

ASEAN-Japan Cooperation for Achieving the Millennium Development Goals: Synergizing Regional Efforts for Human-Centered Development

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IN 2000, THE 10 members of ASEAN signed the Millennium Declaration to eradicate extreme poverty in the world by 2015 through the achievement of the so-called Millennium Development Goals (MDGs). These are numerical indicators consisting of 8 goals with 21 targets, the focus of which is on human-centered development rather than economic-oriented development (see appendix). The MDGs have been mainstreamed in the process of building the ASEAN Socio-cultural Community (ASCC), which has the same deadline of 2015. As we approach the target year of 2015, however, some of the MDG targets have not been met in the ASEAN member countries, and significant gaps in achievement are evident across these countries. In addition, the MDGs are likely to be affected by regional megatrends, such as development and inequality, urbanization, climate change, demographic change, and natural resource scarcities beyond the year 2015.

In light of this situation, the purpose of this chapter is to review what has been done through ASEAN-Japan cooperation to achieve the MDGs in the region and to consider what should be done in the coming years and in the post-MDGs era. In the following sections, the regional cooperation efforts to date to achieve the MDGs are reviewed, including both intra-ASEAN cooperation and ASEAN-Japan cooperation. Next, an overview and comparison is offered of the current achievements of the MDGs in ASEAN member countries, so as to analyze the relevance

of the regional cooperation. Finally, recommendations are proposed for future cooperation.

ASEAN-JAPAN COOPERATION FOR ACHIEVING THE MDGs: WHAT HAS BEEN DONE?

As mentioned above, the MDGs are deeply interrelated with the framework of the ASCC in ASEAN Community building. Hence, the purposes of this section are to examine what has been done to achieve the MDGs within the ASCC framework; to address the bilateral cooperation of ASEAN member governments, which has been implemented in parallel with multilateral cooperation within the ASCC framework; and to provide an overview of the Japanese contributions on the issue through bilateral and multilateral official development assistance (ODA).

Regional Cooperation within the ASCC Framework

The commitment of the governments of the ASEAN member states to cooperate to achieve the MDGs reflects the consensus of ASEAN on building a unified “community of caring societies” by 2015, which has been confirmed in a series of agreements, including the ASEAN Vision 2020, the Declaration of ASEAN Concord II (Bali Concord II), and the Roadmap for an ASEAN Community. Among the three pillars of the ASEAN Community, the ASCC is particularly associated with the targets set in the MDGs because the focus of the ASCC includes poverty alleviation, human development, social welfare, and environmental sustainability.

The framework of the ASCC was first proposed in the Bali Concord II in 2003 as one of the three pillars of a “community of caring societies,” a concept described in 1997 in the ASEAN Vision 2020. Subsequently, the ASCC Plan of Action (POA) was adopted in 2004 at the ASEAN Summit in Vientiane, in which the following four points were identified as the core elements of the ASCC:

- 1. Building a community of caring societies** to address issues of poverty, equity, and human development;
- 2. Managing the social impact of economic integration** by building a competitive human resource base and adequate systems of social protection;
- 3. Enhancing environmental sustainability** and sound environmental governance; and

4. Strengthening the foundations of regional social cohesion toward an ASEAN Community in 2020.¹

In the POA, among the issues related to these four elements, poverty alleviation is considered to be “the very core of a strong and resilient ASEAN Socio-Cultural Community,” and accelerating the goal of poverty reduction in the MDGs framework is clearly listed among the specific measures to be taken. Such a recognition seems to have been incorporated into the ASCC Blueprint (2009)² and the ASEAN Charter (2007; in force from 2008),³ although the MDGs are not directly referred to. For example, three out of the six characteristics envisaged in the ASCC Blueprint—human development (section A), social welfare and protection (section B), and narrowing the development gap (section F)—address the very issues covered by the MDGs, and in particular, the following sections mirror various MDG targets:

- Section A.1 Advancing and prioritizing education
- Section A.3 Promoting decent work
- Section A.5 Facilitating access to applied science and technology
- Section B.1 Alleviating poverty
- Section B.4 Ensuring access to healthcare and promoting healthy lifestyles
- Section B.5 Improving capacity to control communicative diseases

In section F, which encourages efforts to narrow regional development gaps, special attention is paid to the gaps between the ASEAN-6, or the “senior” ASEAN member countries, and the “junior” ASEAN member countries of Cambodia, Laos, Myanmar, and Vietnam (CLMV). In this way, the MDGs have become the mainstream in the Initiative for ASEAN Integration (IAI) within the framework of the ASCC.⁴

Since a consensus on regional cooperation to achieve the MDGs was reached, collective efforts have been made to attain the MDGs through various sectoral bodies organized by the ASEAN member countries. The sectoral bodies of the ASCC that have direct relevance to the MDGs include the ASEAN Senior Officials Meeting on Rural Development and Poverty Eradication, the ASEAN Senior Officials Meeting on Education, the ASEAN Committee on Women, the ASEAN Senior Officials’ Meeting on Health Development, the ASEAN Senior Officials’ Meeting on the Environment, and the ASEAN Senior Officials’ Meeting on Social Welfare and Development. In individual sectors, there has been practical dialogue among officials to develop declarations, agreements, and action plans that would encourage each member country to strive to reach the targets of the MDGs. Considering the limited budget available for the sectoral bodies,

partnerships with external bodies in each sector—including international development agencies and civil organizations—have been promoted to urge the implementation of relevant regional cooperation programs to tackle the challenges of achieving the MDGs.

