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**CHARTING NEW PATHS FOR
GENDER EQUALITY AND
EMPOWERMENT: ASIA-PACIFIC
REGIONAL REPORT ON
BEIJING+30 REVIEW**

CHAPTER 2



ESCAP
Economic and Social Commission
for Asia and the Pacific



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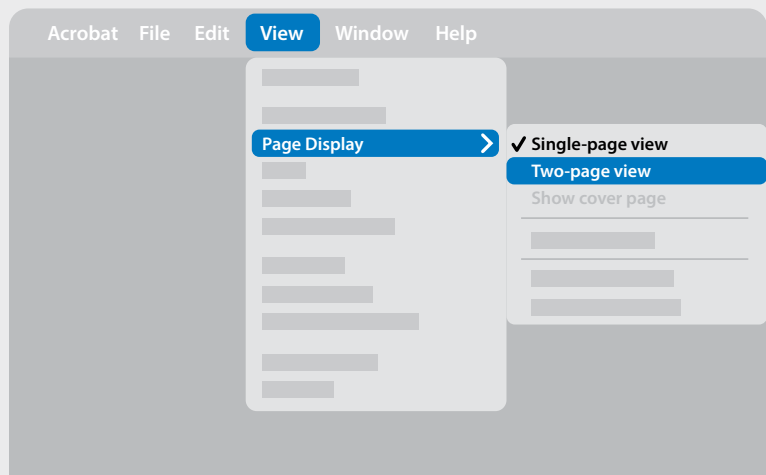
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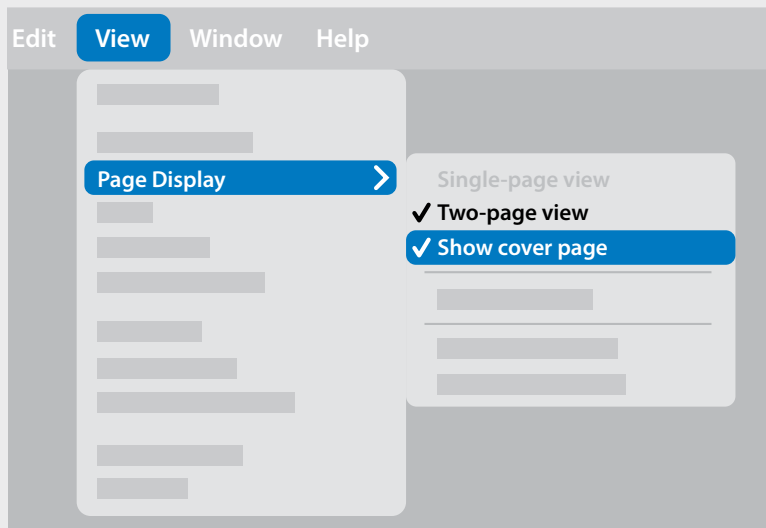
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CHAPTER 2

Poverty reduction and human capital development



A woman carries her bag at Koyambedu market in Chennai, India. © Unsplash/Prashanth Pinha

KEY MESSAGES

Poverty is multidimensional, it encompasses deprivations related to income security, nutrition, health, education, access to resources and other services that are essential for a basic standard of living¹ and human capital development. Poverty is feminized and addressing it requires intentional investment to close gender and equity gaps in human capital through gender-responsive, inclusive public services and tackling the underlying gender norms.

Poverty reduction

The Asia-Pacific region has witnessed a remarkable decrease in poverty over the past three decades, with several countries eliminating extreme poverty. However, 47 million people have been pushed back into extreme poverty due to the COVID-19 pandemic and many more are at risk due to climate change. Women and girls are disproportionately affected:

- + Gender poverty gaps to the disadvantage of women and girls start in the early childhood, continue into adolescence and during their prime reproductive and economically productive years (from 20 to 34 years old). They resurface in women's old age.
- + The gender poverty gaps are most pronounced in **Central and Southern Asia**. Where these gaps are most extreme, women and girls are more likely to live in poverty than men and boys by over 2 percentage points or more than 20 per cent.²
- + The gender poverty gaps are expected to widen as poverty resurges due to the COVID-19 pandemic, particularly for women aged 25 to 34 in South Asia where they are forecast to be 129 poor women for every 100 poor men by 2030.³
- + Half of the world's multidimensional poor live in Asia and the Pacific. This represents 495 million women and men, among whom 389 million live in South Asia (2021).⁴
- + Women with disabilities were more likely to live in multidimensional poverty than women without disabilities, men with disabilities and men without disabilities.⁵
- + Persisting gender gaps in nutrition, health, education as well as access to other resources and facilities for meeting basic needs put women and girls, particularly those facing intersectional discrimination, at higher risks of multidimensional poverty. This includes women and girls with disabilities, rural women and women migrants in urban areas.

1 A basic standard of living allows individuals and families to be able to afford basic needs such as food, housing, healthcare, education, transport and clothing.

2 ESCAP compilation based on Annex A in Munoz Boudet and others, "A Global View of Poverty, Gender, and Household Composition", policy Research working paper, No. WPS 9553, World Bank Group (Washington, D.C., 2021).

3 UN Women (UN-Women), *From Insight to Action: Gender Equality in the Wake of COVID-19* (New York, 2020).

4 UNDP, "Making Our Future: New Directions for Human Development in Asia and the Pacific", 2024 regional human development report (New York, 2023).

5 ESCAP elaboration based on Disability Data Initiative, "Results tables, Multidimensional analysis", web page. Available at: <https://disabilitydata.ace.fordham.edu/result-tables/> (accessed on 21 May 2024).

Social protection

Social protection is underinvested in most Asia-Pacific countries and access to contributory schemes is particularly low, resulting in inadequate benefit levels, for both women and men. **Women are disadvantaged, in particular, in contributory schemes. Their contributory capacity is often limited due to discrimination in the labour market associated with their disproportionate unpaid care burden.**

- + In Asia and the Pacific, only one in four children aged 0 to 15 is covered by **child benefits**, significantly lower than the global average (28.2 per cent). Coverage is even lower for children aged 0 to 18 years (19.3 per cent). Social protection coverage and expenditure for children are particularly low in **East and North-East Asia** and **South and South-West Asia**.⁶ The absence of universal child benefits heightens the risks of poverty, early marriage and school dropout, particularly for adolescent girls, and increases women's and girls' unpaid care burden.
- + Less than 40 per cent of mothers with newborns receive **maternity cash benefits**.⁷ In only 24 countries, the statutory paid maternity leave meets the international established standard of minimum 14 weeks.⁸
- + Less than one in three women of working age is covered by **old-age pension schemes**, compared to 44 per cent of men.⁹ When covered, women have access to a lower level of pension benefits due to limited contributory capacity and their concentration in the informal economy which disqualifies them for contributory schemes in many countries. This leads to higher risk of income insecurity for women in old age.
- + More than one-third of the region's population is not covered by any **social health protection schemes**, with particularly concerning low coverage in **Southern Asia**.¹⁰ In many countries, sexual and reproductive health (SRH) services are not included in the essential service package that is covered by social health protection benefits, posing particular challenges for adolescent girls and older women.

Sexual and reproductive health and reproductive rights

Access to sexual and reproductive health (SRH) services and reproductive rights is central to universal health coverage (UHC). **While UHC has not been achieved in the majority of Asia-Pacific countries, coverage of SRH services is even lower with little progress made since 2015.** SRH service interruptions during the COVID-19 pandemic has slowed or even worsened reproductive, maternal, newborn and child health (RMNCH) outcomes in **South-East Asia**.

SRH services included in the UHC package are often limited to maternal health and, to a lesser extent, family planning. The capacity to provide quality services accessible to all is limited in most countries. Adolescent girls, women and girls in the poorest households, with no education and living in rural areas are left starkly behind. Key components of SRH services are set out below.

- + **Maternal mortality** in the region has declined by one-third since 2000, with most reductions achieved before 2015. However, many countries, mostly in **South-East Asia, South and South-West Asia and the Pacific**, still experienced relatively high maternal mortality ratios in 2020.¹¹ The region is unlikely to achieve the SDG 3.1 by 2030, unless progress is accelerated. The region has made substantial progress in reducing **neonatal mortality**. All subregions **but South and South-West Asia** have achieved or are close to achieving SDG 3.2.
- + The progress in reducing maternal and perinatal mortality is ascribed to better access to quality maternal care services such as skilled birth attendance. In the Asia-Pacific region, **skilled birth attendance** was nearly universal **except for South and South-West Asia**, where it was estimated at 89.4 per cent in 2021.¹² Yet, **inequalities in access to quality maternal and newborn health care services disproportionately affect adolescent and young mothers, mothers and newborns in rural and ethnic minority communities as well as those in vulnerable situations due to stigmatization, lack of awareness and other barriers such as financial constraint.**

6 ESCAP elaboration based on ILO estimates, 2024; World Social Protection Database, based on the Social Security Inquiry; ISSA Social Security Programs Throughout the World; ILOSTAT; national sources. Regional and subregional aggregates are weighted by population.

7 Ibid.

8 ESCAP, *Protecting our Future Today: Social Protection in Asia and the Pacific. Social Outlook for Asia and the Pacific* (United Nations publication, 2024).

9 Ibid.

10 ILO, *World Social Protection Report 2020–22: Regional Companion Report for Asia and the Pacific* (Geneva, 2021).

11 ESCAP SDG Gateway, "Indicators by SDG: 3.1.1 – Reduce maternal mortality", database. Available at <https://data.unescap.org/> (accessed on 10 March 2024).

12 ESCAP, "Gender equality and universal access to sexual and reproductive health and reproductive rights in Asia and the Pacific", ESCAP/APPC(7)/INF/3 (Bangkok, 2023).

- + Despite significant progress towards meeting **family planning needs** since 2000, **progress across subregions is uneven and gaps exist, especially where women's and girls' use of modern contraceptive methods are concerned**. About 16 per cent of married women in Asia and 19 per cent in Oceania had unmet need for modern methods in 2023.¹³ **Young women and adolescent girls** are more likely to have unmet family planning needs with modern methods, resulting in high risks of unintended pregnancy and unsafe abortion, particularly affecting adolescent and young girls in subregions where early marriage remains high.
- + **Adolescent fertility** on average is lower in Asia and the Pacific as compared to the world average and has steadily declined since 2000. Yet it continues to affect many adolescent girls, especially in **South-East Asia** (35.2 live births per 1,000 women aged 15 to 19).¹⁴ Adolescent fertility rates are higher in rural than in urban areas, and higher among girls with no education than those with more than secondary education. Progress in reducing adolescent fertility has stagnated since 2015.
- + One in five cervical cancer cases and one in four cervical cancer deaths in 2022 worldwide occurred in **South Asia**.¹⁵
- + Adolescent girls in **South Asia** face particular barriers to access **HPV vaccination**, increasing their risks to cervical cancers, due to insufficient incorporation of HPV vaccination in national immunization and unavailability of vaccines as well as stigma, myth and misconception, lack of health literacy and girls' agency to make decisions about their own body and health.
- + In the Asia-Pacific region, the **HIV** epidemic disproportionately affects key populations, especially young people (aged 15–24 years) and their sexual partners. This age bracket accounted for about a quarter of the region's new HIV infections in 2022.¹⁶ Significant gaps remain in prevention services and treatment coverage. Stigma and discrimination against persons living with HIV and persons from key populations continue to be the main barriers that prevent access to and the uptake of testing and treatment.

Quality education and skills development

Major progress in education attainment has been achieved for both women and men in Asia and the Pacific; but inequalities remain in the mean years of schooling across countries.

Gender matters in education attainment while the dynamic varies across countries, age groups and levels of education.

- + When enrolled in school, girls are more likely than boys to complete education across primary and secondary levels in all Asia-Pacific countries, with few exceptions.¹⁷
- + Poor women aged 20 to 35 years are the furthest left behind in secondary education completion in 15 out of 30 countries analysed while poor men are the furthest left behind in nine countries. The disadvantage of poor women aged 35 and older increases significantly, being the furthest left behind group in 21 countries.¹⁸
- + Children's disadvantage in access to early childhood education is found to be associated with no or low education of mothers in 13 out of 26 countries.¹⁹
- + Participation of women and girls in tertiary **STEM education** is low even in high-income countries in the region.²⁰

13 Ibid.

14 United Nations Department of Economic and Social Affairs (UNDESA), Population division, *World Population Prospects 2022: Summary of Results* (United Nations publications, 2022).

15 World Health Organization (WHO), "Global Cancer Observatory", web page. Available at: <https://gco.iarc.fr/en> (accessed on 1 August 2024).

16 Joint United Nations Programme on HIV/AIDS (UNAIDS), *The path that ends AIDS: UNAIDS Global AIDS Update 2023* (Geneva, 2023). Key populations are gay/ bisexual and other men who have sex with men, people in prisons and other closed settings, people who inject drugs, sex workers and transgender persons.

17 ESCAP calculations based on data from ESCAP SDG Gateway Asia Pacific, ESCAP SDG Gateway, "Indicators by SDG: 4.1.2 – Completion rate by educational level", database. Available at <https://data.unescap.org/> (accessed on 25 March 2024).

18 ESCAP, "Leaving No One Behind (LNOB) Platform", database. Available at: <https://lnob.unescap.org/overview-results?indicator=404&geo=all&year=all> (accessed on 29 May 2024). See ESCAP LNOB Platform analysis based on MICS and DHS data on secondary education completion for people aged 20–35 years and for people aged 35 years and older from 30 countries.

19 ESCAP, "Leaving No One Behind (LNOB) Platform", database. Available at: <https://lnob.unescap.org/overview-results?indicator=404&geo=all&year=all> (accessed on 29 May 2024). See ESCAP LNOB Platform analysis based on MICS and DHS data between 2010 and 2022 on early childhood education from 26 countries.

20 OECD, *The Role of Education and Skills in Bridging the Digital Gender Divide: Evidence from APEC Economies* (Paris, 2019).

The foundational learning crisis persists, threatening to compromise children's learning outcomes in the longer term.

- + Inadequate foundational learning is particularly prevalent in low- and middle-income countries in South Asia, where the share of children not acquiring basic proficiency in literacy by age 10 was estimated at 78 per cent in 2022.²¹
- + Despite the importance of early childhood education in building foundational skills, enrolment in early childhood education remains under 70 per cent in most parts of the region.²² Early childhood education is failing to challenge gender stereotypes and biases that continue to be absorbed by the youngest children.

Many girls in the region are denied schooling.

- + This is an injustice frequently suffered by women and girls in countries affected by armed conflicts and by women and girls with disabilities.
- + Insufficient coverage of **menstrual health services and education** in schools in most countries in the region, compounded with stigma and stress about menstruation, and threats of **school-related gender-based violence (SRGBV)**, hinder girls' school attendance and access to quality education.

The Asia-Pacific region is significantly underinvesting in education and public expenditure on education is dropping.

- + Public education expenditure in **East Asia and the Pacific** has dropped from 15.3 per cent of the total public expenditure in 2019 to 12.8 per cent in 2020. It has not recovered the pre-pandemic level (per latest data as of 2021). In **South Asia**, the spending level has been declining since 2016 and is merely at 10.2 per cent in 2021.²³
- + The poorest children are benefiting the least from public spending on education.

The skills portfolio for women and girls, particularly the most vulnerable groups, needs to be transformed to enable access to formal, green and decent jobs. This transformation is essential to developing countries in Asia and the Pacific where informality and underemployment prevail in the job market. In Asia and the Pacific, many women are being left behind by digital and technological transformation.

- + Fewer women (63 per cent) than men (69 per cent) use the internet, and wide gaps in internet usage and mobile phone ownership exist between the poorest and the wealthiest, and the less educated and the better educated.²⁴
- + Data from seven countries in Southeast Asia indicate that the gender gap is more evident when it comes to more advanced digital skills.²⁵
- + Technical and vocational education and training (TVET) systems and curricula need to be modernized to meet modern labour market demands, in the context of the green and digital economies and demographic shifts. Priority must urgently be given to training and re-skilling of women, young people, people with a lower level of education, and those more at risk of being excluded from the job market, such as older persons and persons with disabilities.

Reducing multidimensional poverty that is disproportionately experienced by women and girls requires a multifaceted strategy. This must combine targeted measures and financing to improve access to productive resources and services, social protection and healthcare. A focus on sexual and reproductive health is particularly important, as is education and skills development.

21 World Bank and others, *The State of Global Learning Poverty: 2022 Update* (Washington, D.C., 2022).

22 United Nations Educational, Scientific and Cultural Organization (UNESCO), *Global Education Monitoring Report, 2023: Technology in Education: A Tool on Whose Terms?* (Paris, 2023).

23 World Bank, "World Development Indicators: Government expenditure on education, total (% of government expenditures)". Available at: https://databank.worldbank.org/reports.aspx?source=2&series=SE.XPD.TOTL.GB.ZS&country=EAS&gl=1*1ng1byj*_gcl_au*NzUwOTYzOTg5LjE3MjA2MjIxMzY (accessed on 21 August 2024).

24 International Telecommunication Unions, *Measuring Digital Development: Facts and Figures 2023* (Geneva, 2023).

25 United Nations Educational, Scientific and Cultural Organization (UNESCO), *Global Education Monitoring Report Summary 2023: Technology in education: A tool on whose terms? Southeast Asia Regional Report* (Paris, 2023).

2.1 OVERVIEW

Poverty has multifaceted impact on people's lives. It perpetuates pre-existing inequalities rooted in systematic discrimination and exclusion and impacts some population groups disproportionately. Women and girls are particularly affected, especially those facing intersecting forms of discrimination. Increasingly, poverty is understood as a multi-dimensional phenomenon that goes beyond economic deprivation and covers deprivations related to access to health, education, nutrition, basic resources and services, and standard of living. Social protection has been proven a highly effective means to reduce poverty and vulnerability. Investing in human capital through nutrition, health care, quality education, skills and jobs, which enables everyone to realize their potential as productive members of society throughout the life course, is key to ending extreme poverty and creating sustainable, inclusive development. Closing gender gaps in these areas is not only essential for the empowerment of women and girls but also for unlocking the dividends of gender equality which can accelerate development of societies and economies. This is a mission that cannot be achieved without concerted efforts to eradicate structural discrimination and pervasive gender norms and stereotypes that remain across all segments of our societies.

The Beijing Declaration and Platform for Action (1995) calls for strategic actions focused on women and poverty (critical area of concern A), education and training of women (critical area of concern B) and women and health (critical area of concern C). These critical areas are aligned with the **2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs)**, particularly SDG 1 (no poverty), SDG 2 (zero hunger), SDG 3 (health and well-being), SDG 4 (quality education) and SDG 5 (gender equality). With these areas and SDGs in mind, the **Commission on the Status of Women (CSW)** has adopted agreed conclusions at their recent sessions that provide guidance to shape progress towards gender equality and the empowerment of women and girls. The **agreed conclusions of the sixty-eighth session in 2024** urges Governments and all stakeholders to accelerate actions that strengthen institutions, deploy financing from a gender perspective and expand fiscal space to address poverty in its broad and multidimensional terms, through comprehensive and participatory poverty eradication policies. It calls for investment in approaches that address systemic barriers and structural root causes of gender inequality. The agreed conclusions point to the importance of

meeting the needs and supporting the agency of particular groups of women and girls such as older women, adolescent girls, women and girls with disabilities, Indigenous women and women migrants in relevant actions. Accounting for the implications of climate change and digitalization is also recognized as critically important.²⁶

Chapter 2 reviews the implementation of these interlinked areas in a rapidly evolving Asia and the Pacific. It points to the criticality of more dynamic, integrated, gender-responsive and inclusive solutions to address multidimensional poverty and improve human capital in the region. The chapter first presents the latest evidence on the gender dimensions of poverty in Asia and the Pacific. The analysis looks into both monetary and multidimensional poverty and examines its impacts on women and girls at different life stages and in different situations. The next sections assess the status of social protection and health services, with a focus on sexual and reproductive health, as well as education and skills development for women and girls in the region. Promising actions and practices by member States in these areas are showcased.

Across this chapter, a vision to prevent people from falling back into poverty throughout their life and in the generations to come is embedded by accounting for the implications of megatrends such population ageing, climate change, digital and technological transformations on poverty and human capital development. Throughout the discussions, gender norms and bias that underline inequalities within and beyond the household is a recurring theme.

2.2 POVERTY REDUCTION

Poverty is a pronounced deprivation of wellbeing. Individuals, families and communities in poverty do not have enough resources to meet their basic needs. While poverty is often one of the key defining characteristics of inequalities, even poverty is not equal. Within the same impoverished family or community, individuals who are discriminated against due to norms related to gender, age, disability and other marginalized identities are often subject to deeper poverty. In many countries in the region, poverty is also featured by a divide between rural and urban areas associated with urbanization, labour migration and the growth of the non-agricultural sector, which is often understated by official poverty statistics.

²⁶ United Nations, "Accelerating the achievement of gender equality and the empowerment of all women and girls by addressing poverty and strengthening institutions and financing with a gender perspective, Report of the Secretary-General", E/CN.6/2024/L.3 (New York, 2024).

2.2.1 Monetary poverty

The Asia-Pacific region has made considerable progress in reducing poverty over the past three decades. The latest estimates indicate several countries in the region have eliminated extreme poverty, estimated by income or consumption, according to 2022 international and national poverty lines. These countries include Bhutan, China, Kazakhstan, Russian Federation, Thailand and Türkiye.²⁷

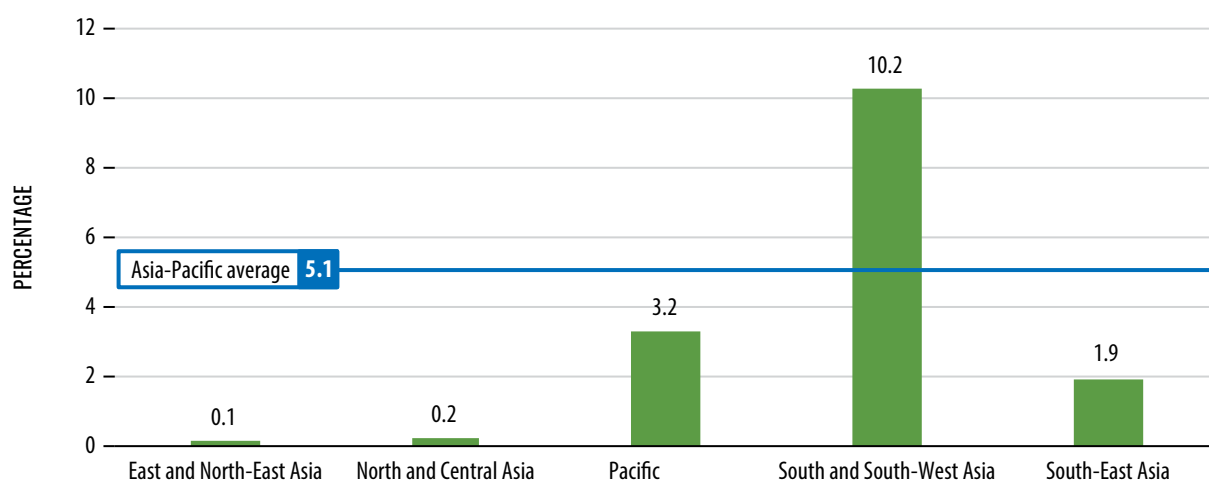
Despite commendable progress, the impacts of the COVID-19 pandemic and the increasing frequency of climate-induced disasters show that poverty reduction progress can easily be halted and reversed.

The effects of the COVID-19 pandemic, and the ensuing cost-of-living crisis of 2022, reversed hard-won gains. It is estimated that 47 million people in the region have been pushed into extreme poverty²⁸ due to multiple waves of virus resurgence, lack of global vaccination and losses of jobs and livelihoods. These consequences have affected especially women in the informal economy.²⁹ Millions of households live just above the poverty line. Elevated and sustained inflation, especially for food, continues to erode purchasing power. This is particularly acute among poorer and near-poor households which allocate a significant share of their budget to food expenditures.

