest sufficiency of data, with 69 and 68 per cent of indicators having sufficient data, respectively. However, within North and Central Asia there is a wide range of data sufficiency across countries. South-East Asia has, on average, sufficient data for 66 per cent of indicators, while the figure for East and North-East Asia is 47 per cent. The Pacific has the lowest sufficiency of data, with countries/areas, on average, only able to report on 41 per cent of indicators. In spite of improvements, data availability in Pacific island countries is particularly low.

When examined by thematic area, the achievements as well as gaps in data availability become more apparent. Health is the thematic area with the highest data availability, where all eight indicators are classified as sufficient at the regional level, which means that at least 50 per cent of countries/areas have at least two data points. The thematic area with the second highest data availability is adolescents and young people, where 71 per cent of indicators are classified as sufficient for at least half of Asia-Pacific countries/areas. Under poverty eradication and employment, 63 per cent of indicators have regional sufficiency. Population and development, as well as gender equality and women's empowerment, are the areas with the least data sufficiency (figure 12.1)

As set out in chapter 1, the lack of comprehensive data on these indicators is a major hurdle in measuring progress. However, the need to go beyond simple national statistics must also be considered. This report has identified multiple inequalities *within* countries — whether by, among others, gender, income, education level, urban/rural location and region. All of these require disaggregated data to be able to better understand the diverse experiences within countries and communities.

FIGURE 12.1 Percentage and number of indicators by thematic area where 50 per cent or more Asia-Pacific countries/areas have sufficient, insufficient or no data



Source: ESCAP compilation and ESCAP Statistical Database, see https://dataexplorer.unescap.org/.
Explanatory note: For example, the thematic area 'adolescents and young people' has seven indicators. For 71 per cent of all indicators in this thematic area, or five indicators, at least 50 per cent of the countries/areas in the region have sufficient data, which means that these countries/areas have at least two data points. For 29 per cent of indicators, or two indicators, at least 50 per cent of the countries/areas have insufficient or no data.

F

Recommendations

1 Recognize that tracking progress in implementation of the 2030 Agenda and its 17 SDGs as well as the Asia-Pacific Indicator Framework for Voluntary Monitoring of Progress towards the Implementation of the Programme of Action of the International Conference on Population and Development and of the Commitments Contained in the Asian and Pacific Ministerial Declaration on Population and Development is dependent on the availability of reliable, timely and disaggregated data.

2 Restate the shared vision declared at the Ministerial Conference on Civil Registration and Vital Statistics, in 2014, to "Get Everyone in the Picture" and ensure, by 2024, that all people in the region benefit from universal and responsive civil registration and vital statistics.

3 Enhance regional cooperation to harmonize the collection and analysis of data and statistics for more effective sharing of good practices, capacity-development and evidence-informed policymaking.

4 Strengthen national information systems to produce and disseminate reliable, timely, disaggregated and internationally-comparable statistics, including metadata, on a broad range of population, environment and socioeconomic development indicators.

5 Strengthen the capacity of national statistical offices and relevant national institutions and mechanisms to employ holistic approaches to generate, analyse and disseminate reliable population data, disaggregated by sex, age, disability and other categories, as needed, and increase the use of data for the formulation, implementation, monitoring and evaluation of population and development policies by relevant national authorities.

6 Support collection and analysis of data at the household level, in cooperation with research and statistical institutions, as appropriate, on population and development.

7 Support the collection and sharing of data, statistics and qualitative information on diverse sub-populations — including older persons, young people, women and girls, persons with disabilities, migrants, domestic workers, indigenous peoples and people of various ethnicities and from traditional communities — in order to effectively protect their rights, and to design and implement policies and programmes to enhance their well-being.

8 Use new technologies for data collection (including spatial data) and processing to ensure cost-effectiveness and sustainability, while ensuring privacy considerations are respected.

9 Strengthen data collection and link population data with geospatial data and technology, in particular on issues related to climate change and disasters.



CHAPTER 13

Conclusions and recommendations

Credit: Magic Orb Studio (Shutterstock329360237)
Caption: Family at their mud brick house near mountains of Central Asia in Osh, Kyrgyzstan.

In 2013, ESCAP members and associate members adopted APMD, which is closely aligned with the Programme of Action of ICPD. It places people at the centre of sustainable development and reaffirms that human rights are universal, indivisible, interdependent and interrelated. It calls for regular monitoring and evaluation of progress towards the continuing implementation of the Programme of Action and its related follow-up outcomes as well as the recommendations it puts forth.

This report, prepared in conjunction with the Seventh Asian and Pacific Population Conference in 2023, contributes to the regular assessment of population and development policies and programmes. It brings together the latest statistical evidence on the priority actions of APMD, with a particular focus on SDG indicators, good practices and lessons learned, as identified by members and associate members through a national voluntary survey, information from civil society organizations gathered from consultations prior to the Population Conference, and research findings on key population and development issues. The report also provides specific forward-looking recommendations to guide the continuing implementation of APMR and the Programme of Action in Asia and the Pacific. In essence it is intended as a resource and guide to support countries in the region in developing future inclusive and sustainable population and development policies.