Along with such multilateral regional cooperation, bilateral cooperation between countries in the region, or South-South cooperation (SSC), has also been directed at the attainment of the MDGs. Among the “senior” ASEAN members, Thailand is an earnest emerging provider of SSC. Thai ODA schemes include bilateral financial cooperation (both loans and grants) through the Neighbouring Countries Economic Development Cooperation Agency, and technical assistance implemented by the Thai International Cooperation Programme. As much as 73 percent of the total Thai ODA supports Cambodia, Laos, and Myanmar, the three least developed countries in ASEAN, and is considered to be contributing to the achievement of the MDGs in these countries.⁵ However, financial support for infrastructure development is the main focus of Thai ODA, while technical assistance and cooperation in the social sector are fairly limited.⁶ Conversely, the development cooperation carried out by Singapore and Malaysia concentrates on technical cooperation and human development. These governments provide training programs in various fields, and many of them are directed at the IAI. In particular, Singapore has established IAI centers in the CLMV countries that train government officials in the prioritized policy areas. Triangular cooperation is a modality commonly utilized in all of these countries with regard to the provision of training with support from development partners such as Japan and international organizations such as the United Nations Development Programme (UNDP).

More recently, the Joint Declaration on the Attainment of the MDGs in ASEAN was adopted at the ASEAN Summit in 2009, and the ASEAN Roadmap for the Attainment of the Millennium Development Goals (hereafter, ASEAN MDGs Roadmap) was released in 2011 as a follow-up to the declaration.⁷ What is noteworthy about this roadmap is its call for the promotion of intrasectoral cooperation to address the MDG targets in the region, while the ASCC Blueprint and its sectoral work plan guide sector-specific activities. Acknowledging the limited resources available for each sector and the necessity to seek support from external development partners, the ASEAN MDGs Roadmap claims that promoting a cohesive approach across sectors and synergizing efforts and resources would ensure that the “implementation of programmes and activities could be more impactful” than operating unilaterally. It also emphasizes the significance of SSC as a means of accelerating the attainment of the MDGs. Furthermore,

it recommends sharing knowledge and information on best practices within the region and building networks of regional experts.

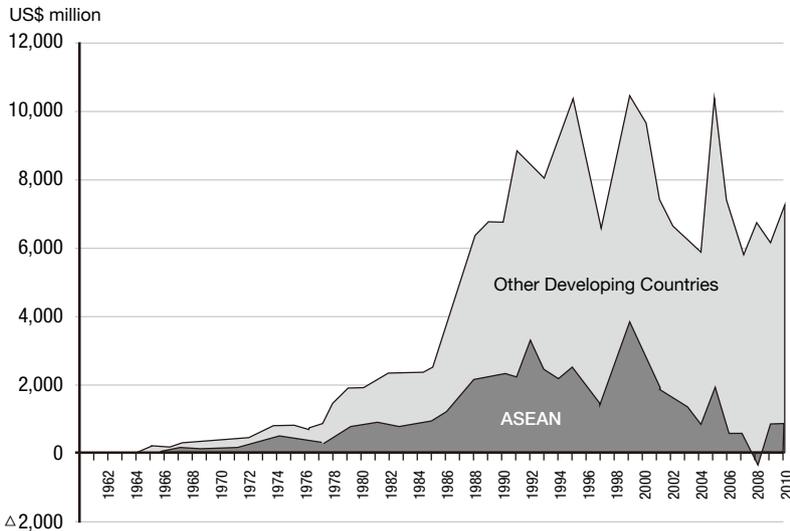
Japanese Contribution to the Achievement of the MDGs in ASEAN

The achievement of the MDGs in ASEAN member countries is also important for the Japanese government for two reasons. First, since ASEAN is a strategic partner of Japan both economically and diplomatically, the development and stability of ASEAN member countries as well as the creation of a unified ASEAN Community are considered great benefits for Japan and for the broader Asia Pacific region. Second, the MDGs address pressing issues of human security that have been promoted by the Japanese government. It was the Japanese initiative, the Commission on Human Security, that identified human security as “freedom from fear” and “freedom from want.”⁸ The MDGs directly represent the “freedom from want” aspect of human security. Hence, human security and the MDGs, as an instrument of mainstreaming the concept of human security, have been given priority in Japanese diplomacy and ODA.⁹ This is reflected in the ASEAN–Japan Plan of Action 2011–2015, adopted at the 14th ASEAN–Japan Summit in 2011, which confirmed the goal of cooperation on the attainment of the MDGs (section 3.2), as well as cooperation on health- and education-related matters (sections 3.4 and 3.5).

Since then, how has the Japanese government been supporting ASEAN, or the ASCC, on MDG-related issues? Obviously, ODA has been Japan’s major tool of cooperation with the ASEAN member countries. As shown in figure 1, ASEAN has historically been a priority region for Japanese ODA. At the same time, the global achievement of the MDGs has been a priority area of cooperation as well. In particular, Japan has emphasized cooperation on maternal health, basic education, and water provision—areas in which the achievement of targets is far behind schedule throughout the world.¹⁰ Although cooperation with African countries is also emphasized, ASEAN member countries have been the beneficiaries of a series of ODA projects directed at efforts to achieve the MDGs.