South and South-West Asia is particularly vulnerable to monetary poverty measured at the recently revised international poverty line of \$2.15 (Figure 2.1). External shocks and disaster events exacerbated by climate change continue to threaten livelihoods across the region, especially in the Pacific, South-East Asia and South and South-West Asia, and slow the pace of poverty eradication. In Pakistan, for instance, the national poverty rate increased by close to 4.0 percentage points as a direct consequence of the 2022 Monsoon Floods, which also increased the depth of poverty by pushing and estimated 7 million additional people to live more than 20 per cent below the national poverty line.³⁰

The widest gender poverty gaps are the most pronounced in Central and Southern Asia.³¹ The gaps start to appear in the early childhood, continue to be pronounced throughout adolescence and the prime reproductive and economically productive years (aged 20 to 34 years), and resurge in old age. The Global analysis based on the Global Monitoring Database³² shows, in Central and Southern Asia, girls under the age of 15 are more likely to live in poor households than boys by 2 percentage points. The gender gaps are particularly pronounced between the ages of 20 and 34 (Figure 2.2). Women in these age groups are in their prime reproductive years and they shoulder a

FIGURE 2.1 Share of population in extreme and moderate poverty in Asia and the Pacific, by subregion



Source: ESCAP, *Protecting our Future Today: Social Protection in Asia and the Pacific. Social Outlook for Asia and the Pacific* (United Nations publication, 2024). ESCAP estimates based on World Bank Poverty and Inequality Platform accessed in May 2024. Note: Estimates follow ESCAP definitions of subregions and are based on the latest international poverty line of \$2.15 a day at 2017 Purchasing Power Parity (PPP). In total 28 countries with data available during 2017–2022 are included per recommendation by the World Bank for the application of the latest international poverty line. As poverty is routinely measured at the household level, further disaggregation to assess whether some groups have been more affected than others has not been possible.

27 ESCAP, “SDG Goal Profile 1: Poverty”, policy brief (Bangkok, 2024).

28 United Nations Development Programme (UNDP), “The Human Cost of Inaction: Poverty, Social Protection and Debt Servicing, 2020–2023”, UNDP Global Policy Network Brief (New York, 2023).

29 United Nations, “Review of the implementation of the agreed conclusions of the sixty-third session of the Commission on the Status of Women, Report of the Secretary-General”, E/CN.6/2024/4 (New York, 2024).

30 World Bank, “Qualifying the poverty impact of the 2022 floods in Pakistan”, blog, 18 May 2023. Available at: <https://blogs.worldbank.org/en/developmenttalk/quantifying-poverty-impact-2022-floods-pakistan> (accessed on 1 August 2024).

31 See Annex 2 for regional groupings by the United Nations Statistics Division in monitoring the Sustainable Development Goals.

32 The Global Monitoring Database (GMD) is the World Bank’s repository of multitemic income and expenditure household surveys used to monitor global poverty and shared prosperity. The household survey data are typically collected by national statistical offices in each country, and then compiled, processed, and harmonized by the Data for Goals (D4G) team in the Poverty Global Practice. The cited study uses GMD data accessed in January 2019 that covers at least 87 per cent of the population in Central and Southern Asia and Eastern and South-Eastern Asia, and restricted population coverage in West Asia.

disproportionate amount of childcare. Yet these age ranges also overlap with the economically productive years. Such a gender difference among young adults is to some extent explained by the fact women tend to marry and give birth to their first children at a younger age than men. The presence of children increases the likelihood of both women and men living in poverty, but much more so for women — especially for those who are single parents — and at a younger age.³³

Early marriage, becoming a widow, having young and elderly dependents or divorce and separation all increase the likelihood of women living in

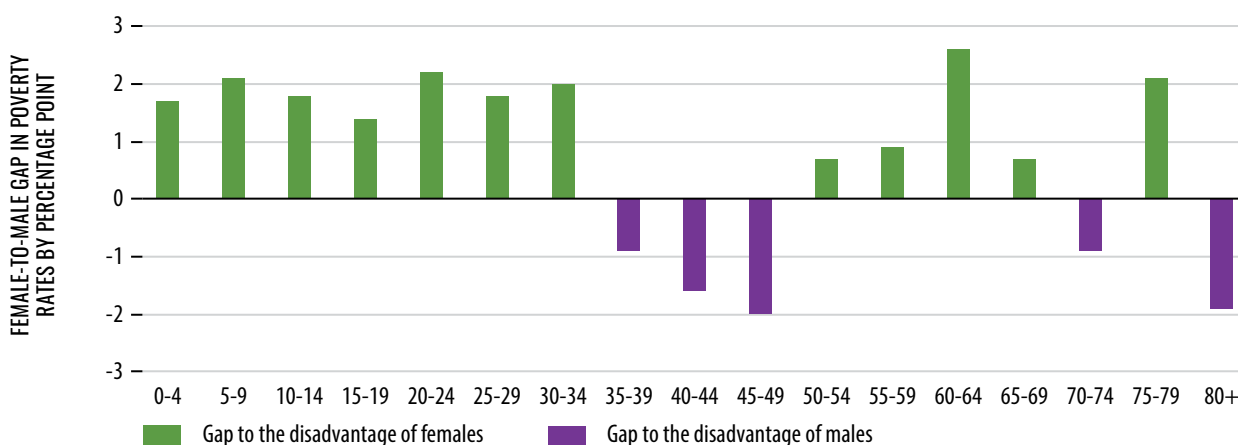
extreme poverty.³⁴ Restricted access to and control of land continue to undermine women's economic empowerment. Only 12 countries in the Asia-Pacific region have existing legal frameworks that guarantee women's equal rights to land ownership and/or control (SDG 5.a.2).³⁵ Age groups of 60–64 and of 75–79 are two other periods when the gender poverty gap is particularly acute to the disadvantage of women (Figure 2.2).³⁶ Other research suggests that women's poverty in the old age is due to lack of access to pensions and other income sources, combined with a higher life expectancy than men (see discussion in the next section).

FIGURE 2.2 Gaps in poverty rates in Central and Southern Asia, by sex and age group

(A) POVERTY RATE (%) BY GENDER AND AGE IN CENTRAL AND SOUTH ASIA



(B) GAPS IN POVERTY RATES BY SEX IN CENTRAL AND SOUTHERN ASIA



Source: ESCAP elaboration based on Annex A in Munoz Boudet and others, "A Global View of Poverty, Gender, and Household Composition", policy Research working paper, No. WPS 9553, World Bank Group (Washington, D.C., 2021). The study uses data from the Global Monitoring Database accessed in January 2019 that covers at least 87 per cent of the population in Central and Southern Asia and Eastern and South-Eastern Asia, and restricted population coverage in West Asia. Regional groupings follow the definition by the United Nations Statistics Division in monitoring the Sustainable Development Goals (see Annex 2). In panel (b), PP stands for percentage point. The gap in percentage (%) is calculated by the difference in the female and male poverty rates as proportion of the male poverty rate.

33 Munoz Boudet and others, "A Global View of Poverty, Gender, and Household Composition", policy Research working paper, No. WPS 9553, World Bank Group (Washington, D.C., 2021).

34 World Bank, "Gender differences in poverty and household composition through the life-cycle: A global perspective (English)", policy research working paper (Washington, D.C., 2018).

35 ESCAP SDG Gateway, "Indicators by SDG 5.a.2 – Proportion of countries where the legal framework (including customary law) guarantees women's equal rights to land ownership and/or control", database. Available at: <https://data.unescap.org/> (accessed on 3 June 2024).

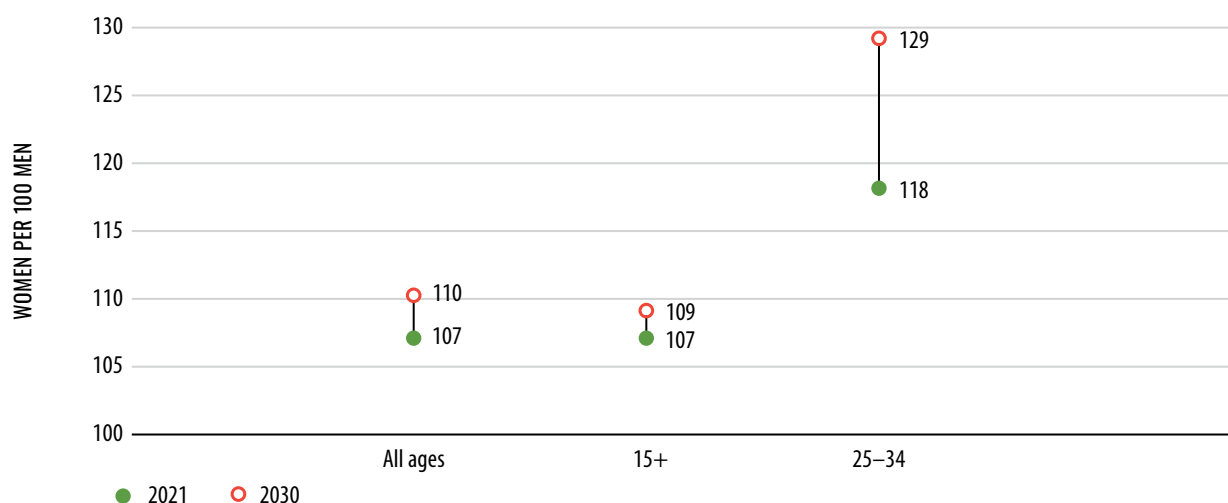
36 Munoz Boudet and others, "A Global View of Poverty, Gender, and Household Composition", policy Research working paper, No. WPS 9553, World Bank Group (Washington, D.C., 2021).

The gender poverty gaps are expected to widen due to the COVID-19 pandemic exacerbating poverty. This is particularly the case for women in South Asia.³⁷ Forecasts conducted in 2020 suggested that the gender poverty gap in the subregion would widen from 107 poor women for every 100 poor men in 2021 to 110 women for every 100 men by 2030. The predicted increase in this gap is wider for the age group from 25 to 34 years (Figure 2.3). Before the pandemic, projections suggested that by 2030, 15.8 per cent of the world's poor women and girls would be living in South Asia. That figure has now been adjusted to 18.6 per cent due to the socioeconomic consequences of the pandemic.³⁸ Many women and girls living in households that have only recently escaped extreme poverty are at risk of being pushed back into poverty. Lack of access to personal income poses more challenges for women, particularly those who are partnered, than men at times of shocks and crises.³⁹

It is also important to note there are 'hidden poor'. Poverty headcount ratios count all individuals living in households with a per capita income below international and national poverty lines as being poor and others being non-poor. Poverty rates of different population groups — such as

women, men, children, older persons and persons with disabilities — are defined as the percentage of individuals of each group who live in poor households. This assumes that all household members enjoy the same standard of living and that resources within a household are allocated equally. This is likely to understate intrahousehold inequalities based on gender, age and other factors.⁴⁰ Evidence demonstrates that women's bargaining power within the household is affected by their educational attainment, income and assets. This power affects the extent to which women benefit from intrahousehold outcomes.⁴¹ With the current household-level poverty measurement methodologies, individuals within households above the poverty line who are poor are invisible. This leaves many poor women and girls out of poverty statistics and deprive them of access to poverty targeting programmes related to education, healthcare and access to basic living standards. Additionally, the scale and depth of urban poverty is also often understated due to the over-reliance on poverty lines and the failure to consider poverty as a multidimensional concept. Poverty estimates do not take key variables impacting on urban living conditions — access to housing, infrastructure and services — sufficiently into consideration.⁴²

FIGURE 2.3 Projected change in gender poverty gap in South Asia



Source: See UN-Women (2020). From Insight to Action: Gender Equality in the Wake of COVID-19. UN-Women, New York. Available at: www.unwomen.org/en/digital-library/publications/2020/09/gender-equality-in-the-wake-of-covid-19. The regional average for South Asia is driven largely by India and Bangladesh, given the two countries' large populations and projected increase in extreme poverty headcount. In both countries, GDP per capita was expected to revert to pre-pandemic levels by 2022, leading to a decrease in overall poverty rates dynamically. However, drivers of the age-sex poverty gap — such as fertility, wage gaps and welfare transfers — are not forecast to improve at comparable levels, leading to a worsening of poverty ratios.

³⁷ The result is mainly driven by India and Bangladesh, given the two countries' large populations and projected increase in extreme poverty headcount.

³⁸ UN-Women, *From Insight to Action: Gender Equality in the Wake of COVID-19* (New York, 2020).

³⁹ Asian Development Bank (ADB) and UN-Women, *Two Years in: The lingering gendered effects of the COVID-19 pandemic in Asia and the Pacific* (Manila and Bangkok, 2022).

⁴⁰ World Bank, "Gender differences in poverty and household composition through the life-cycle: A global perspective (English)", policy research working paper (Washington, D.C., 2018).

⁴¹ Cheryle Doss, "Intrahousehold Bargaining and Resource Allocation in Developing Countries", *The World Bank Research Observer*, Vol. 28, No. 1 (February 2013).

⁴² FAO, *Asia and the Pacific Regional Overview of Food Security and Nutrition* (Bangkok, 2022).

2.2.2 Multidimensional poverty

Yet **poverty is a multidimensional phenomenon**. Lack of money is only one of the disadvantages that poor people experience. Others, related to education, health, and standard of living,⁴³ should also be considered when monitoring progress towards eradicating poverty. Data from 20 Asia-Pacific countries show that non-monetary poverty exceeds monetary poverty in almost all countries.⁴⁴ As per the latest estimates in 2021, the region is home to half of the world's multidimensionally deprived, that is 495 million women and men, among whom 389 million live in South Asia.⁴⁵ It remains unclear to what extent regional multidimensional poverty estimates will evolve following the COVID-19 pandemic and other socioeconomic and political turbulences which have occurred since 2021.

Like monetary poverty, multidimensional poverty is mainly measured at the household level, or without gender disaggregation when measured at the individual level. Despite this limitation, **available sex-disaggregated data related to education, nutrition and health, as well as access to basic resources and facilities,**⁴⁶ can help determine the extent to which multidimensional poverty affects women and girls. The region is significantly behind in ensuring equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, Indigenous Peoples, ethnic minorities, and children in vulnerable situations.⁴⁷ Food insecurity is more prevalent among adult women and men in every region of the world. The gender gap in food insecurity widened considerably between 2020 and 2021 due to the COVID-19 pandemic, disproportionately affecting rural women and women in agrifood systems.⁴⁸ Food poverty continues to affect 130 million girls and boys in South Asia and 59 million in East Asia and the Pacific,⁴⁹ leading to nutrition deprivation for those in poorest households and many in better-off households.⁵⁰ Anaemia continues to affect women in the region,

with 32.6 per cent of women and girls aged between 15 to 49 and 48.2 per cent of those living in South and South-West Asia most affected. A slight increase in anaemia prevalence rates is observed since 2015.⁵¹

Despite progress made, gaps remain in women's and girls' access to essential healthcare, including sexual and reproductive health services.⁵² Women and girls have insufficient access to basic and safely managed water, sanitation and hygiene (WASH) services,⁵³ and electricity and clean fuels for cooking, heating and lighting.⁵⁴ Access to these public services and infrastructure is likely deteriorating due to the economic fallout of the COVID-19 pandemic and shrinking public spending. Increasing climate-induced disaster risks and the global energy crisis due to the war in Ukraine are expected to carry further deleterious consequences for women's and girls' already unequal access.⁵⁵

The intersectionality of gender and disability is found to increase the vulnerability to multidimensional poverty. Persons with disabilities are often among the poorest and most vulnerable segments of society. Data from national surveys compiled through the Disability Data Initiative are used to measure multidimensional poverty experienced by persons with disabilities in four domains: education, work, health and standard of living.⁵⁶ In all 15 Asia-Pacific countries measured, women with disabilities were more likely to live in multidimensional poverty than women without disabilities, men with disabilities and men without disabilities (Figure 2.4). Despite an increase in overall social protection expenditure on disability-specific programmes in the region,⁵⁷ a more comprehensive and responsive design of programmes is needed to consider the additional costs of disability and the intersectional challenges faced by women and girls with disabilities. More inclusive poverty-related data collection and intersectional analysis are important to help understand other population groups that are particularly vulnerable to poverty.

43 The Global Multidimensional Poverty Index (MPI) developed by the Oxford Poverty and Human Development Initiative (OPHI) measures three dimensions of poverty with ten indicators including: health (nutrition and child mortality), education (years of schooling and school attendance), and living standards (cooking fuel, sanitation, drinking water, electricity, housing and assets).

44 ESCAP, "SDG Goal Profile 1: Poverty", policy brief (Bangkok, 2024); ESCAP elaborations based on World Bank Poverty and Inequality Platform (2023) and Global Multidimensional Poverty Index (MPI) (Alkire et al., 2023).

45 UNDP, "Making Our Future: New Directions for Human Development in Asia and the Pacific", 2024 regional human development report (New York, 2023).

46 These indicators are often used to measure multidimensional poverty. The rest of Chapter 2 will look further into gender dimensions of health and education. Some also argue that multidimensional poverty measurement needs to account for other dimensions such as access to natural, economic and financial resources (discussed under Chapter 3 and Chapter 7) and contributing factors such as violence against women and girls (discussed under Chapter 4).

47 ESCAP, "SDG Goal Profile 4: Education", policy brief (Bangkok, 2022).

48 FAO, *The State of Food Security and Nutrition in the World 2023* (Rome, 2023).

49 See Annex 2 for regional groupings by FAO.

50 United Nations Children's Fund (UNICEF). *Child Food Poverty. Nutrition Deprivation in Early Childhood. Child Nutrition Report* (New York, 2024).

51 ESCAP Asia Pacific SDG Gateway. SDG 2.2.3. Available at <https://data.unescap.org> (Accessed on 5 February 2024).

52 ESCAP, "SDG Goal Profile 3: Good Health and Well-being", policy brief (Bangkok, 2021).

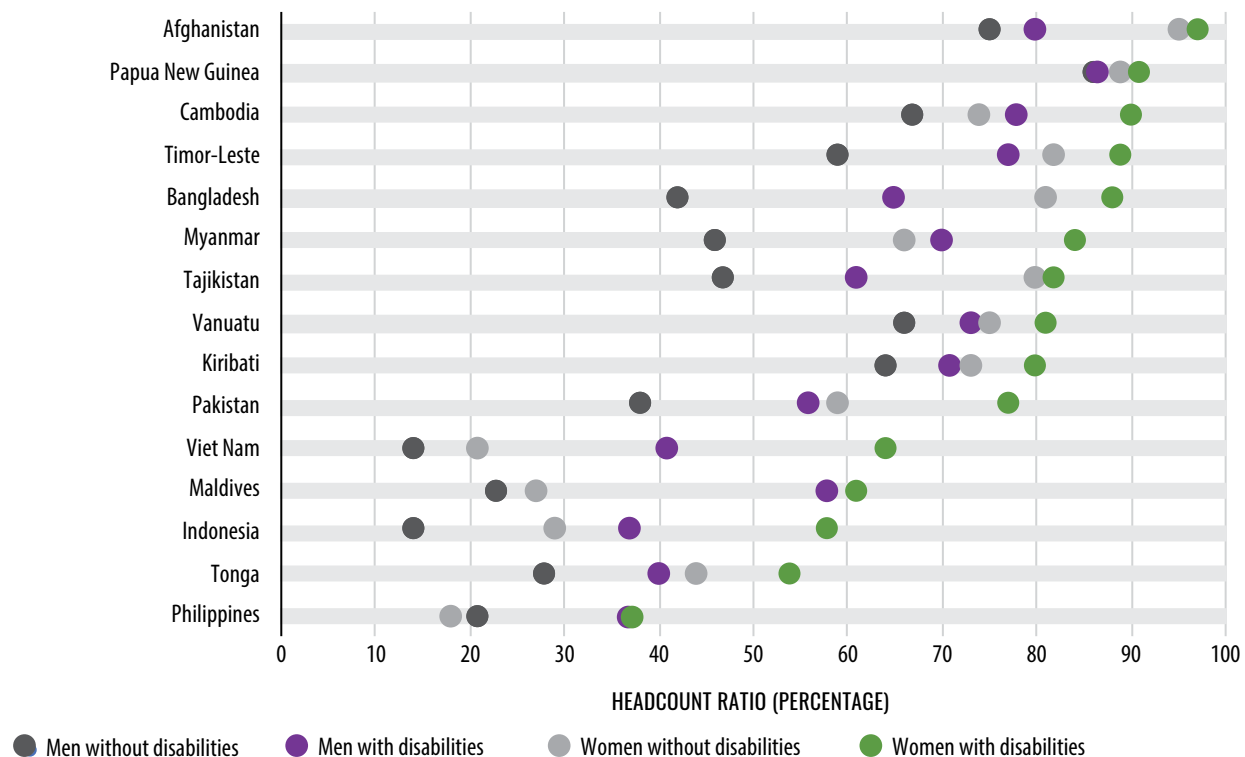
53 ESCAP, "SDG Goal Profile 6: Clean Water and Sanitation", policy brief (Bangkok, 2018).

54 ESCAP, "SDG Goal Profile 7: Affordable and Clean Energy", policy brief (Bangkok, 2023).

55 United Nations, "Review of the implementation of the agreed conclusions of the sixty-third session of the Commission on the Status of Women, Report of the Secretary-General", E/CN.6/2024/4 (New York, 2024).

56 See Annex 1 and Disability Data Initiative, "Method briefs: 6. Multidimensional poverty", web page. Available at: <https://disabilitydata.ace.fordham.edu/method-briefs/6-multidimensional-poverty/> (accessed on 21 May 2024).

57 ADB, "Disability and social protection in Asia", *ADB Briefs No. 203* (Manila, 2021).

FIGURE 2.4 Multidimensional poverty headcount ratio, by sex and disability status

Source: ESCAP elaboration based on Disability Data Initiative, "Results tables, Multidimensional analysis", web page. Available at: <https://disabilitydata.ace.fordham.edu/result-tables/> (accessed on 21 May 2024).

Intersectional poverty analysis will inform tailored policies and programmes to address the particular needs of different population groups to ensure no one is left behind in poverty reduction.

The rural and urban divide also requires more poverty analysis and policy interventions. Urbanization is a regional trend that has complex implications on poverty and inequality in both urban and rural areas. Approximately 2.3 billion people, or 43 per cent of the region's population, live in urban areas, accounting for 60 per cent of the world's urban population. Accompanying rapid urbanization is the significant growth of non-agricultural sectors, which in many countries relies on massive labour flows from rural to urban areas. Across the Asia-Pacific region, regardless of country income levels, urban areas have a higher proportion of prime working-age population (15 to 49 years). In most countries with available data in Eastern Asia, South-Eastern Asia and the Pacific, women make up a higher share of urban prime working-age population as compared to rural areas. Whereas in Southern Asia, women tend to stay in rural areas while rural men migrate to urban areas in search of jobs.⁵⁸ The growth of cities across the region is characterised by the increasing

prevalence of urban poverty. Rural labour migrants often are vulnerable to food insecurity, poor health and nutrition, low standard of living, lack of formal job opportunities and poor housing conditions.⁵⁹ Compounded with a loss of social capital, the social safety net is absent for many poor rural migrants living in urban areas.

In the Asia-Pacific region, the share of agriculture in national GDPs has been steadily declining in the past decade.⁶⁰ Where women are more likely to be left in the rural homes, such as in Southern Asia, the shrinking agricultural growth is often compounded by the barriers rural women face to acquiring productive resources such as land and water, and accessing services such as financial services and agricultural machinery and agribusiness services. Women in rural areas suffer the consequences of the inequality in income and wealth distribution most acutely.⁶¹ The increasing scarcity of natural resources and more frequent extreme weather events and disasters induced by climate change act as multipliers to the vulnerability of women and girls to poverty, especially in low- and lower-middle income countries where agriculture is the most important income generation sector for women. These phenomena

58 FAO, *Asia and the Pacific Regional Overview of Food Security and Nutrition* (Bangkok, 2022).

59 Ibid.

60 Ibid.

61 Imai, Katsushi S. Bilal Malaeb, "Asia's Rural-urban Disparity in the Context of Growing Inequality", Research Series Issue 27, International Fund for Agricultural Development (IFAD) (Rome, 2018).

add pressure to women's income security and force many girls to leave school to help alleviate the increased household burden. Differentiated strategies and targeted investments are required to address urban and rural poverty, while collective actions are important to addressing root causes of poverty and inequalities linked to urbanization and the climate crisis.