In 2013, there were 4.3 billion people living in the region. By 2023, the population had grown to 4.7 billion, and it is projected to increase to 5.2 billion by 2050. Importantly, recent and projected population growth at the regional level is occurring at a declining rate. In several countries, there is negative population growth, resulting in population decline. A reversal of this trend is not expected in the near future. These demographic changes are resulting in population age structure changes, with an increasing number and share of older persons. At the same time, there are several countries that are still experiencing significant population growth and large number of youth. Thus, despite some general patterns, there remains much diversity in population levels and trends.

Affecting almost all countries in the region, more people are living in urban areas and migrating within the region and beyond. Migration is both voluntary and forced, while both men and women are participating in it actively. People are living longer, and the number of oldest-old is increasing. At older ages, populations are usually highly skewed towards females. This is a consequence of higher adult mortality among men and relatively higher longevity among women.

In the wake of significant strides and progress over the past decades — including with regard to health, poverty eradication, sanitation, nutrition and education — the region now stands at a crossroads. Emerging demographic trends, such as population ageing, low fertility and increased migration, coupled with the challenges of socioeconomic inequalities and vulnerabilities, and the impact of climate change, disasters, conflicts, the COVID-19 pandemic and digital transformation, increase the need for countries to take urgent action to harness the opportunities of these changes and address the challenges.

Moreover, population dynamics in Asia and the Pacific are driving population trends at the global level. What countries in the region decide to do to advance the population and development agenda will leave its imprint on any future development agenda.

It is in this context, that the report, building on the specific recommendations concerning priority actions of APMD presented in the previous chapters, proposes the following general recommendations to advance the implementation of population and development considerations at subnational, national, subregional and regional levels in Asia and the Pacific:

1. Follow a holistic, people-centred, rights-based and gender-sensitive approach. Rather than focusing on one population and development challenge or opportunity at a time, efforts should be made to address interlinkages and consider how action (or inaction) today affects outcomes for current and future generations.
2. Apply a life-course approach to population and development. People, in all their diversity, have different and changing needs, from birth through adolescence to adulthood and old age. What happens earlier in life has consequences for later life.
3. Strengthen intergenerational relations and solidarity. As life expectancies increase, more people of different age groups are living together for longer periods. Long-term planning is needed to deliver prosperity to all members of present and future generations.

4 Expand health-care coverage, including access to sexual and reproductive health services. View health care as a life-course investment (e.g., healthy ageing). The social determinants of health must be addressed, and financial and societal barriers to health must be abolished. Use affordable and accessible health-sector innovations and technologies. Health care must be person-centred, community-based and integrated. Increase health promotion and health literacy, assist caregivers and recognize their contributions, in particular those of women, and develop human resources for health.

5 Provide universal social protection over the life course. Investments in basic social protection have an immediate impact in terms of reducing poverty, inequalities and purchasing power disparities.

6 Create decent work and flexible work environments — especially for youth, women, persons with disabilities, older persons and migrants — to work in different ways. Achieving gender parity in the workforce is the most effective way of increasing productivity and income. Training, upskilling and reskilling opportunities should be available to all.

7 Enhance gender equality and women's empowerment through gender mainstreaming and strengthen legal frameworks to end gender discrimination. Invest in gender-sensitive budgeting.

8 Prioritize low-carbon pathway and focus on developing climate change mitigation, adaptation and resilience-building strategies that leave no one behind. Climate change strategies must be mainstreamed in all national strategic planning activities. Climate change threatens all aspects of life and must be prioritized in all aspects of policymaking.

9 Strengthen the collection, analysis and dissemination of disaggregated data at the national and subnational levels. Data on SDG-based population and development indicators must be prioritized so that countries can monitor the status of implementation of the Asian and Pacific Ministerial Declaration on Population and Development. Strengthen the capacity of people working with data.

10 Ensure that data and information on population dynamics and projections inform policymaking and public discourse, and that data privacy and ethics are respected. Strengthen the capacity of relevant institutions to ensure effective integration of population issues into development planning, including ensuring effective coordination of all relevant planning bodies, along with multisectoral and multistakeholder approaches for implementation of the recommendations of the aforementioned documents.

11 Strengthen partnerships. This should include partnerships among political and opinion leaders, community and religious leaders, educators, the private sector, philanthropic organizations, grass-roots organizations, and persons with lived experience. In a globalized world, population and development challenges and opportunities are connected across boundaries and within countries, from the local to the national, regional and global levels.

12 Provide an enabling, non-discriminatory, safe and inclusive environment for the participation of civil society and community-based organizations in dialogue and decision-making and increase space for constructive dialogue at different geographic and political levels. Political will and collaboration between diverse stakeholders are crucial to develop and implement forward-looking, people-centred policies.

13 Promote regional cooperation, including through South-South cooperation and triangular cooperation, to accelerate the implementation the APMD and the ICPD Programme of Action, including on the use of information and communications technologies, and encourage the sharing of successful experiences and good practices among countries in Asia and the Pacific.

14 Ensure adequate financing to fully implement the recommendations of APMD and the ICPD Programme of Action in all countries in Asia and the Pacific, through new and additional resources. Support public-private initiatives and domestic resource mobilization, resource tracking, and ensure the continuation and fulfilment of official development assistance commitments made by international donors.

15 Ensure that a national focal point agency at the highest political level is designated to coordinate the full and effective implementation of APMD as well as of the ICPD Programme of Action and the key actions for its further implementation in Asia and the Pacific. Review the implementation of APMD on a regular basis, and more frequently than every 10 years.

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