While many of the projects in the education sector in the ASEAN member countries have addressed the improvement of middle or higher education rather than basic education, maternal health is still a hot issue in the region, and almost all of the current recipient countries have accepted cooperation in this field in the past decade. For example, in Indonesia, the Japan International Cooperation Agency (JICA) implemented a technical cooperation project, “Ensuring Maternal and Child Health Service with the

Figure 1. Japanese bilateral ODA net disbursements to ASEAN and other developing countries



Source: Compiled by the author based on data from the OECD iLibrary.

Maternal and Child Health (MCH) Handbook.”¹¹ The distribution of the “MCH Handbook” to expectant and nursing mothers began in Indonesia in the early 1990s, after a doctor from Central Java visited Japan to participate in a training course and was impressed to see the Japanese system of distributing a notebook to pregnant and nursing mothers. This system, established in Japan in 1942, was designed to help mothers keep track of information on antenatal care, vaccinations, childbirth, and the growth of children. It was also expected to function as a tool for consolidating different kinds of maternal and child health services in order to ensure a continuum of care at any health facility. The Ministry of Public Health of Indonesia recognized the effects of the Indonesian MCH Handbook, which was introduced in one city on a trial basis with the support of JICA, and pledged to launch a national program to distribute the handbook in other regions in 1997. By 2003, the system was in place in 26 out of 31 provinces and the ministry finally issued an ordinance to institutionalize the MCH Handbook in the country in 2003. Thus, JICA’s technical assistance was instrumental in the decision to launch and disseminate this initiative on the part of the Indonesian government. Since then, the handbook has become widespread in Indonesia. According to a national household survey, as of 2010, the handbook had been provided to 68.5 percent of pregnant women.¹² Due to its success in Indonesia, the

handbook was introduced in neighboring countries, such as the Philippines and Vietnam, and JICA has provided technical assistance to those countries as well. Another approach taken by JICA projects to support the improvement of maternal health is administrative capacity building. For example, in Laos, where various development partners intervene in health-service provision, technical-support projects have been implemented to enhance the coordination and planning capacity of the Ministry of Health and make the interventions function effectively.¹³ At the same time, ongoing support has been provided for human resource development of medical personnel.¹⁴

Japanese ODA projects have also addressed regional gaps within ASEAN. A recent ODA White Paper explicitly states that Japan supports narrowing the gaps in the region to achieve ASEAN integration, and for this reason its ODA is prioritizing assistance to the countries in the Mekong region.¹⁵ In this regard, in Cambodia the improvement of the water supply and sewerage systems in the expanding urban areas has been an issue of concern, and projects have been implemented both through grant aid and the technical assistance schemes of Japanese ODA since the early 1990s, soon after the termination of the civil conflict in that country.¹⁶ Such assistance is considered to have contributed to a better water supply system: in the capital city of Phnom Penh, the percentage of the population with access to safe water increased from 25 percent in 1991 to 90 percent in 2006.¹⁷

Japanese ODA efforts to narrow the regional gaps have been made through multilateral as well as bilateral cooperation schemes. A cooperation scheme called the “Third Country Training Programme” (TCTP) has been running in the region since the 1970s, through which JICA has financially and technically supported its development partners to transfer their expertise or to re-transfer Japanese expertise to a third country.¹⁸ In 1999, the “Regional Meetings for Mutual Consultation on the Third Country Training Programme” (TCTP Meeting), a collective consultation meeting between JICA and its bilateral development partners in ASEAN, was launched to share information and to improve TCTP implementation.¹⁹ The TCTP Meeting was further developed as a new triangle cooperation framework, the “JICA-ASEAN Regional Cooperation Meeting” (JARCOM), established in 2002, with the attendance of development partners, the “senior” ASEAN member countries, as well as the recipient CLMV countries.²⁰ JARCOM is not only used to refer to the name of this new forum; it is also used to refer to its unique mechanism, which features an annual participatory cycle of project identification, implementation, and monitoring.²¹ While the TCTP tended to be supply driven, the JARCOM mechanism made it demand driven to attain a better match of providers and recipients under the TCTP. The role of JICA was to facilitate the proposal and negotiation process and

to provide any necessary financial and technical inputs. Cost sharing (15–50 percent) and implementation arrangements were agreed upon bilaterally with the partner countries in accordance with their capacities. Under the JARCOM framework, 119 projects (out of 169 proposals) were conducted from 2004 to 2009, a certain number of which were certainly related to the MDGs, as those were the priority policy areas of the recipient countries.²² From its early stage, JARCOM sought collaboration with the IAI,²³ and the ASEAN Secretariat endorsed 17 JARCOM projects as IAI projects.²⁴ Although JARCOM initially assumed that the “senior” ASEAN member countries would be the training providers, Vietnam also provided training on basic education to the other member countries.