The disproportionate burden of multidimensional poverty on women and girls is rooted in the entrenched discrimination and unequal power relations that they face, which systematically diminish their agency to make decisions and participate in economic, social and environmental activities, including actions to address poverty. For instance, women and girls are often responsible for providing for basic needs to their families in many developing countries, especially in rural, remote and impoverished communities. However, they are rarely involved in decision making and the workforce related to the building of infrastructure and services essential to people's basic needs. Such lack of empowerment increases the risk of women and girls experiencing poverty and lowers the efficiency of relevant investments. While cash transfers provide women a minimum income security, they do not automatically support broader goals of gender equality and the empowerment of women. If women's bargaining power, autonomy and financial and functional literacy remain weak, this undermines their ability to control how their income is used.⁶² Lessons learned from the implementation of the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) in India, a large public works programme, suggest that increasing women's representation is key. Their leadership is needed in the planning, implementation and monitoring of programmes and in local governance. Transforming gender power dynamics and ensuring women control the use of their income are essential for increasing women's participation in MGNREGS and their ability to benefit from it.⁶³

More and more development partners have also experimented with the cash plus approach which links direct cash transfers with interventions that support livelihood, education, health, nutrition and sanitation for the beneficiaries. In many cash plus programmes, social and behavioural change programmes are integrated as plus components, typically in relation to child health and nutrition and gender-based violence and harmful practices

such as early marriage. The cash plus approach is valuable in supporting the broader development and empowerment of groups in the deepest state of multidimensional poverty. A recent meta-analysis of 104 studies has shown that cash plus programmes that combine cash transfers with livelihoods interventions have had a meaningful impact and increased household consumption and income. However, they have been no more effective at changing labour force participation than cash only programmes.⁶⁴ Another meta-analysis that examined the efficiency of cash plus programmes with social and behaviour change components showed inconsistent value-adds to other outcome areas beyond poverty reduction, compared to cash only programmes.⁶⁵ Successful delivery of cash plus programmes has to depend on careful consideration of a complex set of operational elements, socioeconomic conditions in the target communities and contextual factors. Particular attention is also required to prevent unintended effects, especially where the plus components are imposed as conditionality for receiving cash benefits, on the beneficiaries. For instance, where mothers and other primary care givers are targeted beneficiaries of cash plus programmes, their unpaid care burden and time poverty could be exacerbated.

The persistence and even resurgence of poverty in our region is cause for alarm. Access to universal social protection coverage, health, education and skills development – which will be discussed in the rest of [Chapter 2](#) – are crucial to addressing multidimensional poverty. Moreover, employment has been a critical means of lifting people out of poverty, if it is combined with decent work conditions. This will be discussed in [Chapter 3](#).

It is also important to acknowledge that poverty reduction is a mission that cannot be achieved solely by governments. Rather, it requires actions that involve all segments of society. A whole-of-society approach is indispensable for mobilizing resources, innovations and investments to enable multifaceted solutions to poverty. This approach is equally important to transforming gender and social norms underlying inequalities within households and societies that lead to poverty gaps that disproportionately affect some individuals and population groups over others. Meanwhile, women's agency is strongly associated with their experience of multidimensional poverty and women's empowerment has a pivotal role in achieving poverty reduction. It must be placed at the heart of all action.

62 FAO, *The Status of Women in Agrifood Systems* (Rome, 2023).

63 Debmalya Nandy and Binju Abaraham. "Does NREGA work for women?", blog, 27 February 2020. Available at: <https://idronline.org/does-nrega-work-for-women/> (accessed on 12 July 2024).

64 Leight, Jessica, Hirvonen, Kalle and Zafar, Sarim, "The effectiveness of cash and cash plus interventions on livelihoods outcomes: Evidence from a systematic review and meta-analysis", *International Food Policy Research Institute* (July 2024).

65 UNICEF, *What Works to Improve Outcomes for Children?*, UNICEF Office of Research – Innocenti (Florence, 2024).

BOX 2.1 Targeted measures for women: from extreme poverty eradication to “common prosperity” in China



Poverty alleviation has been consistently a policy priority in China. In February 2021, the Government announced having lifted 770 million people out of extreme poverty since the launch of the “reform and opening-up” in 1978. The unprecedented pace and scale of China’s poverty reduction can be attributed to broad-based economic transformation and impactful poverty alleviation strategies. The former, characterized by growing agricultural productivity, incremental industrialization, managed urbanization and rural-urban migration, as well as increased public investment in infrastructure, raised average incomes of the population in the context of rapid and sustained economic growth. Meanwhile, investment in social protection and targeted poverty alleviation strategies tailored for different geographic areas and population groups were instrumental to improving the livelihood and well-being of vulnerable populations, especially poor people in rural areas. The country’s success in reducing extreme poverty was bolstered by effective governance, which enabled close interagency coordination within the government and multistakeholder collaboration on poverty reduction.¹

Women are a key target group in China’s poverty alleviation efforts. It is estimated that women accounted for approximately half of the nearly 100 million people in rural areas who were lifted out of poverty in the period 2012–2020. In implementing the Outline of Women’s Development in China (2011–2020), China prioritized the empowerment of women to reduce poverty. A total of 10.2 million poor women participated in skills training and economic empowerment programmes, and more than half of them increased their incomes through employment, livelihood programmes and e-business. Small secured loans² and microcredits, amounting to more than 450 million Chinese yuan, were provided to assist 8.7 million poor women to start businesses and increase their incomes.³ The national initiative on financial inclusion to enable high-quality development further expanded the scope of credit support to women’s entrepreneurship. Between 2020 and 2023, the All-China Women’s Federation mobilised business loans from commercial banks to over 10 million urban and rural women entrepreneurs, with the total value of more than 240 billion Chinese yuan or approximately 34 billion US dollars.^{4, 5}

A nationwide programme has been implemented to provide universal, free-of-charge cervical and breast cancer screening for all women, complemented by financial support to low-income women who suffer from cervical and breast cancers with an annual fiscal budget of 2.7 billion Chinese yuan in 2023 alone.⁶ The provision of free HPV vaccination to women and girls accumulated to 58 million doses in 2023, an increase of 4.7 times since 2020.⁷ By the end of 2020, there were 44.3 million recipients of minimum living allowances in the country, with 40.7 per cent being women.⁸ The Government provides partially or fully subsidized health insurance to women who receive minimum living allowances and those who live above the poverty line but remain at risk of falling back into poverty.

The elimination of extreme poverty does not mark the end of China’s poverty reduction agenda, given that a considerable number of people still live with low levels of income. China has set a new goal of achieving significant progress towards “common prosperity” by 2035. This requires a shift of policy focus towards bridging gaps in accessing quality public services, addressing persistent inequalities in terms of incomes and economic opportunities, and mitigating risks for the most vulnerable populations in the transition to a greener, more urban and more service-oriented economy.⁹ In this connection, the Outline of Women’s Development in China (2021–2030) aims to realize the high-quality and all-round development of women. It specifies objectives and measures on expanding public services for women and families, improving the social protection system to meet women’s needs, and strengthening support and services for women facing difficulties.¹⁰ The Outline includes a specific target to enhance the capacities of low-income rural women for sustainable development. Good documentation and further analysis is needed to better understand the effectiveness of these measures in addressing gender inequalities in the national agenda for “common prosperity”.

1 World Bank and Development Research Center of the State Council, the People’s Republic of China, *Four Decades of Poverty Reduction in China: Drivers, Insights for the World, and the Way Ahead* (Washington, D.C., 2022).

2 The Government has set up a guarantee fund for secured small loans, primarily used as start-up funds and working capital for self-employment and entrepreneurship.

3 China, State Council Information Office, *Poverty Alleviation: China’s Experience and Contribution* (Beijing, 2021).

4 Author’s calculation with CNY – USD exchange rate, 20 September 2024.

5 China, National Bureau of Statistics, “Final statistical monitoring report on the implementation of China National Program for Women’s Development (2011–2020)”, press release, 31 December 2021. Available at https://www.stats.gov.cn/english/PressRelease/202112/t20211231_1825801.html (accessed on 3 June 2024).

6 China, National Working Committee on Children and Women under the State Council, *National report of the Beijing+30 review* (Beijing, 2024). Available at <https://www.asiapacificgender.org/node/244>.

7 Ibid.

8 China, Ministry of Foreign Affairs, *China’s VNR Report on Implementation of the 2030 Agenda for Sustainable Development* (Beijing, 2021).

9 World Bank and Development Research Center of the State Council, the People’s Republic of China, *Four Decades of Poverty Reduction in China: Drivers, Insights for the World, and the Way Ahead* (Washington, D.C., 2022).

10 China, State Council, “China to push forward high-quality development of women and children’s affairs”, web page. Available at http://english.www.gov.cn/premier/news/202108/25/content_WS61264237c6d0df57f98df254.html (accessed on 3 June 2024).

2.3 SOCIAL PROTECTION

Social protection can provide crucial income security to individuals and families and help ease disruptions from life contingencies that interrupt earning trajectories, such as having a child, losing a job, being injured or sick or becoming old, and address other economic and social vulnerabilities. It can also help mitigate economic downturns and the risks of widening inequalities amidst climate-induced disasters and food insecurity, population ageing, digitalization and the changing world of work.⁶⁶ However, women are disproportionately disadvantaged in social protection systems. Higher levels of protection are frequently provided through contributory schemes that are most likely tied with formal employment, to which women are often unable to contribute or contribute sufficiently, due to their disadvantage in highly gendered labour markets.

2.3.1 Overall access to social protection

Stark gaps persist in social protection coverage in Asia and the Pacific. Just above half (55.1 per cent) of the region's population have access to at least one social protection benefit, with the coverage rate ranging from the high of 81.1 per cent in North and Central Asia to the low of 36.6 per cent in South and South-West Asia.⁶⁷ The region covers 35.9 per cent of vulnerable populations in social assistance.⁶⁸ While non-contributory schemes still mostly target the poorest, contributory schemes are typically limited to those working in the formal sector. As a result, a number of groups – including many women, informal and self-employed workers, migrant workers, unpaid carers, older persons, persons with disabilities and rural residents who are more likely to engage in informal economies — fall out of any protection by contributory schemes that often provide higher levels of benefit.⁶⁹ Disability-related social protection remains significantly insufficient for both women and men in the region, despite the reality that persons with disabilities and their families usually incur a

higher cost of living due to accessibility barriers and lack of inclusiveness in public infrastructure, products and services. Just about one in three (33.6 per cent) persons with severe disabilities have access to disability cash benefits in the region.⁷⁰ Women with disabilities are more likely to receive disability cash benefits through non-contributory schemes while men with disabilities are more likely to receive mandatory contributory disability benefits.⁷¹

The COVID-19 pandemic and the socioeconomic shock waves it has emitted have exposed and exacerbated deep-seated inequalities and significant gaps in social protection coverage, comprehensiveness and adequacy across all countries.⁷² Yet, out of the large amount of social protection and labour market measures adopted by governments in response to the pandemic, only 19 per cent in Central and Southern Asian countries⁷³ and 14 per cent in Eastern and South-Eastern and Oceanian countries⁷⁴ supported women's economic security or responded to the increased burden of unpaid care on women and girls during the pandemic.

Pervasive underinvestment continues to challenge social protection systems in Asia and the Pacific.

Limited fiscal space and debt burdens in many countries constrain much needed investments in social sectors, especially social protection. The region's total expenditure on social protection (excluding health) is at 8.2 per cent of the regional GDP, significantly lower than the global average at 12.9 per cent. The expenditure levels in South-East Asia (2.5 per cent) and South and South-West Asia (4.4 per cent) are exceptionally low. The regional expenditure also varies significantly for different age groups: the expenditure level for children is at merely 0.5 per cent of GDP, at 2.4 per cent for working-age populations, and at 5.5 per cent for older persons.⁷⁵ While there is a positive correlation between the level of economic development and investment in social protection, countries with similar government budget sizes could make very different policy choices when it comes to spending on social protection.⁷⁶

66 ESCAP, *The Workforce We Need: Social Outlook for Asia and the Pacific* (United Nations publication, 2022).

67 ESCAP elaboration based on ILO estimates, 2024; World Social Protection Database, based on the Social Security Inquiry; ISSA Social Security Programs Throughout the World; ILOSTAT; national sources. Regional and subregional aggregates are weighted by population. Healthcare and sickness benefits are excluded in the measurement.

68 Ibid. According to ILO, vulnerable persons include (a) all children; (b) persons of working age not contributing to a social insurance scheme or receiving contributory benefits; and (c) persons above retirement age not receiving contributory benefits (pensions). Social assistance is defined as all forms of non-contributory cash transfers financed from general taxation or other sources (other than social insurance). See International Labour Office. *World Social Protection Report 2017–19: Universal social protection to achieve the Sustainable Development Goals* (Geneva, 2017).

69 ILO, *World Social Protection Report 2020–22: Regional Companion Report for Asia and the Pacific* (Geneva, 2021).

70 ESCAP, *Protecting our Future Today: Social Protection in Asia and the Pacific. Social Outlook for Asia and the Pacific* (United Nations publication, 2024).

71 ILO, *World Social Protection Report 2020–22: Social Protection at the Crossroads – in Pursuit of a Better Future* (Geneva, 2021).

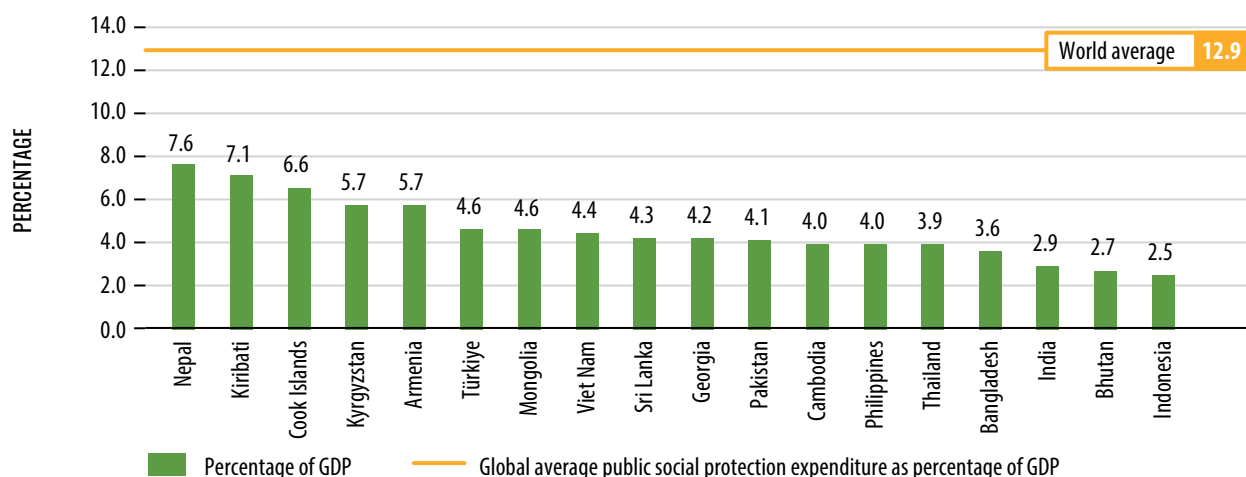
72 Ibid.

73 UN-Women and UNDP, "Government responses to COVID-19: Lessons on gender equality for a world in turmoil", regional appendix: Central and Southern Asia (New York, 2022).

74 Ibid.

75 ESCAP elaboration based on ILO estimates, 2024; World Social Protection Database, based on the Social Security Inquiry; ISSA Social Security Programs Throughout the World; ILOSTAT; national sources. Global and regional aggregates are weighted by GDP for the year 2024.

76 ESCAP and ILO, *The Protection We Want: Social Outlook for Asia and the Pacific* (Bangkok, 2021).

FIGURE 2.5 Cost of basic social protection package to halve poverty at national poverty line

Source: ESCAP, *The Workforce We Need: Social Outlook for Asia and the Pacific* (United Nations publication, 2022).

The silver lining of a tragic pandemic has been to propel countries into unprecedented policy action to address gaps in social protection.⁷⁷ Regrettably, many of these policy actions have not had a lasting effect. Independent cost estimations by ADB, ESCAP and ILO suggest that countries in Asia and the Pacific can make their social protection systems effective by a significant but affordable increase of public spending, within the annual range of 2 to 6.1 per cent of GDP, depending on the size of the benefits, the country's ambition, demographic situation and other variables.⁷⁸ In this context, ESCAP simulations show that many countries in the region could halve the proportion of population living in poverty according to national definitions (SDG 1.2) by 2030, with an estimated cost far below the current global average of public expenditure on social protection (Figure 2.5). In addition to increasing overall spending on social protection, applying gender-responsive budgets in social protection spending is also important for the accountability of social protection systems on their gender equality commitments.

Being a woman matters when it comes to accessing a social protection benefit. The lack of gender-responsiveness in the design of social protection systems contributes to the persistent and vast gender gaps in access to benefits. Contributory social protection schemes are primarily designed to favour full-time formally employed persons.⁷⁹ Due to reproductive responsibilities, disproportionate unpaid

care and domestic work burdens and gender-based discrimination, women have lower levels of labour force participation, lower average earnings, and more interrupted careers especially in formal employment (see further discussion in Chapter 3). National social protection schemes often fail to recognize these gender-related factors or the persistent structural barriers and gender-based discrimination women face at different life stages.⁸⁰ Gender-responsive social protection systems can help adjust entitlements, conditions and eligibility to avoid penalizing women for maternity, paid work interruptions and time dedicated to unpaid care and domestic work. They can compensate for disadvantages in social protection outcomes throughout the life cycle.⁸¹ Integrating gender considerations in the design of social protection systems and benefits have been proven to have positive outcomes beyond poverty alleviation. They have demonstrable positive effects on girls' education, women's employment and enabling women to escape abusive relationships.⁸²

2.3.2 Child benefits

Social protection for children comprises contributory or non-contributory cash transfers and tax credits for families or children. It can also be provided in the form of in-kind benefits such as school meals and benefits for those caring for children such as caregiver allowances or parental leave benefits. In particular, child benefits relate to the costs of raising

77 ILO, *World Social Protection Report 2020–22: Social Protection at the Crossroads – in Pursuit of a Better Future* (Geneva, 2021).

78 ESCAP and ILO, *The Protection We Want: Social Outlook for Asia and the Pacific* (Bangkok, 2021) and ADB, *COVID-19 and Social Protection in Asia and the Pacific: Projected Costs for 2020–2030* (Manila, 2021).

79 ESCAP, *How to Design Gender-Sensitive Social Protection Systems* (Bangkok, 2021).

80 ILO, *World Social Protection Report 2020–22: Social Protection at the Crossroads – in Pursuit of a Better Future* (Geneva, 2021).

81 ESCAP, *How to Design Gender-Sensitive Social Protection Systems* (Bangkok, 2021).

82 UN-Women, "Addressing violence against women through social protection: a review of the evidence", policy brief (New York, 2023).

a child. When provided through cash transfers, they can be used to support families in covering a range of costs associated with childcare and child rearing. Universal child benefits could significantly enhance children's nutrition, health, school attendance, and reduce child labour.⁸³

Social protection coverage and benefit levels for children remain limited in Asia and the Pacific.

While the region is home to more than two thirds of the world's children living in poverty,⁸⁴ only 25.0 per cent of children (aged 0–15 years) are covered by social protection benefits, significantly lower than the global average (28.2 per cent). The coverage rate is even lower for children aged 0–18 years old (19.3 per cent). The coverage rate for children aged 0 to 18 years old is 57.4 per cent in North and Central Asia, 47.0 per cent in the Pacific, 25.7 per cent in South-East Asia, 19.4 per cent in South and South-West Asia, and merely 6.6 per cent in East and North-East Asia. Low coverage rates in South and South-West Asia, South-East Asia, and East and North-East Asia are accompanied by significantly lower expenditure on social protection for children. This expenditure stands at 0.5 per cent of the subregional GDP or less, as compared to 1.4 per cent in North and Central Asia and 1.9 per cent in the Pacific.⁸⁵

Universal benefits are not within reach for most children and families in the region. UNICEF analysis reveals that only 12 out of 46 Asia-Pacific countries reviewed had statutory contributory or non-contributory schemes for children.⁸⁶ Age eligibility also varies, with some countries covering only early childhood, while others cover children until the age of 18, such as **Georgia, Kazakhstan, Russian Federation** and **Türkiye**.⁸⁷ The majority of non-contributory schemes in the region are poverty targeted cash or in-kind benefits with restricted reach and high exclusion errors that exclude many intended beneficiaries.⁸⁸ Conditionality remains a challenge to make child benefits universal, with the predominant schemes in the region being conditional cash transfers that attach behavioural

obligations (e.g., reporting) and caregiving burdens primarily on mothers who are the main recipients of these benefits.⁸⁹ Several countries in the region have advanced by combining contributory and non-contributory schemes, with **Japan** achieving near universal coverage; **Thailand** providing quasi universal unconditional child benefits; and **Mongolia** providing universal benefits.⁹⁰

Coverage of children in social protection systems is stymied by the lack of civil registration in the region.

A birth certificate is often required to enjoy social protection benefits, access free vaccination and immunization, and enrol in schools.⁹¹ However, 65 million (nearly one in five) children under the age of five were unregistered in Asia and the Pacific, with 78.5 per cent of them residing in South and South-West Asia.⁹² Among those registered, around one in four (or 97 million) still do not have a birth certificate to prove their identity. The likelihood of infants under the age of one to be registered and have a birth certificate is even lower.⁹³ Children under the age of one, those living in poorer households (from the bottom 40 per cent of the wealth distribution), those whose mothers have lower education attainment are less likely to have completed birth registration. The registration pattern based on sex of the child varies across countries, with girls less likely to complete birth registration in some countries and boys in others. Additionally, living in rural areas is only found to be a disadvantage indicator for the completion of birth registration in Armenia and Papua New Guinea among the 27 countries analysed.⁹⁴

The absence of universal child benefits has implications on various vulnerabilities. It may aggravate the already high levels of childhood poverty. It also heightens the risks of early marriage and forces adolescent girls out of school to care for siblings and the family, as other family members have to generate income. Additionally, without universal child benefits, families' access to quality childcare services is limited which often translates into unpaid care burdens for women as they are disproportionately the caregivers.⁹⁵

83 ESCAP, "How to design child benefits", social development policy guides (Bangkok, 2022).

84 ESCAP and ILO, *The Protection We Want: Social Outlook for Asia and the Pacific* (Bangkok, 2021).

85 ESCAP elaboration based on ILO estimates, 2024; World Social Protection Database, based on the Social Security Inquiry; ISSA Social Security Programs Throughout the World; ILOSTAT; national sources. Regional and subregional aggregates are weighted by population.

86 UNICEF, *Social Protection in East Asia and the Pacific: From Evidence to Action for Children* (Bangkok, 2023).

87 ESCAP, *Protecting our Future Today: Social Protection in Asia and the Pacific. Social Outlook for Asia and the Pacific* (United Nations publication, 2024).

88 Ibid.

89 ESCAP, "How to design child benefits", social development policy guides (Bangkok, 2022).

90 ILO-UNICEF, "Towards universal social protection for children: Achieving SDG 1.3", joint report on social protection for children (Geneva and New York, 2019) and ILO-UNICEF, "More than a billion reasons: The urgent need to build universal social protection for children", joint report on social protection for children (Geneva and New York, 2019).

91 ESCAP, "Inequality of opportunity in Asia and the Pacific: Birth registration", social development policy paper (Bangkok, 2024).

92 See Annex 2 for regional groupings by ESCAP.

93 UNICEF, *A Statistical Profile of Birth Registration in Asia and the Pacific* (New York, 2021).

94 ESCAP, "Inequality of opportunity in Asia and the Pacific: Birth registration", social development policy paper (Bangkok, 2024).

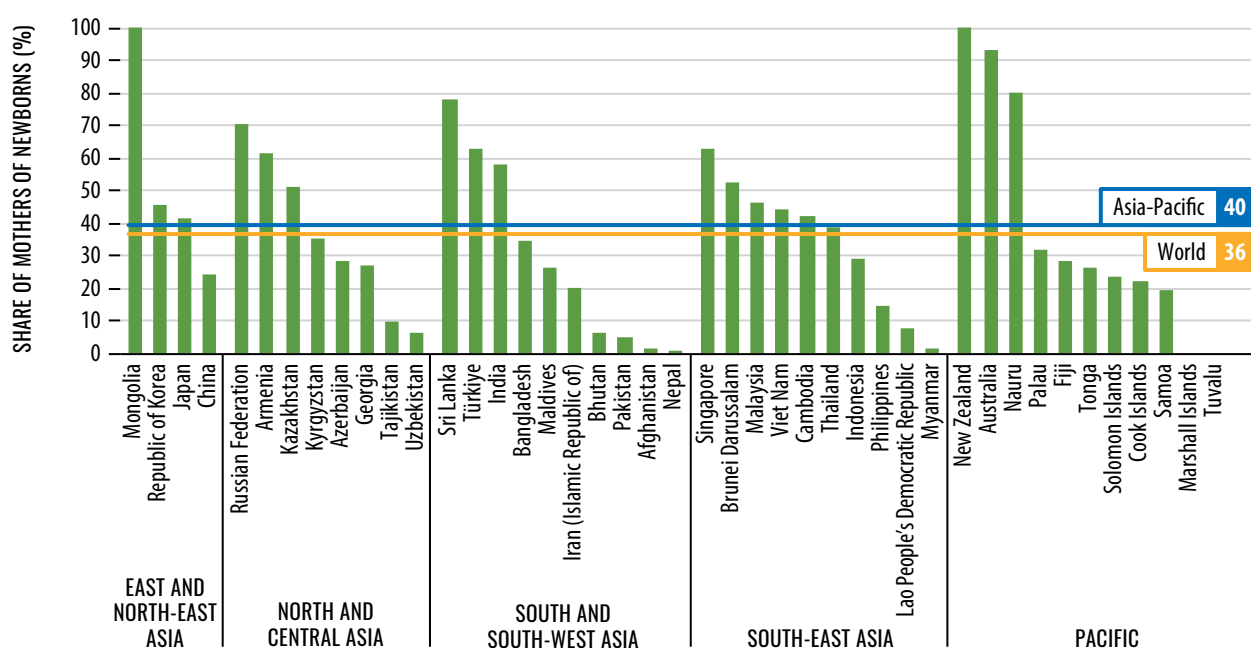
95 ILO, *World Social Protection Report 2020–22: Regional Companion Report for Asia and the Pacific* (Geneva, 2021).

2.3.3 Maternity protection

Many women in Asia and the Pacific are still left without sufficient maternity protection. Even though 41 countries in Asia and the Pacific have instituted statutory maternity leave benefits,⁹⁶ only 39.7 per cent of women with newborns in the region receive maternity cash benefits — above the global average (36.4 per cent).⁹⁷ The coverage rates vary widely between countries. **Mongolia** and **New Zealand** have achieved universal maternity cash benefits while less than 2 per cent of women giving birth are covered in some countries (Figure 2.6).⁹⁸ For those covered, the length of their maternity leave is often shorter than the internationally established standard of at least 14 weeks and payment is often less than at least two thirds of the regular salary, as stipulated by the ILO Maternity Protection Convention, 2000 (No. 183). Only 24 countries in the region meet the 14-week minimum requirement.⁹⁹ Schemes vary significantly in terms of the benefit level and income replacement.¹⁰⁰ Meanwhile, 30 countries and territories in the region have adopted legislation that prohibits the dismissal of pregnant workers.¹⁰¹

Low coverage is largely due to the fact that maternity protection is mainly provided through work-related mandatory contributory schemes. The majority of maternity protection schemes in the region are provided through work-related mandatory contributory schemes, followed by voluntary contributory schemes. Only a small number of schemes are non-contributory. With almost two thirds of women of reproductive age in the region engaged in informal employment,¹⁰² maternity benefits remain out of reach to large numbers of women in the region. Some groups face particular barriers. For instance, women migrant workers are disproportionately disadvantaged during pregnancy and childbirth. Many women migrants in the region are young, poor and with limited education; as such, they often work in unregulated sectors and in poor working conditions. They earn low wages and do not have access to social protection and health care.¹⁰³ Those who move across borders to make a living face even more barriers to access maternity protection and any form of social protection. Even for working women who may be eligible, many fail to meet qualifying criteria, such as the required number of years contributing to the scheme, due to interruption in their careers to attend to reproductive and care duties.

FIGURE 2.6 Percentage of women giving birth receiving maternity cash benefits, by country, latest available year



Source: ESCAP elaboration based on ILO estimates, 2024; World Social Protection Database, based on the Social Security Inquiry; ISSA Social Security Programs Throughout the World; ILOSTAT; national sources, accessed on 22 July 2024. Regional and subregional aggregates are weighted by population.

96 ESCAP, *Protecting our Future Today: Social Protection in Asia and the Pacific. Social Outlook for Asia and the Pacific* (United Nations publication, 2024).

97 ESCAP elaboration based on ILO estimates, 2024; World Social Protection Database, based on the Social Security Inquiry; ISSA Social Security Programs Throughout the World; ILOSTAT; national sources. Regional and subregional aggregates are weighted by population.

98 ESCAP elaboration based on ILO estimates, 2024; World Social Protection Database, based on the Social Security Inquiry; ISSA Social Security Programs Throughout the World; ILOSTAT; national sources. Regional and subregional aggregates are weighted by population.

99 ESCAP, *Protecting our Future Today: Social Protection in Asia and the Pacific. Social Outlook for Asia and the Pacific* (United Nations publication, 2024).

100 ESCAP and ILO, *The Protection We Want: Social Outlook for Asia and the Pacific* (Bangkok, 2021).

101 World Bank, "Women, Business and the Law 2.0 Data for 2024: Legal frameworks", database. Available at: <https://wbl.worldbank.org/en/wbl-data> (accessed on 2 August 2024).

102 ESCAP, *Protecting our Future Today: Social Protection in Asia and the Pacific. Social Outlook for Asia and the Pacific* (United Nations publication, 2024).

103 ILO, *Asian Decent Work Decade Resource Kit: Protecting Migrant Workers* (Geneva, 2011).

Most countries continue to rely on employer liability schemes. In most countries in the region, maternity cash benefits are solely financed by contributions by employers. This scheme has been found to motivate discrimination against women in hiring and career progression. Employers may be more reluctant to hire a woman due to the increased likelihood of having to pay for a future maternity benefit.¹⁰⁴ Several countries have made efforts to reduce reliance on employer liability schemes. For instance, in **China, India, Japan, the Republic of Korea and Thailand**, maternity cash benefits are primarily provided under a social insurance scheme co-financed by employers, employees and the Government.¹⁰⁵ However, the coverage of self-employed, informally employed and unemployed women remains very limited, if it exists at all. Some countries have explored measures to expand the coverage of women in contributory schemes. In **China**, for example, some provinces have piloted a modified social health insurance (including maternity insurance) contributory mechanism since 2022 that uses the unemployment insurance fund to continue contribution to social health insurance for women who are registered as unemployed while allowing self-employed and informally employed women to contribute to social health insurance.¹⁰⁶

Non-contributory schemes are important for extending coverage of maternity benefits to all. Non-contributory schemes that could cover women in informal employment or outside the labour force are scarce.¹⁰⁷ Several countries in the region, such as **Armenia, Australia, India, Kyrgyzstan, Mongolia and New Zealand**, have established non-contributory maternity benefit schemes.¹⁰⁸ In **Mongolia**, under the Social Welfare Scheme, maternity benefits are provided to all pregnant women and mothers of infants from the fifth month of pregnancy for 12 months, regardless of their contribution to the social insurance scheme. Those covered by the social insurance scheme receive additional benefits.¹⁰⁹ An ESCAP scenario-based simulation¹¹⁰ in 27 Asia-Pacific countries demonstrates that introducing universal non-contributory maternity benefits at a basic benefit level for a duration of 18 weeks¹¹¹ can

ensure that a majority of newborn mothers do not have to raise their infants in poverty. In **Maldives** and **Uzbekistan**, it would lift every single newborn mother above the national and respective international poverty lines. Across all countries tested, it would guarantee coverage of the high proportion of female informal workers and other mothers who were hitherto excluded, for costs ranging between 0.1 and 0.4 per cent of the Gross Domestic Product (GDP).¹¹²

Adolescent and younger mothers face particular discrimination in access to maternity cash benefits. In many countries, especially where maternity protection schemes are provided to employed women only, the age threshold for maternity cash benefits excludes adolescent girls, pregnant women and mothers. Where early marriage, early pregnancy and adolescent fertility rates are high, large numbers of adolescent and younger mothers are deprived of benefits, making them even more vulnerable to poverty, deprivation of education, life-long health consequences and violence.

Despite their positive effects on sharing unpaid work and women's labour force participation, paternity and gender-equitable parental benefits continue to play a small role in the region. Increasingly, paternity benefits (often in the form of paid leave entitlement extended to fathers with newborns) and gender-equitable parental benefits (paid parental leaves that can be shared between parents) are considered to have positive effects on the greater involvement of fathers in child-rearing and a fairer sharing of family responsibilities. This is especially the case when the portion of paternity benefits is not transferable.¹¹³ Moreover, reducing the gap between mothers' and fathers' parental leave days is found to correlate with greater participation of women in the labour market, particularly in East Asia and the Pacific, and South Asia.^{114, 115}

Many countries and territories around the world have increased their statutory paternity or parental leave provisions. In the Asia-Pacific region, Australia; Bhutan; Hong Kong, China; Iran (Islamic Republic of);

104 Organization for Economic Co-operation and Development (OECD), "Paid parental leave: Lessons from OECD countries and selected U.S. states", OECD Social, Employment and Migration working paper (Paris, 2015).

105 Mehrotra, "Can Asia Assure Social Insurance for All Its Informal Workers?", *Asia-Pacific Sustainable Development Journal*, Vol. 29, No.2 (November 2022).

106 China, National Working Committee on Children and Women under the State Council, *National report of the Beijing+30 review* (Beijing, 2024). Available at <https://www.asiapacificgender.org/node/244>.

107 ILO, *World Social Protection Report 2020–22: Regional Companion Report for Asia and the Pacific* (Geneva, 2021).

108 ESCAP and ILO, *The Protection We Want: Social Outlook for Asia and the Pacific* (Bangkok, 2021).

109 World Bank, ILO, UNICEF and others, *Universal Social Protection: The Universal Child Money Programme in Mongolia* (Ulaanbaatar, 2016).

110 ESCAP, "ESCAP Spot Stimulator", database. Available at: <https://spot.unescap.org/simulator> (accessed on 1 August 2024).

111 As recommended by ILO through Maternity Protection Recommendation No. 191.

112 Sayuri Cocco Okada, "Maternity benefits: A critical tool to ensure mothers and their newborns are free from poverty", blog, Available at: <https://www.unescap.org/blog/maternity-benefits-critical-tool-ensure-mothers-and-their-newborns-are-free-poverty> (accessed on 11 March 2024).

113 ILO, *World Social Protection Report 2020–22: Social Protection at the Crossroads – in Pursuit of a Better Future* (Geneva, 2021).

114 World Bank, "The evolution of maternity and paternity leave policies over five decades: A global analysis", policy research working paper (October 2022).

115 See Annex 2 for regional and subregional groupings.

Japan; Lao People's Democratic Republic; Maldives; New Zealand; the Republic of Korea; Samoa; Singapore; Timor-Leste; Türkiye; and Viet Nam have introduced statutory paid paternity leaves.¹¹⁶ In some other countries and territories, paid paternity leave may be granted on a non-statutory basis. On the other hand, in countries where shared parental leave has been introduced, fathers often are not using it. Notably, in 2021, the male share of users of paid parental leave is only 22.7 per cent in the Republic of Korea and about 15 per cent in Japan; and in Australia and New Zealand, even only one in every hundred users of paid parental leave or less is a man. In contrast, the usage rates of paid parental leave are much higher in countries where the quota of paid parental leave for fathers is not transferable.¹¹⁷ Apart from the legal entitlement, whether fathers share parental leave and the length of the leave they actually take may be associated with employers' attitudes in practice and social norms.

2.3.4 Old-age pension

The proportion of persons aged 65 years and over in the region is set to double to one fifth of the population by 2050, that is to over 1 billion older persons.¹¹⁸ The older the total population, the greater the proportion of women, who tend to live longer. This is especially true in North and Central Asia, largely owing to the historically high mortality rates among adult men.¹¹⁹ Globally, women aged 55 to 59 are more likely to live in extreme poverty than men (8 per cent compared to 6.9 per cent), and those aged 60 and above are more likely to experience relative poverty¹²⁰ than men of the same age group.¹²¹ Estimates in Asia and the Pacific found that in one-person households where older persons are in greater need of social protection benefits due to the lack of direct support from active family members, older women face a 27 per cent higher risk of living below the national poverty line compared to their male counterparts in the same household type.¹²²

In this context, old-age pensions play a central role in enabling older persons to live independently and in dignity.

Coverage of old-age pensions fares better than other schemes in the Asia-Pacific region, with 78.0 per cent of women and men above statutory retirement age receiving a pension. Yet, the coverage is highly uneven across subregions, with the lowest coverage rates in South-East Asia (45.6 per cent) and South and South-West Asia (49.2 per cent) and the highest rates in the Pacific (74.4 per cent), East and North-East Asia (98.8 per cent), and North and Central Asia (99.2 per cent). This drastic contrast between subregions can be explained by the variance in government spending on old-age pensions. **The gender gap (in favour of men) in access to old-age pensions** (including contributory and tax-financed benefits) **is most acute in South and South-West Asia** (with a gap of 14.2 percentage points) **and in South-East Asia** (with a gap of 12.5 percentage points).¹²³

The level of pension benefits is often not adequate for older persons, in particular older women. Pension benefits are often linked to employment and earnings. Contributory old-age pension schemes provide higher levels of income security. Only 44.1 per cent of working-age men and 30.3 per cent of working-age women in Asia and the Pacific actively contribute to an old-age pension scheme, with a wide gender divide of close to 14 percentage points.¹²⁴ The expansion of tax-financed non-contributory pensions in some countries such as **Bangladesh, Nepal, the Philippines, Thailand and Viet Nam**¹²⁵ could reduce inequalities in access to pension benefits by covering those who are not eligible for contributory schemes. However, limitations remain in coverage and benefit levels.¹²⁶ Many older women are still not eligible and those who rely on non-contributory pensions often struggle with even lower benefit levels. With higher life expectancies, older women are left to live without adequate income security for a longer period of time.

116 World Bank, *Women, Business, and the Law 2019: A Decade of Reform* (Washington, D.C., 2019).

117 OECD, "PF2.2: Parents' use of childbirth-related leave", database. Available at: <https://web.archive.oecd.org/temp/2024-06-21/69263-database.htm> (accessed on 2 August 2024).

118 UN DESA, Population Division. "World Population Prospects 2022 Special Aggregates", database. Available at <https://population.un.org/dataportal/home> (accessed on 2 August 2024).

119 ESCAP, "Review of progress made towards the implementation of the Asian and Pacific Ministerial Declaration on Population and Development, as well as of the Programme of Action of the International Conference on Population and Development and the key actions for its further implementation in Asia and the Pacific", note by the secretariat, ESCAP/APP(7)/2/Rev.1 (Bangkok, 2023).

120 Relative Poverty measures individuals who have income below 60 per cent of the median incomes.

121 UN-Women and UN DESA, *Progress on the Sustainable Development Goals: The gender snapshot 2023* (New York, 2023).

122 ESCAP elaboration based on household expenditure survey data from 27 member States. ESCAP, *Protecting our Future Today: Social Protection in Asia and the Pacific. Social Outlook for Asia and the Pacific* (United Nations publication, 2024).

123 ESCAP elaboration based on ILO estimates, 2024; World Social Protection Database, based on the Social Security Inquiry; ISSA Social Security Programs Throughout the World; ILOSTAT; national sources, accessed on 22 July 2024. Regional and subregional aggregates are weighted by population.

124 Ibid.

125 Ibid.

126 ILO, *World Social Protection Report 2020–22: Social Protection at the Crossroads – in Pursuit of a Better Future* (Geneva, 2021).

BOX 2.2 Efforts to close gender pension gaps in Asia-Pacific countries

Closing the gender pension gaps requires concerted action to address structural challenges in the labour market and gender norms and practices with regard to unpaid care and domestic work responsibilities, which disproportionately affect women and girls. Meanwhile, proactive pension system reforms conducted with a gender lens should be a priority in Asia and the Pacific given the rapid population ageing trends. Some countries in the region have put forward policy actions to enhance the coverage and adequacy of old-age pensions for women.

Eliminating retirement age differentials enables women to work and contribute to the pension system for a longer duration. Additionally, it facilitates women's access to training opportunities, career development and higher-ranking positions with better pay, leading to increased retirement benefits. On the other hand, **reducing minimum qualifying conditions** can enhance pension coverage for women, considering their typically shorter contributory histories compared to men. In **Viet Nam**, the 2019 Labour Code sets out a gradual increase in the retirement age, which will rise from 55 to 60 years by 2035 for women and from 60 to 62 years by 2028 for men. This adjustment will narrow the gender gap in retirement age to two years. Moreover, Party Resolution No. 28-NQ/TW proposes shortening the qualifying period for a retirement pension from the current 20 years to 15 years in 2024 and further to 10 years in 2028. These measures potentially have a positive impact on realizing gender equality in the pension system.¹

Some pension systems have established **care credits to offset women's contribution interruptions**. Women often take time out of work to care for children, older persons and other family members. These interruptions may reduce their working life, contribution records and the earnings used to compute pension entitlements, thereby decreasing pension benefit levels. To address this issue, in **Armenia**, the period of care provided by one of the parents to children until each child reaches the age of two, but for no more than six years in total, contributes to the length of service required for an old-age pension.² In **Japan**, periods spent out of paid work for childcare are credited in the earnings-related pension scheme up to three years for each child and until the last child is three years old, during which contributions based on the last earnings before the childcare period are considered to be made.³ In **Pakistan**, according to the Sindh Employees Old Age Benefits Act 2014, periods during which maternity benefit is paid are regarded as contribution periods when determining eligibility for an old-age pension.⁴

Non-contributory and universal pension schemes tend to favour women, mitigating their relatively low access to contributory schemes for employees in the formal sector. In **Fiji**, the introduction and expansion of the Social Pension Scheme, a non-contributory pension for older persons aged 65 years and above who have never received superannuation through the Fiji National Provident Fund, played a crucial role in national efforts to approach universal coverage of old-age pensions.⁵ In **Bangladesh**, a universal pension programme was initiated in 2023 as a pathway towards self-sustained retirement for all citizens. Four distinct schemes have been introduced, targeting employees of private companies, workers in the informal sector, individuals living below the poverty line and citizens living abroad.⁶

Indexing pensions to inflation reduces the vulnerability of older women to poverty. Women tend to have longer retirement periods due to their lower retirement ages and longer life expectancies compared to men. While many developing countries apply discretionary increases, often dependent on budget availability, inflation indexation is advisable to maintain the purchasing power of pensions in payment.⁷ In **New Zealand**, the public pension rate is adjusted annually in line with the Consumer Price Index and maintains a relationship with the average net-of-tax weekly wage. In the **Republic of Korea**, both contribution-based and targeted basic pension benefits in payment are indexed to prices.⁸

1 ILO, *Adapting Social Insurance to Women's Life Courses: A Gender Impact Assessment of Viet Nam* (Geneva, 2021).

2 World Bank, "Women, Business and the Law 2022, Armenia", brief (Washington, D.C., 2022) and World Bank, *Women, Business and the Law: Saving for Old Age* (Washington, D.C., 2017).

3 OECD, *Pensions at a Glance 2023: OECD and G20 Indicators* (Paris, 2023).

4 World Bank, "Women, Business and the Law, economy summary: Pakistan", brief (Washington, D.C., 2021).

5 United Nations DESA and ILO, *Global Research on Governance and Social Protection: Case Studies on Mauritius and Fiji* (New York, 2021).

6 United Nations Bangladesh, "Fulfilling social protection for older persons in Bangladesh", web page. Available at <https://bangladesh.un.org/en/248154-fulfilling-social-protection-older-persons-bangladesh> (accessed on 4 June 2024).

7 World Bank, "The gender pension gap: What does it tell us and what should be done about it?", blog, 27 June 2023. Available at <https://blogs.worldbank.org/en/jobs/gender-pension-gap-what-does-it-tell-us-and-what-should-be-done-about-it> (accessed on 4 June 2024).

8 OECD, *Pensions at a Glance 2023: OECD and G20 Indicators* (Paris, 2023).

Both the causes and consequences of the pension gaps are gendered. Lower labour force participation, more frequent career interruptions, engagement in part-time or informal employment due to unpaid care and domestic work responsibilities, wage gaps, and lower mandatory retirement ages¹²⁷ that disadvantage women, all contribute to the lower coverage and benefit levels for women under old-age pension schemes in Asia and the Pacific. In the absence of sufficient income security, older persons have to continue working in old age or rely primarily on other family members for their basic needs and elderly care. Older women without pensions struggle even more. They cannot afford elderly care services and are unable to bargain for care provided by other family members, while at the same time having to care for their ageing spouses or partners. Meanwhile, reliance on families for care, primarily shouldered by women, further increases the unpaid care burden and limits their access to employment opportunities and contributory pensions.

Adjustments to the design of contributory and non-contributory pension schemes need to be gender responsive. Adjustments are needed to the eligibility, contribution rates and benefit levels of schemes. Pensionable and retirement ages must be reconsidered. Schemes should account and compensate for gendered work patterns, structural barriers faced by women in the labour market, and the unequal division of unpaid care responsibilities between women and men. Gender considerations are being accorded higher importance in public debates on pension reforms and design of policies. These include adjusting eligibility criteria to make pensions more accessible for women such as expanding contributory pension coverage to self-employed and informal workers among whom women are concentrated (Bangladesh, India, Thailand);¹²⁸ aligning women's and men's pensionable and retirement ages (Viet Nam, China and French Polynesia);¹²⁹ including care-related contribution credits to mitigate the negative impacts of unpaid care burden on women's

contributory capacity and duration (Armenia, Japan and Pakistan);^{130, 131, 132} expanding the coverage and increase benefit levels of non-contributory pension schemes (Bangladesh and Fiji).^{133, 134} In response to rapid population ageing across the region, there is an urgent need for Asia-Pacific countries to design gender-responsive and financially sustainable pension systems that provide adequate coverage and benefit levels for all women and men.

2.3.5 Social health protection

Good health is central to human capital and is in itself a basic human right. Social health protection guarantees access to essential health services without hardship and impoverishment. When a service is not covered, individuals are either discouraged to seek health care or forced to pay for the full costs, thereby imposing financial risks on those in need of healthcare and on their families. Social health protection is essential for Asia and the Pacific where catastrophic out-of-pocket (OOP) health spending threatens to push more people into poverty than anywhere else. The region has made significant progress towards social health protection coverage. However, more than one third of the region's population is still not protected by any health care scheme — that is 1.6 billion women and men.¹³⁵ This is accompanied by pervasively low levels of government expenditure on health, especially in South and South-West Asia (1.7 per cent of GDP) and in South-East Asia (2.5 per cent of GDP), which has led to high OOP spending for people and families as well as limitations in the accessibility, range and quality of healthcare services.¹³⁶

The financing of social health protection in many countries continue to rely greatly on social security contributions;¹³⁷ women and men with limited contributory capacity are often left with inadequate protection. Women, young people, older persons, rural residents, persons with disabilities, migrants and refugees are disproportionately disadvantaged, because they are more likely to engage in informal and

127 ESCAP, *Asia-Pacific Report on Population Ageing 2022: Trends, policies and good practices regarding older persons and population ageing* (United Nations publication, 2022).