The problem with JARCOM, however, was that too many financial and coordination costs were borne by JICA, and it became difficult for JICA to defend the effectiveness of providing assistance through JARCOM.²⁵ Moreover, although it was initially expected that regionwide projects to tackle common issues or nurture the capacity of the ASEAN Secretariat would be undertaken within the framework of JARCOM, such projects did not materialize because the TCTP scheme required a bilateral project formulation and implementation process.²⁶ Hence, in 2009 JARCOM was reorganized as the Japan–Southeast Asian Meeting for South-South Cooperation (J-SEAM) to redirect its main focus “toward the formulation and implementation of well-prepared South-South technical cooperation among Southeast Asian countries, and also toward networking between member states.”²⁷ J-SEAM functioned up until July 2011 as an arena for strengthening the network of development partners of the ASEAN member countries, at which point the meeting was dissolved because these agencies had the capacity to arrange SSC on their own and to request JICA’s support as necessary. Meanwhile, JICA and the ASEAN Secretariat entered into a cooperation agreement in June 2008 to seek to formulate regionwide projects that JARCOM had failed to address. A JICA-ASEAN pilot project was launched in Laos under this agreement.

CURRENT ACHIEVEMENTS ON THE MDGs IN THE REGION

In this section, the current achievements on the MDGs will be reviewed by target and by country to clarify the background of regional cooperation efforts, which will serve as the basis for assessing current cooperation.

According to the latest progress chart from the UN (see table 1), the countries in “Southeastern Asia” as a whole are considered to have achieved

Table 1. MDGs progress chart 2012

Goals and Targets	Africa		Asia				Oceania	Latin America & Caribbean	Caucasus & Central Asia
	Northern	Sub-Saharan	Eastern	Southeastern	Southern	Western			
GOAL 1 | Eradicate extreme poverty and hunger									
Reduce extreme poverty by half	low poverty	very high poverty	moderate poverty	high poverty	very high poverty	low poverty	very high poverty	moderate poverty	low poverty
Productive and decent employment	large deficit in decent work	very large deficit in decent work	large deficit in decent work	large deficit in decent work	very large deficit in decent work	large deficit in decent work	very large deficit in decent work	moderate deficit in decent work	moderate deficit in decent work
Reduce hunger by half	low hunger	very high hunger	moderate hunger	moderate hunger	high hunger	moderate hunger	moderate hunger	moderate hunger	moderate hunger
GOAL 2 | Achieve universal primary education									
Universal primary schooling	high enrolment	moderate enrolment	high enrolment	high enrolment	high enrolment	high enrolment	—	high enrolment	high enrolment
GOAL 3 | Promote gender equality and empower women									
Equal girls' enrolment in primary school	close to parity	close to parity	parity	parity	parity	close to parity	close to parity	parity	parity
Women's share of paid employment	low share	medium share	high share	medium share	low share	low share	medium share	high share	high share
Women's equal representation in national parliaments	low representation	moderate representation	moderate representation	low representation	low representation	low representation	very low representation	moderate representation	low representation
GOAL 4 | Reduce child mortality									
Reduce mortality of under-five-year-olds by two thirds	low mortality	high mortality	low mortality	low mortality	moderate mortality	low mortality	moderate mortality	low mortality	moderate mortality
GOAL 5 | Improve maternal health									
Reduce maternal mortality by three quarters	low mortality	very high mortality	low mortality	moderate mortality	high mortality	low mortality	high mortality	low mortality	low mortality
Access to reproductive health	moderate access	low access	high access	moderate access	moderate access	moderate access	low access	high access	moderate access
GOAL 6 | Combat HIV/AIDS, malaria, and other diseases									
Halt and begin to reverse the spread of HIV/AIDS	low incidence	high incidence	low incidence	low incidence	low incidence	low incidence	low incidence	low incidence	low incidence
Halt and reverse the spread of tuberculosis	low mortality	high mortality	low mortality	moderate mortality	moderate mortality	low mortality	high mortality	low mortality	moderate mortality
GOAL 7 | Ensure environmental sustainability									
Halve proportion of population without improved drinking water	high coverage	low coverage	high coverage	moderate coverage	high coverage	moderate coverage	low coverage	high coverage	moderate coverage
Halve proportion of population without sanitation	high coverage	very low coverage	low coverage	low coverage	very low coverage	moderate coverage	low coverage	moderate coverage	high coverage
Improve the lives of slum-dwellers	moderate proportion of slum-dwellers	very high proportion of slum-dwellers	moderate proportion of slum-dwellers	high proportion of slum-dwellers	high proportion of slum-dwellers	moderate proportion of slum-dwellers	moderate proportion of slum-dwellers	moderate proportion of slum-dwellers	—
GOAL 8 | Develop a global partnership for development									
Internet users	high usage	moderate usage	high usage	moderate usage	low usage	high usage	low usage	high usage	high usage

The progress chart operates on two levels. The words in each box indicate the present degree of compliance with the target. The colours show progress towards the target according to the legend below:

<ul style="list-style-type: none"> Target already met or expected to be met by 2015. Progress insufficient to reach the target if prevailing trends persist. 	<ul style="list-style-type: none"> No progress or deterioration. Missing or insufficient data.
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Source: United Nations, “Millennium Goals Indicators: The Official United Nations Website for the MDGs Indicators,” http://mdgs.un.org/unsd/mdg/Resources/Static/Products/Progress2012/Progress_E.pdf.

or to be likely to achieve 10 targets out of 16.²⁸ More precisely, all targets under goal 4 on child mortality and goal 7 on environmental sustainability either have been met already or are projected to be met by 2015. Under goal 8 on global partnership for development, efforts are also on track to achieve the target for expanded Internet usage. On the other hand, the region is off track in terms of meeting the targets under goal 5 on maternal health and goal 2 on primary education. The rest of the goals—goal 1 on poverty and hunger, goal 3 on gender equality, and goal 6 on combating

disease—have been partially achieved, but efforts on some of the targets are still off track. Among the unmet targets, achievements in productive and decent employment (goal 1), women's equal representation in national parliaments (goal 3), and access to reproductive health (goal 5) are particularly behind schedule and are considered priority issues for the region, as highlighted in table 1.

What, then, are the achievements of each ASEAN member country? Table 2 summarizes the current progress on the MDGs in the ASEAN member countries. Since the two high-income countries in the region, Brunei and Singapore, are likely to be similar to developed countries in terms of their progress toward meeting most of the MDG targets, they are omitted from the table.²⁹ This table illustrates that the unmet goals vary significantly across countries. Goals such as 4 and 7 that are successfully on track in one country may not be attained in time in others, while goal 2, which is considered to be behind schedule, has already been achieved in many of the countries.

Table 3 presents more detailed data pertaining to the achievements to date in each country. The data in this table reveal the areas where there are large achievement gaps across the countries. The maternal mortality rate (goal 5) is nearly 10 times higher in Cambodia, Indonesia, and Myanmar (0.25, 0.22, and 0.2 percent respectively) and 30 times higher in Laos (0.47 percent) than in Malaysia (0.029 percent). The ratio of births attended by skilled health staff (goal 5) is particularly low in Laos (37 percent), the Philippines (62 percent), and Cambodia (71 percent), while the data are unavailable in Myanmar. Although not shown in table 3, the percentage of Internet users (goal 8) is remarkably small in Myanmar (0.3 percent) and Cambodia (1.3 percent). On the other hand, access to improved sanitation and water sources (goal 7) is limited in Indonesia, Cambodia, and Laos, while Myanmar has been making good progress on this issue. Since some of the numerical targets of the MDGs are set as percentages of advancement or reduction compared with the 1990 levels, gaps are observed even in the targets that are to be attained. For example, Cambodia and Laos are significantly behind other countries in the infant and under-five child mortality rates (goal 4), although they are on track in terms of their respective country targets. The mortality rates of infants and children are also quite high in Myanmar. The other targets of concern in the region—achievements in productive and decent employment (goal 1) and women's equal representation in national parliaments (goal 3)—seem to be similarly unsuccessful across countries, although with regard to the latter goal, the rate is actually much better in Cambodia, Laos, and Vietnam, where achievement matches the level of Singapore.

Table 2. Progress of the MDGs in the ASEAN member countries

Goals/Country	Goal 1: Eradicate extreme poverty and hunger	Goal 2: Achieve universal primary education	Goal 3: Promote gender equality and empower women	Goal 4: Reduce child mortality	Goal 5: Improve maternal health	Goal 6: Combat HIV/ AIDS, malaria, and other diseases	Goal 7: Ensure environmental sustainability
Cambodia	Off track	Off track	Off track	On track	Off track	On track	Off track
Indonesia	Off track	On track	On track	On track	Off track	Off track	On track
Laos	On track	Partly off track	NA	On track	NA	NA	NA
Malaysia	Achieved	Achieved	Achieved	On track	On track	Partly off track	Partly off track
Myanmar	Off track	On track	Early achiever	Off track	Off track	Partly achieved/ On track	Achieved
Philippines	Off track	Off track	On track	Off track	Off track	Partly off track	Partly off track
Thailand	Achieved	On track	Achieved	Achieved	Achieved	Partly achieved/ On track	On track
Vietnam	Achieved	Achieved	On track	On track	On track	Off track	Off track

Source: Compiled by the author based on Herman Joseph S. Kraft, "Achieving the MDG Targets by 2015: Lessons for Mainstreaming Human Security," in *Mainstreaming Human Security in ASEAN Integration: Lessons Learned from MDGs Implementation in Southeast Asia*, ed. Herman Joseph S. Kraft (Quezon City: Institute for Strategic and Development Studies, 2012); and UN Country Office in Myanmar, *Thematic Analysis 2011: Achieving the Millennium Development Goals in Myanmar* (Yangon: UN in Myanmar, 2011).