128 Among the four pension schemes introduced under the Universal Pension Scheme 2023 in Bangladesh, Surokkha caters to workers in the informal sectors such as farmers and informal workers. See <https://bangladesh.un.org/en/248154-fulfilling-social-protection-older-persons-bangladesh>. In India, the co-contributory pension scheme Swavalamban and the Atal Pension Yojana target workers in the unorganized sector. See Agewell Foundation, "Status of Social Security and Social Protection Floors in India (Focus on Older Persons)", Research & Advocacy Centre (For Needs & Rights of Older People) (2019). <https://www.agewellfoundation.org/wp-content/uploads/2013/10/Social-Security-in-India-2019.pdf> In Thailand, domestic workers, including those employed through a service provider and those directly employed by households (and thus not recognized as a formal employment relationship) are eligible to contribute to the Social Security Fund under Section 33 or Section 39 which provide old-age pension. UN-Women survey in 2022 found that men domestic workers are more likely to be insured under these schemes than women domestic workers. See ILO, "Policy review on social security for domestic workers in Thailand" (Bangkok, 2023), available at: https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@asia/@ro-bangkok/documents/publication/wcms_880027.pdf.

129 ILO, *World Social Protection Report 2020–22: Social Protection at the Crossroads – In Pursuit of a Better Future* (Geneva, 2021).

130 World Bank, "Women, Business and the Law 2022, Armenia", brief (Washington, D.C., 2022) and World Bank, *Women, Business and the Law: Saving for Old Age* (Washington, D.C., 2017).

131 OECD, *Pensions at a Glance 2023: OECD and G20 Indicators* (Paris, 2023).

132 World Bank, "Women, Business and the Law, economy summary: Pakistan", brief (Washington, D.C., 2021).

133 United Nations Bangladesh, "Fulfilling social protection for older persons in Bangladesh", web page. Available at <https://bangladesh.un.org/en/248154-fulfilling-social-protection-older-persons-bangladesh> (accessed on 4 June 2024).

134 United Nations DESA and ILO, *Global Research on Governance and Social Protection: Case Studies on Mauritius and Fiji* (New York, 2021).

135 ESCAP, *The Workforce We Need: Social Outlook for Asia and the Pacific* (United Nations publication, 2022).

136 Ibid.

137 ILO, *Financing Social Health Protection in Asia and the Pacific* (Geneva, 2021).

vulnerable work.¹³⁸ As a result, on average, 12 per cent of lower-income earners in the region report poor health, compared to 5 per cent among higher-income individuals.¹³⁹ Moreover, while many countries have made good progress towards providing prenatal and postnatal care to women, the inclusion of sexual and reproductive health services in “essential service packages” that are covered by social health protection benefits is limited, especially for adolescent girls and older women.¹⁴⁰ The COVID-19 pandemic pushed countries into making rapid increases in healthcare investment during the crisis response period, with some directed towards strengthening national healthcare infrastructures.¹⁴¹ More needs to be done by countries to increase healthcare expenditure and direct resources to address inequalities in coverage, adequacy, accessibility and quality of healthcare for all.

The COVID-19 pandemic has once again proven the urgent need for universal social protection to prepare people — especially population groups in more vulnerable situations — for future shocks. For Asia and the Pacific, social protection also needs to respond to major trends, including population ageing, digital and technological transformation, natural disasters and climate change. These megatrends are placing increasing pressure on countries in the region to sufficiently finance social protection reforms while imposing a much more complex range of inequalities — including but not limited to gender ones — for them to address in the design and implementation of social protection systems. Developing countries’ capacity to address poverty and these megatrends by applying social protection measures has been limited by shrinking fiscal space due to the exigencies of the COVID-19 response and recovery effort and the cost-of-living, food, fuel and debt crises.¹⁴² Smarter fiscal strategies and more accountable fiscal spending are urgently needed. Ensuring gender responsiveness of the various strategies and actions for effective social protection systems reform,¹⁴³ including incorporating considerations to address gender-related social norms and behavioural patterns, is the key for social protection to address gender inequalities faced by women and girls in the region.

2.4 SEXUAL AND REPRODUCTIVE HEALTH AND REPRODUCTIVE RIGHTS

The design of essential health service package is essential to the quality of universal health coverage. **Among all components of essential health service packages, access to sexual and reproductive health (SRH) services can have a unique impact on women and girls over the course of their life.** Law and regulations that guarantee full and equal access to sexual and reproductive health care, information and education exist in 29 Asia-Pacific countries.¹⁴⁴ **Yet, the inclusion of SRH services¹⁴⁵ in essential health services is selective in many countries.**

The UHC Declaration of the 2019 United Nations General Assembly re-emphasized commitments on achieving universal access to SRH services and reproductive rights as stated in the SDGs. Through the political declaration of the high-level meeting on universal health coverage in 2023,¹⁴⁶ Member States reaffirmed their commitment to providing universal access to SRH services and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development and the BPfA. The Asian and Pacific Ministerial Declaration on Population and Development, adopted at the Sixth Asian and Pacific Population Conference in 2013, called for prioritizing policies and programmes to achieve universal access to comprehensive and integrated quality sexual and reproductive health services for all women, men and young people.¹⁴⁷ In Asia and the Pacific, law and regulations that guarantee full and equal access to sexual and reproductive health care, information and education (SDG 5.6.2) exist in 29 countries.¹⁴⁸

Despite these global and regional political commitments, little progress has been made in the Asia-Pacific region since 2015 to increase coverage of SRH services, as shown by the UHC index monitored by WHO which includes a sub-index on reproductive, maternal, newborn and child health (RMNCH). Most of the progress made in service coverage was made prior to 2015, with a plateau observed in the Western Pacific subregion and a decline in the South-East Asia

138 ESCAP, *The Workforce We Need: Social Outlook for Asia and the Pacific* (United Nations Publication, 2022).

139 Ibid.

140 ILO, *World Social Protection Report 2020–22: Regional Companion Report for Asia and the Pacific* (Geneva, 2021).

141 Ibid.

142 United Nations, “Review of the implementation of the agreed conclusions of the sixty-third session of the Commission on the Status of Women, Report of the Secretary-General”, E/CN.6/2024/4 (New York, 2024).

143 ESCAP, *Protecting our Future Today: Social Protection in Asia and the Pacific. Social Outlook for Asia and the Pacific* (United Nations publication, 2024).

144 ESCAP SDG Gateway, “Indicators by SDG: 5.6.2- Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education”, database. Available at <https://data.unescap.org/> (accessed on 4 June 2024).

145 By WHO definition, SRH services package shall include family planning, maternal and new-born care, treatment for curable sexually transmitted infections. WHO, “Investing in sexual and reproductive health and rights: essential elements of universal health coverage”, technical brief (Geneva, 2023).

146 United Nations, “Political declaration of the high-level meeting on universal health coverage”, A/RES/78/4 (New York, 2023).

147 ESCAP, “Gender equality and universal access to sexual and reproductive health and reproductive rights in Asia and the Pacific”, ESCAP/APPC(7)/INF/3 (Bangkok, 2023).

148 ESCAP SDG Gateway, “Indicators by SDG: 5.6.2- Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education”, database. Available at: <https://data.unescap.org/> (accessed on 4 June 2024).

subregion between 2019 and 2021,¹⁴⁹ potentially due to the disruption of services during the COVID-19 pandemic. RMNCH coverage inequalities are found to favour richer households, those with secondary or higher education, and those living in urban areas — with those in the poorest quintile, with no education and living in rural areas lagging starkly behind.¹⁵⁰ SRH services covered in the UHC package are usually limited to maternal health, and to a lesser extent family planning, largely excluding other critical services such as safe abortion, post-abortion care, prevention and treatment of gender-based violence and fertility care.¹⁵¹

Underlying the low coverage of SRH services is insufficient funding and service capacity. Estimates show that by increasing the public spending on SRH services package from the current level of US\$4.80 per person per year to US\$10.60 per person annually in low and middle-income countries would decrease unintended pregnancies by 68 per cent, unsafe abortions by 72 per cent and maternal deaths by 62 per cent and increase women's participation in the labour market and girls' participation in schooling. To achieve this, Southern Asia is one of the two regions around the world (second to Sub-Saharan Africa) that would require the largest boost in total investment.¹⁵² Insufficient funding has multifaceted implications. In the Asia-Pacific region, healthcare personnel, including SRH service personnel, remains inadequate. For instance, despite an increase in the region's nursing and midwifery personnel density (SDG 3.c.1) from 29.1 per 10,000 population in 2018 to 32.7 in 2020, South and South-West Asia continues to be challenged by a rather low density at 17.3 per 10,000 population in 2020.¹⁵³ The lack of technical capacity to provide comprehensive and quality SRH services, including treatments for persons living with HIV, also remains a challenge, especially for community-level SRH service providers. The lack of trained healthcare providers and inadequate technical capacity in healthcare systems are significant barriers to delivering quality SRH services, particularly in low-resource settings.¹⁵⁴

Moreover, the lack of inclusion of important SRH stakeholders (e.g., CSOs representing women, youth, women with disabilities, older women in all their diversity) also affect the priority setting processes as well as service delivery. CSOs are vital for the implementation and dissemination of SRH guidelines, combating misinformation, and holding stakeholders accountable for delivering SRH services.¹⁵⁵

Gender norms and structural barriers are key contributors to low access and uptake of SRH services. The lack of body autonomy, gender stereotypes and stigma undermine women and girls' agency to make decisions and choices over their own bodies and health, and subsequently their uptake of services, particularly among adolescents, young people and key populations.¹⁵⁶ Restrictions in women's mobility, educational attainment and access to economic resources are among the reasons for those with unmet health service needs, including SRH service needs, to forgo care.¹⁵⁷ Among the 16 Asia-Pacific countries and territories with data available in the SDG era, the share of women aged 15 to 49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive healthcare (SDG 5.6.1) varies from 27.2 per cent in Tajikistan to 82.4 per cent in Georgia.¹⁵⁸ In 29 countries and territories with data, 12 countries perform under the global average when it comes to the extent to which national laws and regulations guarantee full and equal access to sexual and reproductive health care, information and education (SDG 5.6.2).¹⁵⁹ Moreover, restrictive laws and policies, including those that restrict SRH and reproductive rights of certain groups such as women and girls with disabilities, remain in some countries in the region.¹⁶⁰ Addressing gender norms, stigma and discrimination in relevant laws and the SRH service provision systems remains a pressing issue to be addressed. The following sections will examine three service components that are important to SRH services, namely maternal and newborn health, family planning, and HIV and sexually transmitted infections.

149 ESCAP, "Gender equality and universal access to sexual and reproductive health and reproductive rights in Asia and the Pacific", ESCAP/APPC(7)/INF/3 (Bangkok, 2023). WHO measures RMNCH sub-index of coverage index of essential health services (SDG 3.8.1) by the weighted average of eight indicators in four stages along the continuum of care: reproductive health (such as demand for family planning satisfied with modern methods); maternal health (such as antenatal care coverage with at least one visit and skilled attendance at birth); child immunization (such as BCG, measles and DTP3 immunization coverage); and management of childhood illnesses (such as oral rehydration therapy for diarrhea and care seeking for suspected pneumonia).

150 Ibid.

151 WHO, "Investing in sexual and reproductive health and rights: essential elements of universal health coverage", technical brief (Geneva, 2023).

152 Sully EA, Biddlecombe A, Darroch JE, Riley T, Ashford LS, Lince-Deroche N and others, "Adding It Up: Investing in Sexual and Reproductive Health 2019", *Guttmacher Institute* (2020).

153 ESCAP SDG Gateway, "Indicators by SDG 3.c.1- Health work density and distribution", database. Available at: <https://data.unescap.org/> (accessed on 4 June 2024).

154 United Nations Fund for Population Activities (UNFPA), *State of World Population Report* (New York, 2019).

155 World Health Organization, *Consolidated Guideline on Sexual and Reproductive Health and Rights of Women Living with HIV* (Geneva, 2017).

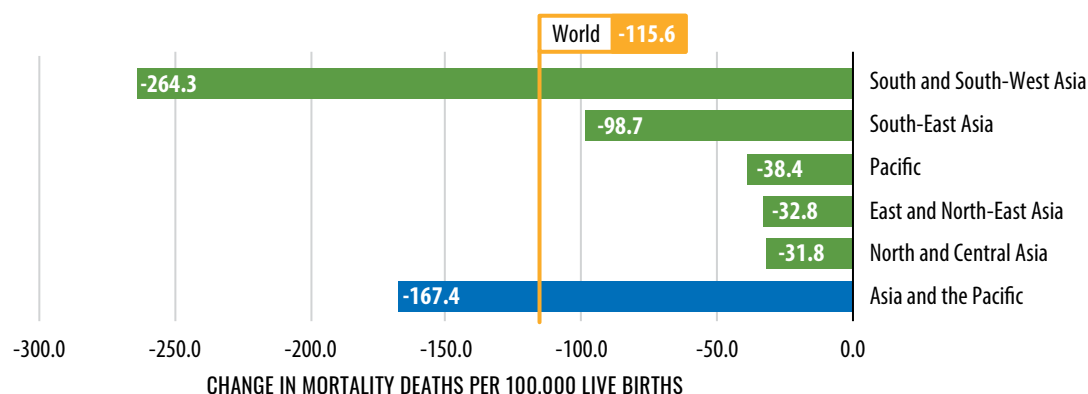
156 Joint United Nations Programme on HIV/AIDS (UNAIDS), *The path that ends AIDS: UNAIDS Global AIDS Update 2023* (Geneva, 2023). Key populations refer to gay/bisexual and other men who have sex with men, people in prisons and other closed settings, people who inject drugs, sex workers and transgender persons.

157 WHO and World Bank, *Tracking Universal Health Coverage: 2023 Global Monitoring Report* (Geneva, 2023).

158 ESCAP SDG Gateway, "Indicators by SDG: 5.6.1- Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care", database. Available at: <https://data.unescap.org/> (accessed on 4 June 2024).

159 ESCAP SDG Gateway, "Indicators by SDG: 5.6.2- the number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education", database. Available at: <https://data.unescap.org/> (accessed on 4 June 2024).

160 WHO and World Bank, *Tracking Universal Health Coverage: 2023 Global Monitoring Report* (Geneva, 2023).

FIGURE 2.7 Change in maternal mortality deaths per 100,000 live births, 2000–2020

Source: ESCAP elaboration based on data from ESCAP SDG Gateway Asia Pacific, “Indicators by SDG: 3.1.1 – Maternal mortality”, database. Available at: <https://data.unescap.org/> (accessed on 25 March 2024).

2.4.1 Maternal and newborn health

Maternal mortality in the region has declined by a third since 2000, with most reductions occurring between 2000 and 2015 and little decline thereafter.¹⁶¹ In 23 out of 45 countries in the region for which data are available, maternal mortality ratios fell by at least one half between 2000 and 2020. In 12 of these countries, maternal mortality declined by two thirds. Most progress was made prior to 2015. A few countries experienced an increase between 2015 and 2020. Despite noticeable declines in maternal mortality, 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 2020.¹⁶² It is important to acknowledge that South and South-West Asia and South-East Asia are the two subregions that have achieved the biggest improvement in maternal mortality ratio since 2000 (Figure 2.7). While the region is heading in the right direction, it must accelerate actions to reduce maternal mortality further. At the current rate of progress, the region is set to remain far from achieving the Sustainable Development Goal target 3.1 of less than 70 per 100,000 live births by 2030.¹⁶³

The region has made substantial progress in reducing neonatal mortality. SDG 3.2 aims for every country to reach a neonatal mortality rate of below 12 deaths per 1,000 live births by 2030. In 2021, the following subregions had achieved or were close to

this level: East and North-East Asia, South-East Asia, North and Central Asia and the Pacific. In South and South-West Asia, the rate was estimated at 22 deaths per 1,000 live births in 2021. Of the 51 countries in the Asia-Pacific region for which data are available, 32 countries have already achieved the SDG target of 12 deaths per 1,000 live births by 2030. Some 26 countries have at least halved their neonatal mortality rate in recent years, and 11 countries have reduced it by at least two thirds.¹⁶⁴ A number of countries have taken proactive actions. For example, **Lao People’s Democratic Republic** has been implementing the National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn, Child and Adolescent Health (2021–2025), with support from the World Health Organization, including building the capacity of provincial and district hospitals to provide Early Essential Newborn Care (EENC) and Kangaroo Mother Care (KMC).¹⁶⁵ In **Papua New Guinea**, the WHO rolled out a television and radio drama called *It Takes a Village* aiming to drive for social and behavioural change for maternal and newborn health. The Ministry of Health convened a ministerial-level task force on maternal and newborn health to advise the Government on actions to address high rates of maternal and newborn mortality.¹⁶⁶ **India** significantly reduced newborn mortality by scaling up the Special Newborn Care Units to enable better access to emergency services and obstetric care, coupled with efforts to encourage institutional delivery. The Government works with UNICEF on community-based social and behavioural change

¹⁶¹ WHO, Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division (Geneva, 2023).

¹⁶² ESCAP SDG Gateway, “Indicators by SDG: 3.1.1- Maternal mortality ratio”, database. Available at: <https://data.unescap.org/> (accessed on 04 June 2024).

¹⁶³ ESCAP, “Gender equality and universal access to sexual and reproductive health and reproductive rights in Asia and the Pacific”, ESCAP/APPC(7)/INF/3 (Bangkok, 2023).

¹⁶⁴ Ibid.

¹⁶⁵ WHO, “Safeguarding maternal, newborn and child health”, web page. Available at: <https://www.who.int/laos/our-work/safeguarding-maternal--newborn-and-child-health> (accessed on 2 August 2024).

¹⁶⁶ WHO, “It takes a village’ to reduce maternal and newborn mortality in Papua New Guinea”, blog. Available at <https://www.who.int/westernpacific/news-room/feature-stories/item/it-takes-a-village--to-reduce-maternal-and-newborn-mortality-in-papua-new-guinea> (accessed on 2 August 2024) and WHO, “Minister pledges to reduce high maternal and newborn mortality”, press release. Available at: <https://www.who.int/papuanewguinea/news/detail/28-02-2019-minister-pledges-to-reduce-high-maternal-and-newborn-mortality> (accessed on 02 August 2024).

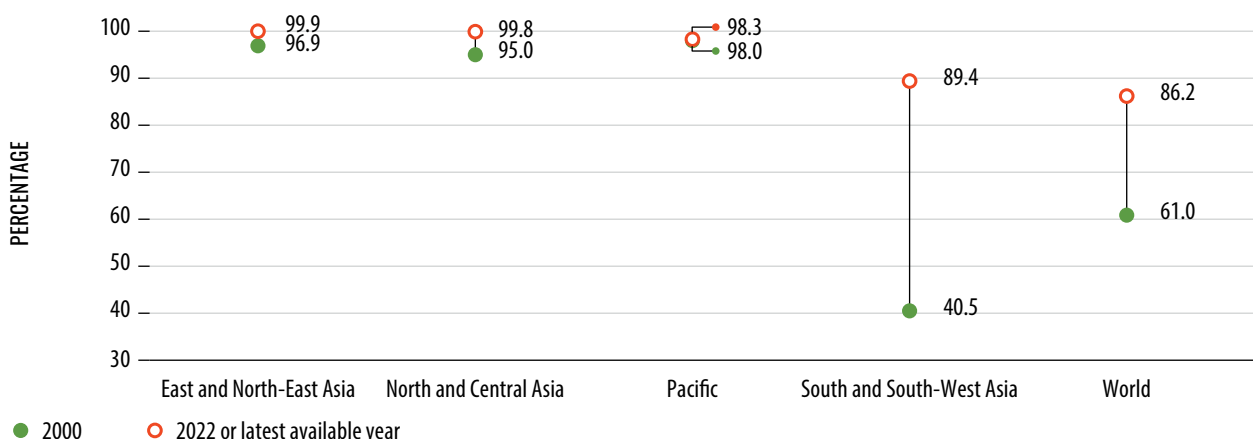
initiatives to address the widespread son preference which contributes to the higher infant and under-five mortality of girls than boys.¹⁶⁷ In **Pakistan**, the National Assembly adopted a resolution in 2018 to recognize the rights of every child and mothers and ensure the provision of the best available early care, especially in the first thousand days of every child. The Government also works with UNICEF to roll out newborn survival and immunization campaigns.¹⁶⁸ These are significant achievements, and lessons learned could be used to assist other countries in reducing neonatal mortality.

Maternal and perinatal mortality largely results from inadequate or poor-quality care during pregnancy, childbirth or after birth, with persistent gaps in access for disadvantaged women and girls. SDG indicator 3.1.2 of skilled birth attendance is generally used to capture maternal and newborn health-care utilization. In the Asia-Pacific region, skilled birth attendance was nearly universal except for South and South-West Asia, where it was estimated at 89.4 per cent in 2021 (Figure 2.8).¹⁶⁹ Yet, the regional averages often mask inequalities in access. In most countries, the gaps between the furthest behind and

the furthest ahead persist, though they are declining. Women and adolescent girls who are poorer, less educated and give birth to two or more children are much less likely to have access to professional help during childbirth.¹⁷⁰

Inequalities in access to quality maternal and newborn health care services are found to disproportionately affect adolescent girls and young mothers, mothers and newborns in rural, ethnic minorities and other vulnerable communities. This is often due to geographical isolation, lack of transportation means, and limited availability of local healthcare facilities and trained personnel.¹⁷¹ The lack of access contributes to higher rates of maternal mortality. Addressing the need for targeted interventions and policy support for more effective delivery of healthcare services in these underserved communities are essential.¹⁷² Meanwhile, maternal and child health care for particularly vulnerable groups, such as adolescent and young mothers, should be combined with other benefits and service programmes to address multidimensional vulnerabilities in order to achieve tangible and sustainable results for women and girls.

FIGURE 2.8 Percentage of births attended by skilled health personnel, 2000 and 2022 (or latest available year)



Source: ESCAP elaboration based on ESCAP SDG Gateway Asia Pacific, "Indicators by SDG: 3.1.2 – Births attended by skilled health personnel", database. Available at <https://data.unescap.org/> (accessed on 25 March 2024). The subregional aggregate for South and South-West Asia is as of 2021, and as of 2016 for East and North-East Asia, as of 2020 for North and Central Asia, as of 2019 for the Pacific, and as of 2022 for the world aggregate. Subregional aggregate for South-East Asia is not available due to inadequate data points but the average rates are available for Cambodia (2010, 2014, 2022); Indonesia (2012, 2017); Lao People's Democratic Republic (2011, 2017); Myanmar (2016); the Philippines (2013, 2017, 2022); Thailand (2012, 2015, 1029, 2022); and Viet Nam (2010, 2013, 2021). Among these countries, Thailand (100 per cent) Cambodia (99 per cent), Viet Nam (97 per cent) and Indonesia (92 per cent) have achieved universal or near-universal skilled birth attendance. The Philippines and Lao People's Democratic Republic have made substantial progress but remain under the world average rate. Nonetheless, substantial gaps remain between the furthest behind and the furthest ahead groups based on household wealth, educational attainment and the number of children in most countries, especially in Indonesia, Lao People's Democratic Republic, Myanmar, the Philippines and Viet Nam. See ESCAP Leaving No One Behind portal. Available at: <https://lnob.unescap.org/> (accessed on 28 May 2024).

167 UNICEF, "Newborn and child health: Let's end preventable neonatal deaths and ensure Every Child Alive". Programme web page. Available at: <https://www.unicef.org/india/what-we-do/newborn-and-child-health> (accessed on 2 August 2024).

168 UNICEF, "Every child survives and thrives- Health: Country programme of cooperation between the government of Pakistan and UNICEF 2018-2022", programme report (Islamabad, 2019).

169 ESCAP, "Gender equality and universal access to sexual and reproductive health and reproductive rights in Asia and the Pacific", ESCAP/APPC(7)/INF/3 (Bangkok, 2023).

170 ESCAP, "Leaving No One Behind (LNOB) Platform", database. Available at: <https://lnob.unescap.org/> (accessed on 2 August 2024).

171 WHO, *Ending Preventable Maternal Mortality (EPMM): A Renewed Focus for Improving Maternal and Newborn Health and Well-Being* (Geneva, 2021).

172 Asia Pacific Alliance for Sexual and Reproductive Health and Rights (APA), "Gender, Sexuality, and SRHR Factsheet APFSD 2021", blog, 2021. Available at: <https://www.asiapacificalliance.org/our-publications/gender-sexuality-and-srhr-factsheet-apfsd-2021> (accessed on 2 August 2024).

BOX 2.3 Building maternal and perinatal death surveillance and response systems



The maternal and perinatal death surveillance and response (MPDSR) process involves the routine identification and timely notification of all maternal and perinatal deaths, the review of these deaths, the implementation of actions based on recommendations from the death reviews, and the monitoring of actions taken. The primary goal of MPDSR is to reduce future preventable maternal mortality through a continuous surveillance and action cycle. It also helps enhance the quality of maternal and newborn programmes, as well as routine data systems such as Civil Registration and Vital Statistics (CRVS) and routine health information systems (RHIS).¹ Findings from a 2021 UNFPA study reveal that 13² out of the 17 surveyed countries in Asia and the Pacific use the full MPDSR system. Among the 13 countries, 7³ implement the system throughout the whole country, and the rest implement it across some districts or divisions. A few countries, such as Cambodia, Iran (the Islamic Republic of), Sri Lanka and Viet Nam, reported the use of the full MPDSR system in the entire country for more than five years. Despite functioning, these systems often fall short of optimal performance due to delays in the MPDSR response component.⁴

Some countries have made significant strides in advancing MPDSR systems in recent years. For example, in **Nepal**, the MPDSR system was expanded to 77 hospitals and 11 districts in 2019. The collected information is reviewed, analysed and monitored at the national level by the Family Welfare Division of the Department of Health Services. Importantly, the division's decision to make every maternal death reporting mandatory from all health facilities and local levels has enabled a data-driven approach to saving the lives of mother and children.⁵ In **Timor-Leste**, the Ministry of Health incorporated "perinatal death surveillance and response" into the existing maternal death surveillance and response system in 2019. Capacity-development training was delivered to national health professionals, the MPDSR guidelines were launched, and the National MPDSR Committee was re-activated in 2023 with new leadership appointed.⁶

MPDSR, when adequately funded and appropriately implemented, ensures that the progress made in eliminating maternal and perinatal deaths will not be reversed by major disruptions to health systems. To this end, continued investment in and support for building robust MPDSR systems are needed.⁷ Moreover, integrating MPDSR within broader quality of care (QoC) efforts for maternal and newborn health has the potential to strengthen the follow-up, implementation and monitoring of responses as part of the MPDSR process.⁸

1 WHO, "Maternal and Perinatal Death Surveillance and Response", web page. Available at <https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/maternal-health/maternal-and-perinatal-death-surveillance-and-response> (accessed on 5 June 2024).

2 Bangladesh, Bhutan, Cambodia, Indonesia, Iran (Islamic Republic of), Mongolia, Myanmar, Nepal, Pakistan, Solomon Islands, Sri Lanka, Timor-Leste and Viet Nam.

3 Bhutan, Cambodia, Iran (Islamic Republic of), Mongolia, Solomon Islands, Sri Lanka and Viet Nam.

4 UNFPA Asia Pacific Regional Office, *Counting What Matters: Maternal and Perinatal Death Surveillance and Response Systems in Asia-Pacific during the COVID-19 Pandemic 2020-2021* (Bangkok, 2022).

5 United Nations Nepal, "Mandatory reporting to save lives of mothers during COVID-19 pandemic and beyond", web page, 06 September 2023. Available at <https://nepal.un.org/en/244822-mandatory-reporting-save-lives-mothers-during-covid-19-pandemic-and-beyond> (accessed on 5 June 2024).

6 UNICEF, "The Maternal and Perinatal Death Surveillance and Response (MPDSR) workshop, talking points delivered by Ainhua Jaureguibeitia, OIC Representative of UNICEF in Timor-Leste", note. Available at https://www.unicef.org/timorleste/media/5746/file/14%20July%202023__UNICEF%20Dep%20Rep%20Speech%20-%20Workshop%20on%20preliminary%20result%20of%20the%20MPDSR%20survey%202022-2021.pdf (accessed on 5 June 2024).

7 UNFPA Asia Pacific Regional Office, *Counting What Matters: Maternal and Perinatal Death Surveillance and Response Systems in Asia-Pacific during the COVID-19 Pandemic 2020-2021* (Bangkok, 2022).

8 WHO, *Implementation of Maternal and Perinatal Death Surveillance and Response as Part of Quality of Care Efforts for Maternal and Newborn Health: Considerations for Synergy and Alignment* (Geneva, 2021).

2.4.2 Family planning

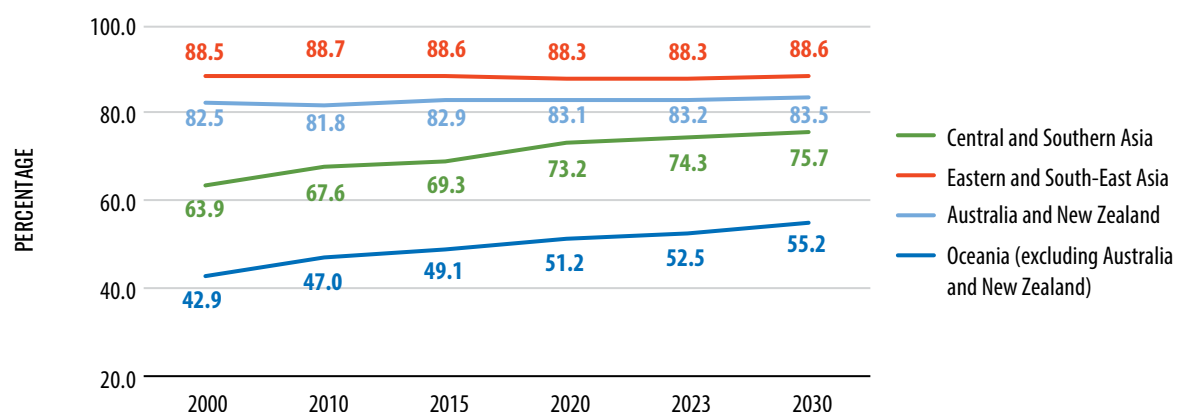
While significant progress has been made in meeting women's family planning needs, progress across subregions is uneven. Unmet need for family planning refers to the percentage of women of reproductive age who want to stop or delay childbearing but are not using any method of contraception.¹⁷³ The measure shows the gap between women's reproductive intentions and their contraceptive behaviour and helps track progress toward achieving universal access to reproductive health. A total of 16 per cent of married women in Asia and 19 per cent in Oceania had unmet need for modern methods in 2023.¹⁷⁴ Unmet need for modern methods ranged from 10 per cent in Eastern and South-Eastern Asia to 30 per cent in Oceania (excluding Australia and New Zealand). Unmet need for modern methods declined in Asia between 2000 to 2023 from 16.4 to 15.3 per cent. In Oceania, unmet need stagnated over the same period. Central and Southern Asia has achieved the largest reduction in unmet need for modern methods since 2000 (from 24 to 19 per cent). By 2030, unmet need for modern methods is projected to be 15 per cent in Asia and 18 per cent in Oceania. Progress toward increasing the extent to which demand is satisfied with modern methods (SDG 3.7.1) has been uneven (Figure 2.9), with Oceania (excluding Australia and New Zealand) projected to continue to lag behind, if not mitigated. A range of countries in the region have adopted policies or action plans to provide universal access

to family planning services, including Cambodia, Indonesia, the Philippines, Thailand, Timor-Leste and Viet Nam.¹⁷⁵

While barriers to accessing health services, including SRH services, exist in all countries; inequalities exist within countries. SRH service provision often overlooks the SRH needs among young women, adolescents, older women, women with disabilities and individuals with diverse sexual orientations and gender identities due to misconceptions, stereotypes and the absence of relevant service information in accessible formats and languages and of accessible service provision.¹⁷⁶ Barriers to accessing health services are also more commonly experienced by disadvantaged population sub-groups such as the poorest, least educated, those living in rural areas, and those living in communities where women and girls have to get permission to go for treatment or where taboos exist and stand in the way of women and girls receiving health services from non-female service providers.¹⁷⁷

Young women and adolescent girls are more likely to have unmet need for family planning with modern methods, resulting in high risks of unintended pregnancy and unsafe abortion. While positive change in use of modern contraceptive methods has been most significant among women aged between 15 and 24, gaps remain the greatest for this age group, especially for those aged between 15 and 19 — a prevailing pattern across all regions.¹⁷⁸

FIGURE 2.9 Demand for family planning satisfied by any modern method, by SDG region, 2000, 2010, 2015, 2020, 2023 and 2030



Source: United Nations, Department of Economic and Social Affairs, Population Division, World Contraceptive Use 2022 and Estimates and Projections of Family Planning Indicators 2022 (New York, 2022). See ESCAP, "Gender equality and universal access to sexual and reproductive health and reproductive rights in Asia and the Pacific", ESCAP/APPC(7)/INF/3 (Bangkok, 2023).

173 United Nations, "World Contraceptive Use 2022 and Estimates and Projections of Family Planning Indicators 2022", methodology report", UN DESA/POP/2022/DC/NO. 5 (New York, 2022).

174 ESCAP, "Gender equality and universal access to sexual and reproductive health and reproductive rights in Asia and the Pacific", ESCAP/APPC(7)/INF/3 (Bangkok, 2023).

175 OECD, "SIGI 2024 Regional Report for Southeast Asia: Time to Care", Social Institutions and Gender Index (Paris, 2024).

176 ESCAP (2018), *Building disability-inclusive societies in Asia and the Pacific: Assessing progress of the Incheon Strategy*. Available at: <https://www.unescap.org/sites/default/files/publications/SDD%20BDIS%20report%20A4%20v14-5-E.pdf> (accessed 24 January 2024).

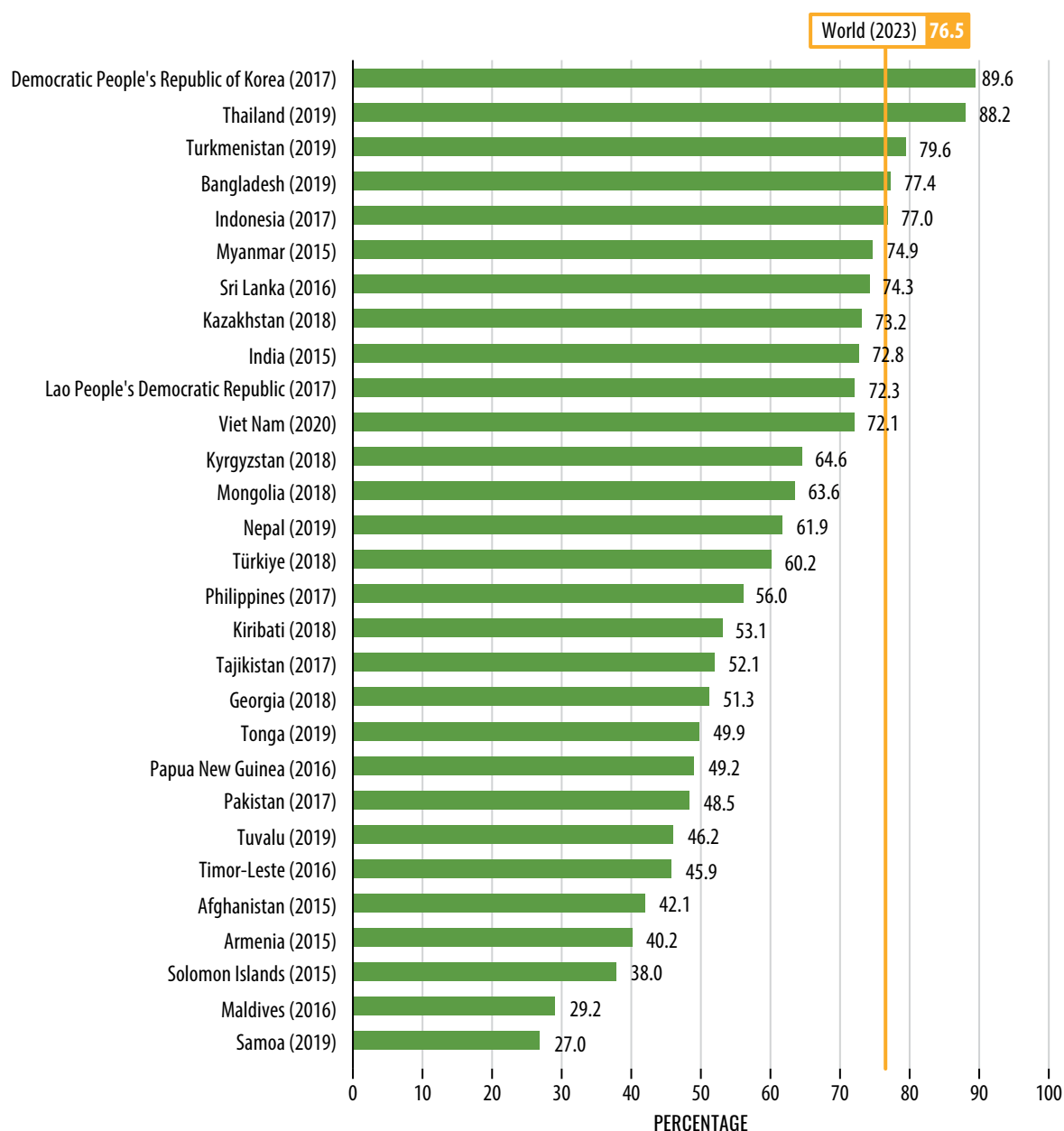
177 WHO and World Bank (2023). Tracking universal health coverage: 2023 global monitoring report. Geneva: World Health Organization and International Bank for Reconstruction and Development / The World Bank.

178 Ibid.

Among all countries with available data in the ESCAP region, only five countries perform equally well or better than the global average against the measure of meeting family planning demand with modern methods for women of reproductive ages (15–49) (Figure 2.10). Among adolescent girls aged 15 to 19, significantly fewer (as compared to women aged 20 to 49) have their family planning needs met with modern or traditional methods (Figure 2.11). For young women and adolescent girls, the limited access to SRH services, including family planning, increases the risk of unintended pregnancies and unsafe abortions. Each year, there are over

3.7 million births to adolescent girls aged 15 to 19 in Asia and the Pacific. Maternal mortality rates and the total number of maternal deaths among adolescent girls are the highest in the Pacific, followed by South Asia.¹⁷⁹ It is estimated that 65 per cent of all unintended pregnancies in Asia and 38 per cent in the Pacific end up in induced abortion, and there are about 3.6 million unsafe abortions each year among women aged 15 to 24 years in Asia (excluding East Asia).¹⁸⁰ The negative health consequences and associated stigmas keep many from school and employment and increase significantly their likelihood of living in poverty.

FIGURE 2.10 Percentage of women aged 15 to 49 whose demand for family planning is satisfied with modern methods, by country, latest year available

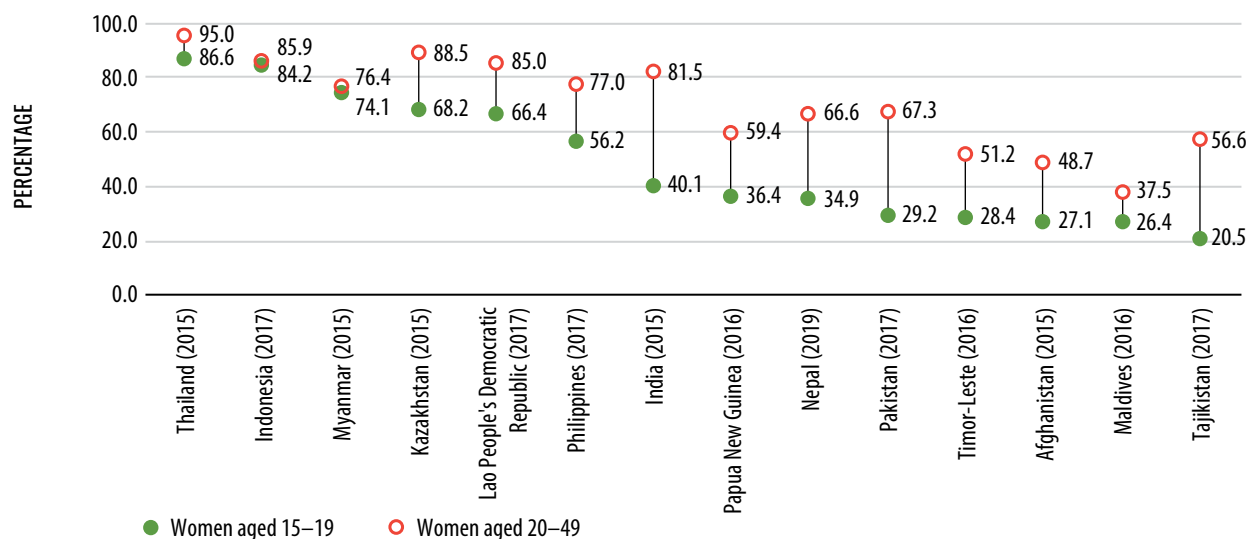


Source: ESCAP SDG Gateway Asia Pacific, "Indicators by SDG: 3.7.1 – Family planning satisfied with modern methods", database. Available at <https://data.unescap.org/> (accessed on 25 March 2024).

179 See Annex 2 regional groupings by UNFPA.

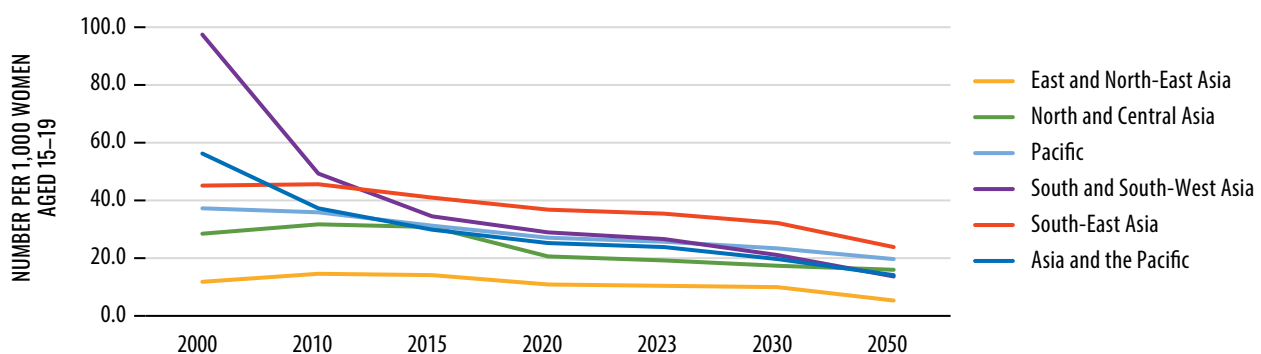
180 UNFPA (2021). Understanding and addressing adolescent pregnancy. UNFPA, Bangkok.

FIGURE 2.11 Percentage of women of reproductive age whose demand for family planning is satisfied with modern and traditional methods, by age group, latest available year



Source: ESCAP SDG Gateway Asia Pacific, "Indicators by SDG: 3.7.1 – Family planning satisfied with modern methods", database. Available at: <https://data.unescap.org/> (accessed on 25 March 2024).

FIGURE 2.12 Adolescent fertility rate (live births per 1,000 women aged 15–19), 2000, 2010, 2015, 2020, 2023, 2030 and 2050



Source: ESCAP elaboration based on United Nations, Department of Economic and Social Affairs, World Population Prospects 2022, Online Edition (New York, 2022). See ESCAP, "Gender equality and universal access to sexual and reproductive health and reproductive rights in Asia and the Pacific", ESCAP/APPC(7)/INF/3 (Bangkok, 2023).

Adolescent fertility on average is lower in Asia and the Pacific as compared to the world average; yet, it continues to affect many adolescent girls, especially in South-East Asia. In the Asia-Pacific region, adolescent fertility is estimated at 23.5 live births per 1,000 women (aged 15–19) in 2023, compared to 41.0 live births globally.¹⁸¹ The region has experienced a steady decline in adolescent fertility from 56.1 live births per 1,000 women (aged 15–19) in 2000. Most of the decline in the region's adolescent fertility took place between 2000 and 2015. The pace of decline has since slowed or stagnated, especially in East and North-East Asia and South-East Asia. The rates also vary considerably across subregions and countries in the region. South-East Asia has the highest adolescent

fertility level in the region (35.2) and is projected to continue to have the highest rates in 2030 and 2050 despite declines. The most remarkable decline since 2000 took place in South and South-West Asia, by 63 percentage points between 2000 and 2015 and a slower further decline of 8 percentage points between 2015 and 2023 (Figure 2.12). Adolescent fertility rates are higher in rural than in urban areas, and among girls with no education than those with more than secondary education.¹⁸² High adolescent fertility rates are often an outcome of unmet family planning needs and have broad linkages to limited education, early marriage, inequalities of opportunity and gender inequalities.¹⁸³

¹⁸¹ ESCAP, "Gender equality and universal access to sexual and reproductive health and reproductive rights in Asia and the Pacific", ESCAP/APPC(7)/INF/3 (Bangkok, 2023).

¹⁸² Ibid.

¹⁸³ ESCAP, *Asia-Pacific Population and Development Report 2023* (United Nations publication, 2023).

BOX 2.4 Reducing adolescent fertility in Lao People's Democratic Republic



Concerningly high rates of child marriage and adolescent pregnancy are observed in Lao People's Democratic Republic. According to data from the Lao Social Indicator Survey III-2023, 30.5 per cent of women aged 20–24 years were first married or in union before the age of 18, and 17.4 per cent had a live birth before the age of 18.¹ Among women aged 20–24 years who gave birth before age 18, two-thirds were married or in union by the time of pregnancy, while more than one-fourth were not. Adolescent girls' experiences of sex behaviours and pregnancy are often influenced by their inadequate knowledge about sexual and reproductive health, power imbalance with their partners, and a lack of agency over decisions around if and when to have sex, use contraceptives and whether to continue the pregnancy. Some parents, community members and adolescent girls in the country tend to view child marriage and early union as a socially acceptable alternative to education or work and the most acceptable resolution to a pregnancy outside of marriage or union.²

The Government of Lao People's Democratic Republic has adopted the Noi 2030 Framework, a holistic approach to safeguarding adolescent girls from early pregnancies and integrating their needs into national SDGs implementation plans. This approach highlights the significance of a multi-dimensional response to adolescent pregnancy, stressing prevention, education and support services.³ With support from UNFPA, efforts have been made to empower adolescents in addressing child marriage and adolescent pregnancy, including the integration of comprehensive sexuality education curricula at all educational levels, as well as the provision of sexual health information and services; mental health and psychosocial support; and protection services for survivors and victims of gender-based violence.⁴ In 2023, the Government reiterated its commitment to ending all harmful practices faced by adolescent girls in line with the International Conference on Population and Development (ICPD) Programme of Action at the National Conference on Population and Development, the first-ever high-level conference on population and development in the country.⁵

1 Lao People's Democratic Republic, Statistics Bureau, *Lao Social Indicator Survey 2023 – Key Indicators Report* (Vientiane, 2024).

2 UNFPA and UNICEF, *Understanding Pathways to Adolescent Pregnancy in Southeast Asia: Findings from Lao PDR* (Bangkok, 2023).

3 UNICEF, "Government, UNFPA and UNICEF launch groundbreaking report on adolescent pregnancy in Lao PDR", press release, 4 April 2024. Available at <https://www.unicef.org/laos/press-releases/government-unfpa-and-unicef-launch-groundbreaking-report-adolescent-pregnancy-lao> (accessed on 6 June 2024).

4 UNFPA and UNICEF, *Understanding Pathways to Adolescent Pregnancy in Southeast Asia: Findings from Lao PDR* (Bangkok, 2023).

5 UNFPA, "First-ever multi-sectoral pledge on population and development in Lao PDR reached at the National Conference on Population and Development", press release, 26 October 2023. Available at <https://lao.unfpa.org/en/news/first-ever-multi-sectoral-pledge-population-and-development-lao-pdr-reached-national-conference> (accessed on 6 June 2024).

2.4.3 HIV and sexually transmitted infections¹⁸⁴

Sexually transmitted infections (STIs), if untreated, lead to various reproductive health issues including preterm births, low birth weight babies, ectopic pregnancies, pelvic inflammatory disease and infertility, and increase the risk of HIV transmission. For a pregnant woman, untreated infectious syphilis can lead to congenital syphilis, resulting in serious outcomes for her baby, including death. Sexual health education and access to testing and treatment services, including within the domain of maternal and perinatal services, are important interventions to prevent and address STIs.