Table 3. MDG indicators in the ASEAN member countries

Millennium Development Goals	Burmi	Cambodia	Indonesia	Laos	Malaysia	Myanmar	Philippines	Singapore	Thailand	Vietnam
Goal 1: Eradicate extreme poverty and hunger										
Employment to population ratio, 15+, total (%)	63	81	63	77	59	76	60	63	71	75
Employment to population ratio, ages 15-24, total (%)	41	70	40	62	35	53	39	34	46	58
GDP per person employed (constant 1990 PPP \$)	..	3,988	10,587	..	25,058	5,235	8,354	44,524	15,743	5,898
Income share held by lowest 20%	..	8	..	8	5	..	6	..	7	7
Malnutrition prevalence, weight for age (% of children under 5)	..	29	..	..	..	23	21	..	..	20
Poverty gap at \$1.25 a day (PPP) (%)	..	5	3	9	0	..	4	..	0	4
Poverty headcount ratio at \$1.25 a day (PPP) (% of population)	..	23	18	34	0	..	18	..	0	17
Vulnerable employment, total (% of total employment)	..	83	64	..	22	..	44	10	53	..
Goal 2: Achieve universal primary education										
Literacy rate, youth female (% of females ages 15-24)	100	86	99	..	99	95	98	100	..	96
Literacy rate, youth male (% of males ages 15-24)	100	89	100	..	98	96	97	100	..	97
Persistence to last grade of primary, total (% of cohort)	96	..	..	..	98	75	76	99	..	..
Primary completion rate, total (% of relevant age group)	118	87	105	87	..	104	92	..	..	..
Total enrollment, primary (% net)	97	96	98	89	..	..	89	..	90	98
Goal 3: Promote gender equality and empower women										
Proportion of seats held by women in national parliaments (%)	..	21	18	25	10	4	21	23	13	26
Ratio of female to male primary enrollment (%)	101	95	102	93	..	100	98	..	99	94
Ratio of female to male secondary enrollment (%)	103	90	100	83	107	106	108	..	108	109
Ratio of female to male tertiary enrollment (%)	179	53	89	77	129	..	125	..	131	100
Share of women employed in the nonagricultural sector (% of total nonagricultural employment)	..	..	32.4	..	39.2	..	41.9	45.4	45.5	..

Goal 4: Reduce child mortality												
Immunization, measles (% of children ages 12-23 months)	94	93	89	64	96	88	88	95	98	98	98	98
Mortality rate, infant (per 1,000 live births)	6	39	26	35	6	49	21	2	11	18	18	18
Mortality rate, under-5 (per 1,000 live births)	7	46	33	44	7	65	26	3	13	23	23	23
Goal 5: Improve maternal health												
Adolescent fertility rate (births per 1,000 women ages 15-19)	24	36	43	34	12	14	50	6	40	24	24	24
Births attended by skilled health staff (% of total)	100	71	82	37	..	..	62	..	99	..	..	..
Contraceptive prevalence (% of women ages 15-49)	..	51	56	..	..	..	51	..	80	80	80	80
Maternal mortality ratio (modeled estimate, per 100,000 live births)	24	250	220	470	29	200	99	3	48	59	59	59
Pregnant women receiving prenatal care (%)	99	89	95	71	..	..	91	..	99	..	..	..
Unmet need for contraception (% of married women ages 15-49)	..	17	15	..	..	..	22	..	..	..	..	..
Goal 6: Combat HIV/AIDS, malaria, and other diseases												
Children with fever receiving antimalarial drugs (% of children under age 5 with fever)	..	..	..	..	..	..	0	..	..	..	..	..
Condom use, population ages 15-24, female (% of females ages 15-24)	..	..	..	..	..	..	..	..	..	..	..	..
Condom use, population ages 15-24, male (% of males ages 15-24)	..	..	..	..	..	..	..	..	..	..	..	..
Incidence of tuberculosis (per 100,000 people)	68	437	189	90	82	384	275	35	137	199	199	199
Prevalence of HIV, female (% ages 15-24)	..	0.1	0.1	0.2	0.1	0.3	0.1	0.1	..	0.1	0.1	0.1
Prevalence of HIV, male (% ages 15-24)	..	0.1	0.1	0.1	0.1	0.3	0.1	0.1	..	0.1	0.1	0.1
Prevalence of HIV, total (% of population ages 15-49)	..	0.5	0.2	0.2	0.5	0.6	0.1	0.1	1.3	0.4	0.4	0.4
Tuberculosis case detection rate (% of all forms)	88	65	66	72	80	71	65	87	70	54	54	54
Goal 7: Ensure environmental sustainability												
CO ₂ emissions (kg per PPP \$ of GDP)	1	0	0	0	1	..	0	0	1	1	1	1
CO ₂ emissions (metric tons per capita)	2.8	0	2	0	8	0	1	7	4	1	1	1
Forest area (% of land area)	72.1	57.2	52.1	68.2	62.3	48.6	25.7	2.9	37.1	44.5	44.5	44.5
Improved sanitation facilities (% of population with access)	..	31	54	63	96	76	74	100	96	76	76	76

Improved water source (% of population with access)	..	64	82	67	100	83	92	100	96	95
Marine protected areas (% of territorial waters)	1	0	2	..	2	0	2	1	4	2
Net ODA received per capita (current US\$)	..	52	6	67	0	7	6	..	0	34
Goal 8: Develop a global partnership for development										
Debt service (PPG and IMF only, % of exports, excluding workers' remittances)	..	1	5	6	1	..	14	..	1	2
Internet users (per 100 people)	53.0	1.3	10.9	7.0	56.3	0.3	25.0	71.1	22.4	31.0
Mobile cellular subscriptions (per 100 people)	109	58	88	65	119	1	86	145	104	127
Telephone lines (per 100 people)	20	3	17	2	16	1	7	39	10	16
Fertility rate, total (births per woman)	2	3	2	3	3	2	3	1	2	2
Other										
GNI per capita, Atlas method (current US\$)	31,800	750	2,500	1,010	7760	..	2,060	39,410	4,150	1,160
GNI, Atlas method (current US\$) (billions)	12.5	10.6	600.1	6.2	220.4	..	192.2	200.1	286.7	101.1
Gross capital formation (% of GDP)	15.9	17.4	32.4	24.3	21.4	..	20.5	22.1	25.9	38.9
Life expectancy at birth, total (years)	78	63	69	67	74	65	68	82	74	75
Literacy rate, adult total (% of people ages 15 and above)	95	78	92	..	92	92	95	95	..	93
Population, total (billions)	0.0	0.0	0.2	0.0	0.0	0.0	0.1	0.0	0.1	0.1
Trade (% of GDP)	114.3	113.6	47.5	73.5	176.8	..	71.4	385.9	135.1	165.3

Source: World Development Indicators

Figures in italics refer to periods other than those specified.