The Human Papillomavirus (HPV) infection is one of the most common STIs and causes a range of conditions in men and women, including precancerous lesions and causes 99 per cent of cervical cancer at a later stage.¹⁸⁵ Despite the availability of HPV vaccines and knowledge to prevent cervical cancer, globally every two minutes a woman dies of cervical cancer, with 90 per cent of these deaths occurring in low- and middle-income countries.¹⁸⁶ There is also significant regional difference in cervical cancer incidence and mortality rates. One in five cervical cancer cases and one in four cervical cancer deaths in 2022 worldwide occurred in South Asia.¹⁸⁷ Regional differences are often associated with inequalities in access to HPV vaccines, screening and treatment services,

184 Unless otherwise specified, the regional definitions in this section follow the UNAIDS definitions. See Annex 2 for ESCAP members and associate members covered in Asia and the Pacific Eastern Europe and Central Asia and UNAIDS, *The path that ends AIDS: UNAIDS Global AIDS Update 2023* (Geneva, 2023).

185 Kehinde Sharafadeen Okunade, "Human papillomavirus and cervical cancer", *Journal of Obstetrics and Gynecology*, vol. 40 (July 2020).

186 See UNICEF, "Wave of new commitments marks historic step towards the elimination of cervical cancer", press release, 05 March 2024. Available at <https://www.unicef.org/press-releases/wave-new-commitments-marks-historic-step-towards-elimination-cervical-cancer> (accessed 16 August 2024).

187 UNICEF (2024). HPV+ Technical Note for South Asia (draft) and WHO, "Global Cancer Observatory", web page. Available at: <https://gco.iarc.fr/en> (accessed on 2 August 2024).

risk factors including HIV prevalence, social and economic determinants such as sex, gender biases and poverty. The WHO recommends that the primary targets of HPV vaccination are girls aged 9 to 14 years, the age group where vaccination can have the biggest impact.¹⁸⁸ Yet, adolescent girls in South Asia, who account for nearly one third of the world's adolescent girls, face significant barriers in access to HPV vaccination. Out-of-school girls are most likely to be left out as HPV vaccination campaigns are often implemented in schools. The currently low HPV vaccination rates in South Asia are caused by barriers in both supply and demand sides. On the supply side, there exists an overall lack of prioritization of HPV vaccination in national immunization programmes and lack of vaccine availability in many countries. On the demand side, social and cultural norms rooted in patriarchy and local religious contexts often limit adolescent girls' autonomy and decision making, as well as health literacy of girls and their parents. Stigma and myths about the impact of HPV vaccines, as well as economic barriers, prevent a significant proportion of adolescent girls in the subregion, especially those living in urban slums, poor households in remote areas and other underserved communities from accessing HPV vaccination.¹⁸⁹ Addressing such gaps require incorporation of HPV vaccination in national immunization programmes, training of female health workers who can deliver adolescent-friendly and gender-sensitive vaccination services, health education to remove myth and misconception about HPV vaccination, and addressing economic barriers and gender norms that impede access and uptake.

In Asia and the Pacific, the numbers of new HIV infections and HIV-related deaths have declined overall since 2010, though some countries have experienced an increase in recent years.¹⁹⁰ In this region, the HIV epidemic disproportionately affects key populations,¹⁹¹ especially young people (aged 15–24 years), and their sexual partners who accounted for about a quarter of the region's new HIV infections in 2022. Although access to combined HIV prevention services and treatment, including harm reduction

services, self-testing and virtual interventions, along with greater provision of pre-exposure prophylaxis (PrEP) and antiretroviral therapy in some countries, significant gaps remain in prevention service and treatment coverage, particularly among young people among key populations. Stigma and discrimination – be it cultural, social and institutional — against persons living with HIV and persons from key populations continue to be the main reasons for barriers that prevent access to and uptake of testing and treatment.¹⁹² Eastern Europe and Central Asia¹⁹³ is one of the two regions where new infections among women and girls aged 15 years and older had increased between 2021 and 2022.¹⁹⁴ Sexual transmission is the primary channel of HIV infections, followed by shared drug injection and vertical transmission.¹⁹⁵ Other sexually transmitted infections are highly prevalent in the region.¹⁹⁶ Globally, evidence from some countries indicate that new infections rose during the COVID-19 pandemic due to interruption of prevention, testing and treatment services for STIs.¹⁹⁷

The entrenched inequalities in access to sexual and reproductive health services in Asia and the Pacific could be ascribed to insufficient integration of comprehensive SRH services in health benefit packages and primary health care, both of which are essential to achieving universal health coverage; insufficient funding, healthcare workforce and technical capacity to provide comprehensive, gender-sensitive and age-friendly SRH services; gender norms as well as economic and cultural barriers that restrict the access and uptake of services by women and girls and the most vulnerable populations; poor participation of other SRH stakeholders; and often, the lack of robust and disaggregated SRH data.¹⁹⁸

The region's health systems and the healthcare workforce were overstretched during the COVID-19 pandemic, leading to major interruption to essential health services. In particular, progress in RMNCH outcomes in South-East Asia¹⁹⁹ has slowed or even worsened for the first time in decades, as a result of

188 WHO, *Human Papillomavirus Vaccines: WHO Position Paper* (Geneva, 2022).

189 UNICEF (2024). HPV+ Technical Note for South Asia (draft).

190 Afghanistan, Bangladesh, Fiji, Papua New Guinea, the Philippines and Timor-Leste experienced an increase in the numbers of new HIV infections in 2022.

191 UNAIDS, *The path that ends AIDS: UNAIDS Global AIDS Update 2023* (Geneva, 2023). Key populations are gay/bisexual and other men who have sex with men, people in prisons and other closed settings, people who inject drugs, sex workers and transgender persons.

192 Ibid.

193 Nine out of 16 countries covered in this region are ESCAP member States.

194 United Nations, "Women, the girl child and HIV and AIDS, Report of the Secretary-General", E/CN.6/2024/6 (New York, 2024). New infections among women and girls aged 15 and above increased in the Middle East and North Africa and in Eastern Europe and Central Asia by 7.0 per cent and 2.1 per cent, respectively.

195 ESCAP elaboration based on UNAIDS, *UNAIDS Global AIDS Update 2022* (Geneva, 2022).

196 ESCAP, "Gender equality and universal access to sexual and reproductive health and reproductive rights in Asia and the Pacific", ESCAP/APPC(7)/INF/3 (Bangkok, 2023).

197 WHO, "WHO releases new guidance to improve testing and diagnosis of sexually transmitted infections", news, 24 July 2023. Available at: <https://www.who.int/news/item/24-07-2023-who-releases-new-guidance-to-improve-testing-and-diagnosis-of-sexually-transmitted-infections> (accessed on 2 August 2024).

198 WHO, *Critical Considerations and Actions for Achieving Universal Access to Sexual and Reproductive Health in the Context of Universal Health Coverage through a Primary Health Care Approach* (Geneva, 2022).

199 See Annex 2 for regional groupings by WHO.

service disruption.²⁰⁰ Vulnerable populations have been the worst impacted. Given the protracted emergencies in some countries in the region, there is an urgent need for countries to strengthen the resilience of their health systems. Some countries in the region (such as Bangladesh, Cambodia, China, Japan, Republic of Korea, Mongolia, Singapore, Thailand)²⁰¹ leveraged digital health technologies such as telemedicine and real-time dashboards from the Health Management Information System (HMIS) to ensure the continuity of essential health services during the pandemic. Such promising practices should be further explored and applied in various emergency contexts.

Advancing universal health coverage, including comprehensive SRH services, requires a combination of political commitment and well-defined, gender-responsive, age-friendly and inclusive strategies for accelerated progress.

2.5 QUALITY EDUCATION AND SKILLS DEVELOPMENT

Education attainment and skills development is a key dimension of multidimensional poverty while access to education and skills is also an important means of breaking the intergenerational cycle of poverty. Education not only prepares people for jobs; it also provides people with knowledge and life skills that are crucial for healthy, responsible and sustainable living throughout the life cycle. On the other hand, skills development through lifelong learning are equally essential, especially for those outside the formal general or vocational education systems. In the context of population ageing, climate change and digital transformation, enabling people, especially those already left behind, to equip themselves with the skills requisite to meet the shifting demand in the labour market is now of increasing importance. Gender parity in access to quality education, skills development and training not only gives women and girls equal opportunity to participate in the labour market and the society and is associated with health outcomes for women and girls as well as their families; it also brings about positive returns on economic growth and societal development.

2.5.1 Quality school education

In Asia and the Pacific, major progress has been achieved in overall education attainment for both women and men across the region; but inequalities remain across countries. The share of the total population aged 20 to 24 who have not obtained secondary education or above has nearly halved in the ESCAP region over the past 20 years.²⁰² Countries in Central and Southern Asia have made significant progress towards improving both lower and upper secondary completion rates but still lag behind other regions in Asia and the Pacific; in Oceania (excluding Australia and New Zealand), a reversing trend has been observed in the completion rates of both levels.²⁰³ The mean years of schooling for people aged 25 years and older are projected to increase in all countries of the region in the coming decades.²⁰⁴ Nonetheless, the overall progress has masked inequalities across countries. In 14 countries, the mean years of schooling are projected to remain below 10 years until 2040.²⁰⁵

Gender matters in determining educational attainment but the dynamic varies across countries, age groups and levels of education. When enrolled in school, girls outperform or perform equally well as boys in school completion across primary, lower-secondary and upper-secondary levels in all Asia-Pacific countries with data with a few exceptions (Figure 2.13). However, that is not the entire story. ESCAP analysis before the COVID-19 pandemic shed further light on the roles of household wealth and gender in educational attainment. Among the 30 countries with data on completion of secondary education, being poor (living in the poorest 40 per cent of households) is the defining characteristic of the furthest behind population group in almost all countries.

For people aged 20–35 years, poor women are left furthest behind in 15 countries while poor men in nine countries are left furthest behind. This picture changes significantly for the age group of 35 years and older, with poor women being the furthest left behind in most (21) countries compared to poor men in only four countries. For completion of tertiary education among people aged 25–35 years, gender (in addition to being poor) matters in 22 countries with women left behind in 11 countries (mostly in

200 United Nations, "The sustainable development goals progress report: 2022", report (New York, 2022); Clara Calvert and others, "Maternal mortality in the Covid-19 pandemic: Findings from a rapid systematic review", *Global Health Action*, 14 (sup1) (October 2021); Barbara Chmielewska and others, "Effects of the COVID-19 pandemic on maternal and perinatal outcomes: a systematic review and meta-analysis", *Lancet Glob Health*, 9 (6) (June 2021).

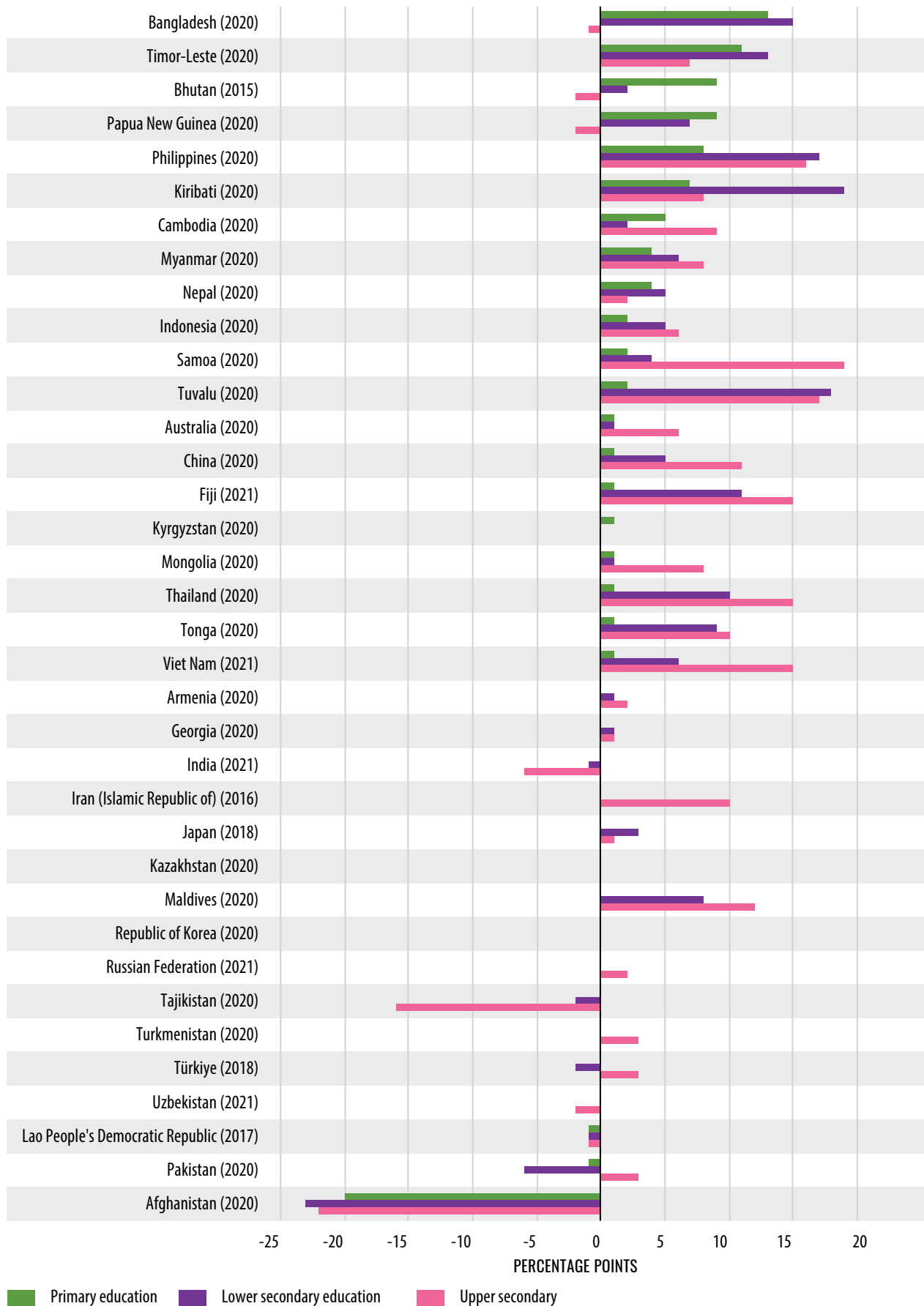
201 Cornelius Kalenzi, "Contextualizing Transformation of Healthcare Sector in Asia-Pacific in the Post-COVID-19 Era", ESCAP working paper series (Bangkok, 2020).

202 ESCAP, "Review of progress made towards the implementation of the Asian and Pacific Ministerial Declaration on Population and Development, as well as of the Programme of Action of the International Conference on Population and Development and the key actions for its further implementation in Asia and the Pacific", note by the Secretariat, ESCAP/APPC(7)/2/Rev.1 (Bangkok, 2023).

203 UN DESA, *The Sustainable Development Goals Report 2023: Special edition – Towards a rescue plan for people and planet* (New York, 2023). See Annex 1 for regional groupings by the United Nations Statistics Division in monitoring the Sustainable Development Goals.

204 ESCAP, *Asia-Pacific Population and Development Report 2023* (United Nations publication, 2023).

205 These 14 countries include Afghanistan, Bangladesh, Pakistan, Bhutan, Cambodia, Myanmar, Nepal, Solomon Islands, Lao People's Democratic Republic, Maldives, India, Papua New Guinea, Vanuatu and Viet Nam. See Figure 5.1 in ESCAP, *Asia-Pacific Population and Development Report 2023* (United Nations publication, 2023).

FIGURE 2.13 Gender gap in school completion rate, by educational level

Source: ESCAP elaboration based on data from ESCAP SDG Gateway Asia Pacific, "Indicators by SDG: 4.1.2 – Completion rate by educational level", database. Available at <https://data.unescap.org/> (accessed on 25 March 2024). The gender gap refers to the difference in school completion rates between girls and boys of relevant age groups, i.e., percentage of girls completing education minus percentage of boys completing education.

South and South-West Asia) and men left behind in the other 11 countries (spreading across South-East Asia, North and Central Asia and the Pacific).²⁰⁶

The foundational learning crisis persists. In half of all Asia-Pacific countries, less than 50 per cent of students in primary and lower secondary education master basic literacy and numeracy foundational skills. Recent data from the Programme for International Student Assessment (PISA) indicate that from 2018 to 2022, there is an overall downward trend of 15-years old students meeting the basic proficiency level in mathematics and reading, on average, in PISA-participating education systems in the region. The “learning poverty” was particularly concerning in low- and middle-income countries in South Asia, where the share of children not acquiring basic proficiency in literacy by age 10 was estimated at 78 per cent in 2022. Learning poverty was estimated to rise from 60 per cent in 2019 to 78 per cent in 2022 among low- and middle-income countries in South Asia, and to rise from 35 per cent to 45 per cent in East Asia and the Pacific over the same period.²⁰⁷ As basic literacy and numeracy are essential building blocks to all learning, knowledge and skills, the foundational learning crisis is compromising learning outcomes as children progress to higher levels of education.²⁰⁸

Girls tend to outperform boys academically. Girls in Asia and the Pacific achieve higher levels of attainment in mathematics and reading across all levels of education, which is consistent with the global trend.²⁰⁹ **However, unequal access to emerging learning tools (e.g., digital or remote learning platforms) may change the picture in the long run, unless mitigated.** A small-scale assessment from rural districts in Pakistan suggested that the reading gender gap reversed between 2019 and 2021 from favouring girls to favouring boys, potentially due to gender inequality in access to remote learning during the COVID-19 pandemic.²¹⁰

One of the main reasons of the foundational learning crisis is related to the far from universal access to early childhood education. Gross enrolment ratio in

pre-primary education is only 61 per cent in Central and Southern Asia, 68 per cent in South-Eastern Asia and 63 per cent in Oceania,²¹¹ leaving behind the girls and boys from the poorest wealth quintile, children with disabilities and the other most disadvantaged children. Low education attainment (no education or with only primary or secondary education) of the mother (in 15 out of 26 countries) more often defines the furthest left behind group of children than being poor (in 13 out of 26 countries).²¹² The pre-primary education systems do not always deliver on its potential to tackle gender inequities and address harmful gender stereotypes while they are being absorbed by the youngest learners.²¹³

The urgency of addressing the foundational learning crisis has not been widely recognized. Only a very few countries of Asia-Pacific have signed the Commitment to Action on Foundational Learning,²¹⁴ launched at the United Nations Secretary-General’s Transforming Education Summit (TES) in September 2022, followed up by the G20 meeting in 2023. The G20 New Delhi Leader’s Declaration as well as the related Education Ministers’ conference recognized the importance of foundational learning as the primary building block for education and employment.²¹⁵

Still, many girls remain out of schooling and the COVID-19 pandemic may worsen inequality in education. Globally, the out-of-school population of primary and secondary school age declined by 9 million from 2015 to 244 million girls and boys in 2021.²¹⁶ Gender norms and biases that carry implications for the distribution of resources and unpaid care and domestic work burden within the household often play a key role in girls’ schooling. While the impact of the COVID-19 pandemic is to be further studied, current evidence suggests no visible increase in out-of-school rates except for at the upper-secondary level in countries with relevant data. The Philippines and India reported the largest increase and the largest decrease in their out-of-school population, respectively, during the pandemic period. Across education levels, gender parity has been achieved in education enrolment in Asia and

206 ESCAP LNOB Platform analysis based on MICS and DHS data on secondary education completion for people aged 20–35 years and for people aged 35 years and older from 30 countries. ESCAP, “Leaving No One Behind (LNOB) Platform”, database. Available at: <https://lnob.unescap.org/> (accessed on 2 August 2024). See Annex 2 for subregional groupings follow the definition by ESCAP.

207 World Bank and others, *The State of Global Learning Poverty: 2022 Update* (Washington, D.C., 2022).

208 Ibid.; World Bank, “Learning Poverty Global Database: Historical data and sub-components”, database. Available at: <https://datacatalog.worldbank.org/search/dataset/0038947> (accessed on 2 August 2024); World Bank, *Fixing the Foundation: Teachers and Basic Education in East Asia and Pacific* (Washington, D.C., 2023).

209 SESCOAP SDG Gateway, “Indicators by SDG: 4.5.1- Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected, as data become available) for all education indicators on this list that can be disaggregated”, database. Available at: <https://data.unescap.org/> (accessed on 04 June 2024).

210 UNESCO, *Global Education Monitoring Report Summary 2023: Technology in education: A tool on whose terms?* (Paris, 2023).

211 Ibid.

212 ESCAP LNOB Platform analysis based on MICS and DHS data between 2010 and 2022 on early childhood education from 26 countries. ESCAP, “Leaving No One Behind (LNOB) Platform”, database. Available at: <https://lnob.unescap.org/> (accessed on 2 August 2024).

213 UNICEF, *Tackling Gender Inequality from the Early Years: Strategies for Building a Gender-transformative Pre-primary Education System*, UNICEF Office of Research – Innocenti (Florence, 2022).

214 UNICEF, “Commitment to Action on Foundational Learning”, web page. Available at: <https://www.unicef.org/learning-crisis/commitment-action-foundational-learning> (accessed on 2 August 2024).

215 India, National Council of Educational Research and Training, *Foundational Literacy and Numeracy in G20: Higher Secondary Stage* (New Delhi, 2024).

216 UNESCO, *Global Education Monitoring Report Summary 2023: Technology in education: A tool on whose terms?* (Paris, 2023).

the Pacific.²¹⁷ However, aggregate levels could mask higher levels of gender disparity in some countries and large numbers of girls remaining out of school. Since September 2021, Afghan girls have been banned from schooling beyond the sixth grade, affecting at least 1.1 million secondary school girls. The subsequent suspension of university education for women affected some 100,000 students. Globally, the number of girls and young women out of school was estimated at 129 million.²¹⁸ Moreover, women and girls with disabilities are particularly less likely to enrol in and complete education, regardless of levels, according to data from 14 Asia-Pacific countries and territories.²¹⁹ Dismantling legal, social and financial barriers to girls and women accessing education remains an urgent imperative, including in early childhood education, which is not yet free or mandatory in many Asia-Pacific countries, and in lifelong learning, if the world aims to achieve SDG 4.

The Asia-Pacific region has been significantly underinvesting in education. While the Incheon commitment sets benchmarks to allocate at least 15 to 20 per cent of total public expenditure on education,²²⁰ few countries in the region have met the 20 per cent benchmark and only several have met the less ambitious 15 per cent benchmark. The public expenditure on education has been dropping and was magnified by the COVID-19 pandemic. East Asia and the Pacific recorded a stark drop in education expenditure from 15.3 per cent of the total public expenditure in 2019 to 12.8 per cent in 2020. It had recovered to only 13.7 per cent in 2021. In South Asia, there has been a consistent declining trend, from 14 per cent in 2016 to 10.2 per cent in 2021.²²¹ In addition, public spending on education is not sufficiently prioritizing foundational skills. For instance, Asia-Pacific countries are not implementing the Tashkent recommendation²²² of allocating at least 10 per cent of the public education budget for early childhood education. The share of public education expenditure allocated to primary education is lower than in other regions which leads to unequitable spending: children from the poorest quintile benefit significantly less than their wealthier peers from public education spending.²²³

The availability of menstrual health support in schools has a profound impact on girls' access to quality education.²²⁴ The lack of menstrual hygiene facilities, stigma and stress about menstruation that affect girls from a young age, reduce their time spent in school. It can even lead to girls dropping out of school, as well as increasing their likelihood of falling behind in learning.²²⁵ In South Asia, many girls report missing one to three school days per month during their period.²²⁶ Universal coverage of basic water, sanitation and hygiene facilities in schools is an essential foundation for menstrual health of adolescent girls. As of 2023, The coverage of basic water services in schools is not universal, except in Australia and New Zealand. The coverage rate is as low as 51 per cent in Oceania (excluding Australia and New Zealand). Some 24 per cent of schools in Central and Southern Asia and 49 per cent of schools in Oceania (excluding Australia and New Zealand) lack single-sex and usable (available, functional and private) sanitation facilities. The availability of single-sex sanitation facilities is more common in lower and upper secondary schools than in primary schools in all countries and territories. In Central and Southern Asia where more disaggregated data are available, the coverage rate is higher in urban schools than in rural schools by 12 percentage points.²²⁷

Universal coverage of basic hygiene services (handwashing facilities with water and soap) in schools has been achieved in a number of Asia-Pacific countries such as **Australia, Azerbaijan, Brunei Darussalam, Malaysia, New Zealand, the Republic of Korea, Thailand, Türkiye and Turkmenistan**. Among the rest of countries, only Bangladesh and Cambodia are on track to achieve universal coverage by 2030. The coverage rate has dropped by two percentage points in Oceania (excluding Australia and New Zealand) since 2015 and remained below the world average in Central and Southern Asia as of 2023. Menstrual health education is provided in 2 out of 5 schools (39 per cent) in Central and Southern Asia (74 per cent data coverage) while the provision is much higher in Fiji (90 per cent), Solomon Islands (73 per cent) and the Philippines (72 per cent). The Philippines, among the small number of countries with data, provides

217 Ibid.

218 Ibid.

219 ESCAP, *Disability at a Glance 2021: The Shaping of Disability-inclusive Employment in Asia and the Pacific* (United Nations publication, 2021).