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In this way, despite the identified regional tendencies toward the achievement of the MDGs, the progress is markedly different across the member countries, and radical regional development gaps do exist in some areas.

ASEAN–JAPAN COOPERATION FOR ACHIEVING THE MDGs: PERSPECTIVES FOR FUTURE COOPERATION

On the basis of the evidence presented in the previous section, this section analyzes the relevance of the current regional cooperation for achieving the MDGs. This analysis leads to short-term and long-term policy recommendations.

Findings and Assessment of Current ASCC cooperation

The tables above indicate that regional development gaps exist in most of the target areas of the MDGs. Apart from the two high-income countries, Singapore and Brunei, every country has areas in which they may not fulfill the MDG requirements. Contrary to the common view on regional gaps, which assumes that the CLMV countries, as the “junior” members of ASEAN, are at the lower end of the development gaps, detailed statistical data show that it is not necessarily the CLMV countries that need to be concerned about their development. In fact, Vietnam has been making good progress compared with the “senior” ASEAN member countries in many of the MDG target areas. For example, its level of achievement in universal education is more advanced than in Thailand and the Philippines. Although it is still true that Cambodia, Laos, and Myanmar are behind in many of the target areas, as noted above, women’s political representation is more prominent in Cambodia and Laos than in the other countries, while the ratio of access to sanitation and water resources in Myanmar is competitive with the Philippines and Vietnam. Furthermore, considerable development gaps may exist even within a country. Hence, regional MDG attainment needs to be analyzed in detail from multiple perspectives.

How relevant has regional cooperation been in addressing such situations? As illustrated in the previous section, MDGs have been mainstreamed in ASEAN through various documents and statements highlighting the significance of the MDG-related issues in the framework of the ASCC. Based on these policy directions, cooperative actions are taken by different sectoral bodies. Along with multilateral cooperation, SSC has also been increasingly extended by the “senior” ASEAN countries. ASCC cooperation

can be appreciated for its contribution to the attainment of the MDGs in the region in two ways. First, it changed the manner in which human development is approached in the ASCC by mainstreaming the MDGs as regional issues to be worked on together, as opposed to essentially treating it as domestic policy areas under the nonintervention principle of ASEAN. In other words, the ASCC succeeded in promoting cooperation on domestic issues by making use of the MDGs, the initiative for which originally came from external sources. Second, it is considered to have increased the pressure on the ASEAN member countries to strive toward meeting the MDGs and to align domestic policies to the policy directions of the ASCC through documents and statements, even though they have no binding force.

At the same time, however, there are clear deficits of cooperation. First, the regional gaps between the ASEAN-6 and CLMV countries have been strongly emphasized, while other gaps might have been overlooked. Second, due to the lack of its own funding, ASCC cooperation tends to be limited to planning without implementation. Third, related to the second point, it has been assumed that external development partners will be the potential funding sources while the emerging SSC within the region has not been utilized. Finally—and most importantly—many different sectoral bodies have been working to attain the MDGs without coordination to harmonize the separate activities that have been undertaken. In particular, some of the MDG-related policy areas contain cross-sectoral issues and require multisectoral approaches. In this regard, recent progress was seen in the 2011 ASEAN MDGs Roadmap. This roadmap recognized the third and fourth deficits presented above: it proposed intrasectoral coordination of the ASCC and the utilization of SSC to synergize the regional efforts to achieve the MDGs by making use of limited resources. Indeed, organic linkages in the cooperation between different sectoral bodies, as well as between the member countries, may be crucial for the ASCC. Without such coordination, as Motoko Shuto rightly points out, the significance of the ASCC framework would be undermined, considering that so-called “functional cooperation” was already being implemented in each sector before the establishment of the ASCC.³⁰

Findings and Assessment of Current ASEAN–Japan Cooperation

The second question is how relevant Japanese cooperation is to supporting the efforts of the region to achieve the MDGs. Bilateral ODA seems to have addressed the MDGs in many of the ASEAN member countries. ASEAN has historically been included in the strategic target areas for Japanese ODA,

and the MDGs are currently the main focus issues for Japanese cooperation. In particular, Japanese assistance has been applied broadly toward the implementation of maternal health projects in ASEAN, which are extremely relevant to achieving the MDGs in the region given that the high maternal mortality rate in Southeast Asia has been a crucial bottleneck in reaching those goals. Japanese ODA is also committed to narrowing the regional gaps within ASEAN, but again, its main focus is the development of the CLMV countries. Moreover, since the bilateral projects are formulated on a demand basis, they may not be aligned with the policy directions of the ASCC.

In this sense, multilateral cooperation through JARCOM could have been an ideal focal point to promote Japanese support for the regional initiatives. It is also noteworthy that Vietnam became a training provider under the JARCOM scheme, as this could produce momentum to enhance the recognition of regional gaps, which may not be limited to those between the old and the new ASEAN member countries. Nonetheless, there are shortcomings in the Japanese ODA schemes. First, excessive reliance on Japanese resources has undermined the sustainability of multilateral mechanisms like JARCOM. Second, more crucially, the cooperation scheme of Japanese ODA is now limited to the TCTP and cannot make use of the cooperation capacities of the member countries apart from training provision. Given that ODA is a crucial policy means for Japan to contribute to the realization of the ASCC, it is problematic that Japanese ODA does not have multilateral regional cooperation schemes apart from the TCTP, or occasional special funding for regional organizations. Due to these deficits, Japanese multilateral cooperation up to the present has been in a state of continual trial and error.

Recommendations for Short-Term (by 2015) Actions

Based on the analysis above, the following short-term actions are recommended:

- **Both the ASEAN member countries and Japan** should analyze the development gaps in the areas related to the MDGs across ASEAN, as well as within each country, to identify the priority cooperation needs of the ASCC as a whole, not limited to CLMV countries.
- **The ASEAN member countries** should encourage the intrasectoral coordination of initiatives taken by different sectoral bodies of the ASCC. Issue-based working groups could serve this purpose. The role of the working groups would be to prioritize the cooperation needs for the issues of concern and to harmonize the cooperation and other kinds of

activities undertaken in the region. The relevant sectoral bodies of other ASEAN communities and potential development partners would also be involved in the working groups.

- **The ASEAN member countries** should utilize regional cooperation resources by enhancing SSC coordination. SSC donor countries are strongly encouraged to ensure that their cooperation is aligned with the regional priorities of the ASCC.
- **Both the ASEAN member countries and Japan** should ensure that Japanese ODA projects are aligned with the regional priorities of the ASCC, considering that Japanese ODA to the countries in the region will continue to be dispensed on a request basis.
- **The ASEAN member countries and Japan** should promote knowledge and information sharing on regional best practices as well as the efforts of regional experts in each policy area by building a knowledge databank, as proposed in the ASEAN MDGs Roadmap, the efforts of which may be supported by the Japan–ASEAN Integration Fund (JAIF) of the ASEAN Secretariat, or by the regionwide project based on the JICA–ASEAN cooperation agreement. Japanese experiences and expertise could also be included in the databank. More importantly, information from less developed member countries should be considered for inclusion in the databank, rather than limiting it to the economically successful countries.
- **Japan** should consider a multilateral cooperation scheme that would no longer be limited to the TCTP. Joint projects with the SSC donor countries of ASEAN could also be considered by enhancing the flexibility of the ODA schemes.
- **Both the ASEAN member countries and Japan** need to identify the potential social and human development issues that may be common problems in the region to be tackled in the post-MDG era (e.g., social welfare in aging societies and the falling birth rate) and consider the possible policy reactions. It may be relevant for Japan to share its experiences in this regard.

Recommendations for Long-Term (beyond 2015) Actions

- **The ASEAN member countries** should make continuous efforts to identify development gaps within the ASCC. Priority cooperation needs may be identified not by country but by city or community at this stage of the ASCC. Cities and communities could be supported or subsidized to maintain the momentum of adequate human-centered development, along the lines of the European Union's Structural Funds.

- **The ASEAN member countries** also need to consider post-MDGs issues within the ASCC framework. Working groups for the MDG-related issues could be developed to facilitate a discussion arena for emerging human-centered development issues. The databank will also still be relevant for sharing information and knowledge among the ASEAN member countries and external regional partners, including Japan.
- **Both the ASEAN member countries and Japan** should work together as partners for social development in priority cities and communities, since many of the ASEAN member countries would have graduated from Japanese ODA and will be likely to share common social problems with Japan.
- **Japan** should further reconsider its ODA schemes, especially the multi-lateral ones, to enhance its flexibility so as to nurture its partnership with ASEAN as mentioned above. For example, it would be effective if Japan's ODA program opened up its bidding system to contractors or experts from any country in the region at this stage.

As discussed in this chapter, ASCC cooperation and ASEAN–Japan cooperation have made great strides in helping the ASEAN member states attain the MDGs in the region. Yet, there remains a great deal of room for improvement, and continuous efforts are required and expected from both ASEAN member countries and Japan, as strategic partners.

APPENDIX: TARGETS OF MDGS

Goal 1: Eradicate Extreme Poverty and Hunger

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than US\$1.25 a day

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

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

Goal 2: Achieve Universal Primary Education

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

Goal 3: Promote Gender Equality and Empower Women

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

Goal 4: Reduce Child Mortality

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

Goal 5: Improve Maternal Health

Target 5.A: Reduce by three quarters the maternal mortality ratio

Target 5.B: Achieve universal access to reproductive health

Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases

Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

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

Goal 7: Ensure Environmental Sustainability

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

Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

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

Target 7.D: Achieve, by 2020, a significant improvement in the lives of at least 100 million slum dwellers

Goal 8: Develop a Global Partnership for Development

Target 8.A: Develop further an open, rules-based, predictable, non-discriminatory trading and financial system

Target 8.B: Address the special needs of least-developed countries

Target 8.C: Address the special needs of landlocked developing countries and small island developing states

Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

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

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