220 UNESCO, *Education 2033: Incheon Declaration and Framework for Action Towards Inclusive and Equitable Education and Lifelong Learning for All* (Paris, 2016).

221 World Bank, "World Development Indicators, Government expenditure on education, total (% of government expenditures)". Available at: https://databank.worldbank.org/reports.aspx?source=2&series=SE.XPD.TOTL.GB.ZS&country=EAS&gl=1*1ng1bjj*_gcl_au*NzUwOTYzOTg5LjE3MjA2MjIxMzY (accessed on 21 August 2024).

222 UNESCO, 16 November 2022. Tashkent Declaration and Commitments to Action for Transforming Early Childhood Care and Education. Available at: unesdoc.unesco.org/ark:/48223/pf0000384045/PDF/384045eng.pdf.multi.

223 UNICEF, "Transforming education with equitable financing". Brief (New York, 2023). Available at: <https://www.unicef.org/media/133431/file/Transforming%20Education%20with%20Equitable%20Financing.pdf> (accessed 15 July 2024).

224 See Annex 2 for regional groupings by the United Nations Statistics Division in monitoring the Sustainable Development Goals.

225 WHO and UNICEF, *Progress on Drinking Water, Sanitation and Hygiene in Schools 2015-2023: Special focus on menstrual health* (New York, 2024).

226 UNICEF, *Rewriting the Narrative for the Second Decade with and for Adolescent Girls* (Katmandu, 2022).

227 WHO and UNICEF, *Progress on Drinking Water, Sanitation and Hygiene in Schools 2015-2023: Special focus on menstrual health* (New York, 2024).

menstrual sanitation materials for girls in 87 per cent of schools. Several countries in the region have made commendable efforts to improve menstrual health for schoolgirls by incorporating menstrual health in school improvement plans (the Philippines) and budget allocation to schools (Fiji, Indonesia, Nepal and the Philippines) but implementation efficiency of such policies and budgets are being challenged by the lack of accountability and unclear responsibilities among line ministries.²²⁸

School-related gender-based violence (SRGBV) is another key factor hindering gender equality in access to quality education. SRGBV usually involves acts or threats of physical, sexual or psychological abuse that occurs in and around school. Rooted in persisting gender norms and stereotypes, SRGBV creates an unsafe environment for girls and boys in schools and is detrimental to educational experiences and academic achievement of children and young people. Across the globe, an estimated 246 million girls and boys experience SRGBV every year.²²⁹ Yet data and statistics on the issue remain rare. Girls are disproportionately affected, and the risks are even higher among adolescent girls, girls with disabilities, those who are from other marginalized groups, such as religious minorities and indigenous groups, as well as students of diverse sexual orientation and gender identities.²³⁰ Children and young people who have experienced SRGBV are at higher risks of anxiety, depression, fear, stress, low self-esteem and even self-harm intention or behaviours.²³¹

The stress and trauma associated with SRGBV can impair concentration, reduce school participation and hinder overall academic achievement.²³² Studies in Australia, Japan and Hong Kong, China found that students reported higher stress levels to the academic study when they were bullied in school.²³³ The negative impacts of SGBV go beyond the individual level. Violence in and around school has an estimated economic cost of approximately US\$ 11 trillion in lost lifetime earnings for the labour force.²³⁴ Governments, education actors, students, parents, family members and community members

all have important roles to play in a “whole school approach” to address SRGBV by regularly collecting data on SRGBV, putting it at the heart of national education systems and policies and foster cultural and behavioural changes. Some countries in the region recently amended laws to strengthen prevention and response to SRGBV (such as **China** on sexual harassment in schools).²³⁵ In particular, youth and survivor activists and youth-led organizations play a critical role in preventing, mitigating and responding to SRGBV (such as **Bangladesh, the Philippines and Viet Nam**).²³⁶

The persisting gender biases that keep many women and girls away from STEM education requires transformation. These are stereotypes and expectations that perceive women and girls as less suitable and capable in STEM subjects. Data from APEC economies indicate that low levels of participation of women and girls in tertiary STEM studies prevail even in high income countries like the Republic of Korea and Japan.²³⁷ Addressing underrepresentation of women and girls in STEM fields needs to consider generational trends and equity gaps among women and girls. Some countries like China have implemented deliberate programmes to encourage women and girls’ participation in STEM, with tailored interventions for schoolgirls living in less resourced and remote communities and affirmative measures to enable women to overcome career planning and development barriers in STEM sectors.²³⁸ Gender biases and discrimination prevail in STEM related studies, research and jobs as well as the design and algorithm of big data and emerging technologies like generative AI, which are designed in a male-centred fashion. Unless such biases and gender gaps in education and participation in STEM are transformed, technological advancement will reinforce and increase inequalities rather than transforming the lives of women and girls for the better. The presence of women leaders and data scientists is essential to prevent women and other groups in vulnerable situations being marginalized in digital and technological transformations and their outcomes.

228 WHO and UNICEF, *Progress on Drinking Water, Sanitation and Hygiene in Schools 2015-2023: Special focus on menstrual health* (New York, 2024).

229 UNESCO and UN-Women, *Global Guidance on School-Related Gender-based Violence* (Paris and New York, 2016).

230 Safe to Learn, “School-related gender-based violence: achieving systemic, sustainable change – with youth and for youth”, brief (London, 2023).

231 UNICEF, *A Familiar Face: Violence in the Lives of Children and Adolescents* (New York, 2017).

232 Perkins, S. and Graham-Bermann, S., “Violence Exposure and the Development of School-Related Functioning: Mental Health, Neurocognition, and Learning”, *Aggression and violent behavior*, vol. 17, No. 1 (January 2012).

233 Lai, S. L., Ye, R. and Chang, K. P., “Bullying in middle schools: An Asian-Pacific regional study”, *Asia Pacific Education Review*, vol. 9, pages. 503-515 (December 2008).

234 World Bank, *Ending Violence in Schools: An Investment Case - Selected Findings* (Washington, D.C., 2021).

235 China, Ministry of Justice, “Law of the People’s Republic of China on the Protection of Rights and Interests of Women”, web page. Available at http://en.moj.gov.cn/2023-12/15/c_948362.htm (accessed on 2 August 2024).

236 Safe to Learn, “School-related gender-based violence: achieving systemic, sustainable change – with youth and for youth”, brief (London, 2023).

237 OECD, *The Role of Education and Skills in Bridging the Digital Gender Divide: Evidence from APEC Economies* (Paris, 2019).

238 China, National Working Committee on Children and Women under the State Council, *National report of the Beijing+30 review* (Beijing, 2024). Available at <https://www.asiapacificgender.org/node/244>.

BOX 2.5 Increasing the participation of women and girls in STEM education and careers in Australia



The Government of Australia is making concerted efforts to advance gender equality in STEM education and careers. At the request of the Government, the Australian Academy of Science, in collaboration with the Australian Academy of Technology and Engineering, developed the Women in STEM Decadal Plan in 2019. This plan offers a framework aimed at bringing about transformative, systematic and sustained improvements in Australia's STEM sector. It delineates six opportunity areas, including leadership and cohesion, evaluation, workplace culture, visibility, education and industry action, for stakeholders from government, academia, industry, the education sector and the broader community to act and drive change.¹

The Government released the Advancing Women in STEM Strategy in 2019 and the 2020 Action Plan, outlining a national coordinated approach to building a society that provides equal opportunity for people of all genders to learn, work and engage in STEM. Three action areas are identified, including enabling STEM potential through education, supporting women in STEM careers, and making women in STEM visible. By 2030, the Government is committed to ensuring that: (1) Australia's education system, from early education to tertiary, supports the active inclusion of girls and women and enables them to explore their full STEM potential; (2) STEM workplaces support the active recruitment and retention of women in STEM roles at all levels; and (3) girls and women see STEM education and careers as visible and interesting paths and understand the opportunities offered by STEM for their futures.²

Following a data-driven approach, the Government has created the STEM Equity Monitor, a national data resource on the current state and trends regarding women and girls' participation in STEM. The 2023 monitor indicates positive progress in achieving gender equality in STEM education and careers. For example, the number of women enrolling in university STEM courses increased by 31 per cent between 2015 and 2021, and the number of women in STEM-qualified occupations increased by 68 per cent from 2012 to 2022. However, further efforts are needed to close the gender gap in STEM. Women accounted for only 37 per cent of enrolments in university STEM courses and held only 15 per cent of STEM-qualified jobs. Girls' confidence in STEM subjects was generally lower than that of boys and decreased as they grew older. In 2022, the gender pay gap in STEM industries was 17 per cent in favour of men. Moreover, only 23 per cent of senior management and 8 per cent of chief executive officers in STEM-qualified industries were women.³ The Government commissioned an independent review of its programmes to improve diversity in the STEM sector. Findings and recommendations from the review, released in 2024, provide a roadmap for enhancing government Women in STEM initiatives, such as a Women in STEM Ambassador, the Science in Australia Gender Equity (SAGE) initiative, Women in STEM and Entrepreneurship Grants, and a Girls in STEM Toolkit (GiST).⁴

1 Australian Academy of Science, *Women in STEM Decadal Plan*, Australian Academy of Science (Canberra, 2019).

2 Australia, Department of Industry, Science and Resources, *The Advancing Women in STEM Strategy and the 2020 Action Plan* (n.p., 2019).

3 Australia, Department of Industry, Science and Resources, "The state of STEM gender equity in 2023", web page. Available at <https://www.industry.gov.au/news/state-stem-gender-equity-2023> (accessed on 10 June 2024).

4 Australia, Department of Industry, Science and Resources, *Pathway to Diversity in STEM Review: Final Recommendations* (Canberra, 2024).

2.5.2 Evolving skills development

In addition to general education, skills development is of increasing importance amidst main transitions including the green and just transition associated with climate change, the digital transition and rapid population ageing. Skills development, as part of Active Labour Market Policies (ALMPs),²³⁹ has also been found instrumental to supporting women into self-employment, particularly in entrepreneurship.²⁴⁰

The skills portfolios of women and girls need to transform to enable access to formal, green and decent jobs which is highly relevant to developing countries in Asia and the Pacific where informality and underemployment prevail in the job market. The digital and green transitions present new opportunities for women's economic empowerment. They provide more formal, greener and decent jobs with higher incomes, social protection and a safer work environment. Yet, a prerequisite for materializing such opportunities is matching women and girls' skills portfolio to evolving labour market demand. In the Asia-Pacific region, women are overrepresented in low-skilled occupations and informal jobs across economic sectors. Digital technologies are accelerating a premature deindustrialization²⁴¹ in developing countries, which is likely to disproportionately impact low and medium-skilled workers. The sectors that will be most affected by the green and just transition employ about 52 per cent of the workforce. These sectors are agriculture, forestry and fishing; mining and quarrying; manufacturing; electricity gas, steam and air conditioning supply; water supply, sewerage, waste management and remediation activities; constructions, and transportation and storage.²⁴² Women are at risk of losing jobs they already have in some of these sectors and missing out new job opportunities created in the digital and green transition process, unless they are reskilled or upskilled (See more discussion in Chapter 3).

The increasing use of ICT in many sectors and occupations requires strong investment in supporting women and girls to keep up with digital connectivity and skills, especially at the higher levels. In Asia and the Pacific, 63 per cent of the female population use the internet compared

to 69 per cent of the male population. Wide gaps remain in internet usage between rural and urban areas, at 52 per cent and 80 per cent, respectively. Some 75 per cent of the region's population own a mobile phone. While 42 per cent of the population are covered by 5G network, mobile networks remain out of reach for many people, especially those in least developed countries (LDCs) and land-locked developing countries (LLDCs).²⁴³ ESCAP analysis shows that individuals living in the poorest 40 per cent of households and less educated (having no or only primary or secondary education) are often the furthest left behind in mobile phone ownership and in internet usage.²⁴⁴ In Tonga, being a woman also defines the furthest left behind in mobile phone ownership while in Samoa, Papua New Guinea and the Maldives, it defines the furthest left behind in internet usage. Data from seven countries in Southeast Asia indicate that the gender gap is more evident when it comes to more advanced digital skills. In Singapore, for example, only 4 women for every 10 men can write a computer program.²⁴⁵ Technical and vocational education and training (TVET) systems and curricula need to be modernized to meet modern labour market demands, and give priority to the training and re-skilling of women, young people, people with a lower level of education, and those at more risk of being excluded in the job market such as older persons and persons with disabilities. Such investment would enable populations of the region to tackle digital exclusion.

In line with the ILO Convention 204, Governments in the region need to use all policy instruments to progressively support the transition of the large share of informal workers into formal, green and decent jobs, guided by the principle of equality and non-discrimination. Nonetheless, most countries spend very little on training and re-skilling schemes despite the large share of low-skilled workers in the region, particularly among women workers in the South Asia region.²⁴⁶ Expanding the quantity of training schemes and the quality of skills curricula, in combination with a higher quality of general education, should be a priority for countries to help their populations keep up with the ongoing mega transitions. Equally important is addressing inequalities in education and skills development through intentional, gender-responsive and inclusive measures.

239 Active Labour Market Policies (ALMPs) target the population seeking jobs and those at risk of losing jobs. They often include supply-side measures such as training, re-skilling and job-matching and wage subsidies and public works as demand-side measures.

240 ESCAP, *The Workforce We Need: Social Outlook for Asia and the Pacific 2022* (United Nations publication, 2022).

241 Deindustrialization refers to the reduction of manufacturing within an economy which result in a shrinking share of workers employed in the manufacturing industries. When occurring in developing economies which remain dependant on industrialization, it could lead to large numbers of unemployment and lower levels of income. Dani Rodrik, "Premature deindustrialization", *Journal of Economic Growth*, vol. 21 (November 2015).

242 ESCAP, *The Workforce We Need: Social Outlook for Asia and the Pacific 2022* (United Nations publication, 2022).

243 ITU, *Measuring Digital Development: Facts and Figures 2023* (Geneva, 2023).

244 ESCAP LNOB Platform analysis based on MICS and DHS data from 24 countries on mobile phone ownership by individuals between 2016 and 2022 and on internet usage between 2015 and 2022. Available at: <https://lnob.unescap.org/overview-results?indicator=404&geo=all&year=all> (accessed on 29 May 2024).

245 UNESCO, *Global Education Monitoring Report, Southeast Asia: Technology in Education: A tool on Whose Terms?* (Paris, 2023).

246 ESCAP, *The Workforce We Need: Social Outlook for Asia and the Pacific 2022* (United Nations publication, 2022).

BOX 2.6 Reskilling and upskilling disadvantaged youth and adults through public-private partnership in the digital age in Thailand



The swift transition towards emerging technologies and the digital economy in Thailand necessitates that youth and adults upskill or reskill to meet new labour market demands. The Thailand Digital Economy and Society Development Plan emphasizes the importance of accumulating human capital by equipping every group of workers with appropriate knowledge and skills in preparation for a life and career in the digital age. Youth and adults most at risk of being excluded in the digital economy urgently need opportunities and assistance to acquire essential skills for pursuing their careers and lifelong learning goals in the digital era. Findings from the first large-scale assessment of foundational skills among youth and adults in Thailand indicate that 74.1 per cent of the assessed population underperformed in foundational digital skills. A high level of deficiency in these skills was observed among young women and men without a tertiary education.¹ The limited data available suggest women's participation in the digital economy and STEM education is restricted.²

Against this background, led by Microsoft Thailand, a public-private partnership for the initiative "Accelerating Thailand" was formed to equip underprivileged or unemployed groups with digital and other job skills in line with the demands of the fast-evolving labour market. This initiative involved seven organizations, namely the Digital Economy Promotion Agency, the Department of Skill Development of the Ministry of Labour, the Office of the Non-Formal and Informal Education of the Ministry of Education, the Thailand Professional Qualification Institute, Jobs DB Recruitment (Thailand) Ltd., the Thai Fund Foundation, and UNESCO Bangkok.³

Supported by the initiative, Thai youth and adults participated in skills development courses at community learning centres or learned through partner agencies' online platforms. The online curricula in digital skills for employment purposes comprised six main courses, ranging from digital literacy and Microsoft application software training to more advanced content, such as mobile application development and data analytics. Learners who successfully completed the courses received a recognized skills certificate and were assisted in reaching out to employment platforms. Further training in essential and complementary employment techniques, such as preparing job applications and mastering effective interviewing skills, was provided. More than 100,000 non-formal education⁴ learners, 66 per cent of whom were women, received training through community learning centres, and nearly 180,000 learners reported having participated in online courses. Among the learners at community learning centres, over 80,000 reported increased learning opportunities, while more than 14,000 indicated that they had experienced personal and family development. Some 4,500 further developed their current profession; another 4,500 gained extra-income; and 1,900 started a new career.⁵

The achievements of the initiative underscore the need and benefits of fostering public-private partnerships to strengthen digital literacy and essential job skills with universally recognized certification. This approach can effectively provide disadvantaged youth and adults with multiple employability pathways and ongoing self-development throughout their lives, contributing to their empowerment in the digital age.

1 World Bank, *Fostering Foundational Skills in Thailand: From A Skills Crisis to A Learning Society* (Washington, D.C., 2024).

2 UNESCO, "UNESCO Bangkok fosters greater awareness of persistent gender divide in digital information literacy in Asia-Pacific", web page. Available at <https://thailand.un.org/en/215771-unesco-bangkok-fosters-greater-awareness-persistent-gender-divide-digital-information#:~:text=In%20Thailand%20itself%20in%202020,digital%20economy%20and%20STEM%20education> (accessed on 10 June 2024).

3 United Nations Thailand, "Enhancing lifelong learning opportunities for underprivileged Thai youth and adults during the COVID-19 pandemic", story, 8 November 2021. Available at <https://thailand.un.org/en/157660-enhancing-lifelong-learning-opportunities-underprivileged-thai-youth-and-adults-during-covid> (accessed on 10 June 2024).

4 Like formal education, non-formal education is institutionalized, intentional and planned by an education provider. The defining characteristic of non-formal education is that it is an addition, alternative and/or a complement to formal education within the process of the lifelong learning of individuals. UNESCO, "Non-formal education", glossary. Available at: <https://uis.unesco.org/en/glossary-term/non-formal-education> (accessed on 2 August 2024).

5 Microsoft, "Microsoft surpasses target milestone in 'Accelerating Thailand' digital skills program with 280,000 workers empowered in 2021", blog, 4 April 2022. Available at <https://news.microsoft.com/th-th/2022/04/04/accelerating-thailand-phase2-en/> (accessed on 10 June 2024).



A young woman from a fishing community in West Bengal in eastern India. © UN-Women/Anindit Roy Chowdhury

2.6 CONCLUSION AND RECOMMENDATIONS

Women and girls, especially those who face multiple and intersecting forms of discrimination, are particularly subject to multidimensional poverty. Ameliorating poverty experienced by women and girls and ensuring their right to an adequate standard of living depend on effective policies and targeted programmes to address persistent inequalities in access to public services that meet multidimensional needs, in particular, social protection, health care, education and skills development. Such policies and programmes will have positive effects on employment and decent work, meet care needs, support women's and girls' mobility and access to schools, markets and work²⁴⁷ and mitigate gender-based violence.²⁴⁸ Furthermore, spending on gender-responsive social protection, health, education and skills development will lead to positive returns in a country's accumulation and quality of human capital which are essential assets for sustainable development and growth.

Moreover, the trajectory of poverty is increasingly affected by megatrends such as demographic shifts, climate change and digitalization. Addressing it thus requires forward-looking economic and social policies with the vision to address evolving inequalities and prevent people from falling back into poverty traps.

To this end, ESCAP member States and other stakeholders are encouraged to take actions set out below.

- + Systematically collect and use disaggregated data and gender statistics. This will enable more effective multidimensional poverty assessments at the national and subnational level. It will support the monitoring and evaluation of poverty reduction programmes to inform targeted policy and programme design, as well as the assessment of policy and programme effectiveness in leaving no one behind.

²⁴⁷ United Nations Review and appraisal of the implementation of the Beijing Declaration and Platform for Action and the outcomes of the twenty-third special session of the General Assembly, Report of the Secretary-General, E/CN.6/2020/3 (New York, 2022).

²⁴⁸ WHO, *RESPECT Women: Preventing Violence against Women* (Geneva, 2019).

- + Incorporate strategies to address gender dynamics and inequalities related to poverty in its multiple and overlapping dimensions into national poverty reduction strategies. Depending on national contexts, national poverty reduction strategies may account for relative poverty.
- + Invest, develop and implement comprehensive gender-responsive social protection measures, including contributory and non-contributory schemes and programmes to cover the full life cycle. These must respond to the implications of unequal power relations for women's agency and bargaining power, and to the unpaid care burden shouldered by women and girls. Social protection measures must recognize women and girls' experience of poverty and the barriers they face to access and use social protection benefits, public services and resources.
- + Integrate comprehensive SRH services in health benefit packages and primary health care. Both are essential to achieving universal health coverage. Part of this push must be to remove barriers and discriminatory practices with regard to gender and age in health-related data collection and management. Health service delivery systems that overlook or restrict access to women, girls and other individuals facing intersectional discrimination must be reformed.
- + Close education resource gaps by dismantling barriers to schools and learning for all children and young people, particularly girls in marginalized communities. Investment in foundational skills learning must be prioritized through reforms to education system policies and budget allocations, pedagogy and teaching practices, and learning assessment methodologies. Technological and other innovations can be leveraged to support these reforms. Investment directed at improving learning outcomes should start from early childhood education and home parent-directed stimulation programmes, with gender-transformative elements.
- + Modernize skills development schemes and curricula to further close equity gaps in skills and enable the population to transition into formal, green and decent jobs, prioritizing support to women and girls and those at risk of exclusion in the green and just transition and digitalization, such as older persons and persons with disabilities.
- + Increase investment for supporting women and girls to keep up with digital connectivity and skills, especially at the higher levels.
- + Ensure that strategies and actions to reduce poverty and improve social protection, health, education and skills development are always accompanied by sufficient and feasible financing plans. Depending on national and subnational contexts, a combined financing scheme may be employed to mobilize resources through gender-responsive public budgets and other innovative private-sector and multilateral financing schemes (see Chapter 8 for further discussion).
- + Acknowledge women and girls' agency and introduce accountability mechanisms that meaningfully engage women and girls in decision-making, monitoring and evaluation of policy and programme effectiveness.
- + Mandate tailored programmes to transform social norms that impede women and girls' equal access to assets, resources and opportunities, targeting policy makers, decision makers and personnel involved in poverty reduction, social protection, healthcare and education systems as well as the general public.

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Gender equality is key to sustainable development and a prerequisite to achieving peaceful and just societies and a healthy planet. But what progress has been made toward upholding this human right and empowering women and girls in Asia and the Pacific? What challenges remain and how should these be addressed in the light of climate change, demographic shifts and digital transformation?

Charting New Paths for Gender Equality and Empowerment: Asia-Pacific Regional Report on Beijing+30 Review provides an in-depth analysis of the progress and gaps in implementing the Beijing Declaration and Platform for Action, a global framework for advancing the agenda for gender equality and the empowerment of women and girls. The report identifies opportunities and forward-looking strategies to accelerate progress in a rapidly changing region.

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