

Philippines Midterm Progress Report on the Millennium Development Goals



2007



FOREWORD

Malacañang Palace
Manila

THE YEAR 2007 marks the halfway point in our commitment to achieve the eight Millennium Development Goals (MDGs) by 2015, a pledge the Philippines made along with 191 member states of the United Nations when it signed the Millennium Declaration in September 2000.

As we account for the Philippines performance in the achievement of the MDGs, let us step further back, and recall what we said in the First and Second Philippines Progress Reports on the MDGs. In those Reports, we said in part that “with the initiatives we have started, in partnership with all sectors of Philippine society, in relentlessly pursuing our development strategy, the government is optimistic that the Philippines can reach these goals and targets.”

Having reflected this, it is proper that we should put the question to ourselves – What progress have we made in the quest to achieve the goals to which we honestly told the nation and the international community we are committed to?

This Philippines Midterm Progress Report on the MDGs provides the answer to that question, i.e., we are on track with most of the goals though we lag behind with a few of these.

Reporting on the progress of the MDGs comes at an auspicious time – the same time that I addressed the 14th Congress of the Republic of the Philippines and reported to the Filipino people the state of the nation.

In that address, I reiterated my administration’s “vision for the Philippines to be counted as one of the rich nations within twenty years”, or twelve years from 2015. I pledged that “by then, poverty shall have been marginalized, and the marginalized raised to a robust middle class; and the hallmarks of a modern society shall have been achieved, where institutions are strong.”

We will do this by putting national interests ahead of all other interests, by building on the momentum the Philippines has made in pursuit of the 2004-2010 Medium-Term Philippine Development Plan’s basic objective of eradicating extreme poverty and hunger. By 2010, the Philippines should be well on its way to achieving that vision. This, amidst the major macroeconomic and social challenges the Philippines continues to face.



In 2006, our country faced critical crossroads as there were concerns about the government's commitment to keep its finances in order. But despite this, the economy proved to be resilient again as it posted a broad-based Gross Domestic Product (GDP) growth of 5.4 percent. The unexpected vibrant 7.5 percent GDP growth in the second quarter of 2007 proves only how serious the government is in achieving a sustainable and equitable growth.

To squarely address the challenges that we face, the next three years of my administration will see record levels of generous funding for the following priority programs for job generation and poverty reduction. These include: a) agribusiness and upland development; b) infrastructure spending; c) microeconomic reforms; d) hunger mitigation; and e) social development.

This Philippines Midterm Progress Report on the MDGs outlines these same challenges and priorities for action which must be viewed with urgency so that at the end of 2015, we can provide a positive reply to the question: Did we meet the 2015 challenge?

This Midterm Report enables us to prepare ourselves to overcome potential obstacles and ensures that we successfully complete the course of achieving the MDGs by 2015. Thus, addressing the uneven progress on the MDGs among the regions of the country and the concern on the adequacy of financing to meet the MDGs both remain high in our agenda.

We look forward to completing concrete plans on implementation of the programmes to meet the targets where we are lagging behind. We are justified in celebrating the progress that the Philippines has made so far in the achievement of some goals. While we are greatly encouraged by the recent development that the hunger rate declined significantly nationwide, coupled with the optimistic projections from investment houses such as Lehman Brothers that the Philippines shall have the second highest growth rate among a group of nine Asian economies this year, we cannot underplay the challenges that we face.

We are confident that we shall hurdle these challenges as we undertake all the necessary tasks, informed by the recommendations in this Philippines Midterm Progress Report on the MDGs.



GLORIA MACAPAGAL-ARROYO

President

Republic of the Philippines

PREFACE

THE PHILIPPINE Government is committed to achieve the Millennium Development Goals (MDGs). The MDGs have been adopted not just as top priority goals but as commitments to ensure a brighter prospect for all Filipinos, especially the poor.

Through the Medium-Term Philippine Development Plan (MTPDP) 2004-2010, the Philippine Government affirms its commitment to policy and institutional changes aimed at pro-poor sustained economic growth. The MDGs provide the framework in formulating the Plan's social commitments and in identifying the programs and projects in the Medium-Term Public Investment Program (MTPIP).

As the Philippines enters the midpoint of the period 2000-2015, it is pleased to report the progress it has made on the MDGs. This Philippines Midterm Progress Report on the MDGs focuses on the successes and challenges in the implementation of the national development strategy designed to achieve the MDGs. It presents the initiatives the country has taken to address those challenges, and points out the obstacles to implementation that require regional and global cooperation.

The National Economic and Development Authority (NEDA) having participated at the high-level segment of the substantive sessions of 2007 of the United Nations Economic and Social Commission (ECOSOC), held at Geneva from 2-5 July 2007, shared highlights of this Report.

Taking into account the theme of the annual ministerial review, "Strengthening efforts to eradicate poverty and hunger, including through the global partnership for development", and having considered the theme "Strengthening Efforts at all Levels to Promote Pro-poor Sustained Economic Growth Including through Equitable Macroeconomic Policies", the Philippines reported its efforts in moving forward its priority programs for job generation and poverty reduction.

This Report shows that gains have been made on the MDGs in the following indicators: decrease in the proportion of people living in extreme poverty and visible improvements in the target indicators for household and population poverty incidence. At these rates of decline in poverty incidence, the 2015 targets are expected to be met. The relative sizes of net enrolment rates by sex were maintained at both the elementary and primary education levels. Achievement rates by sex generally favor girls. Clear gains have been made in reducing infant deaths per 1,000 live births. The prevalence of human immunodeficiency virus and acquired immune deficiency syndrome (HIV and AIDS) has been kept below the national target of one percent of the population. Important improvement in environmental protection is noted. In partnering for rule-based trade and finance, the Philippines continues to be an active participant in the World Trade Organization and in regional trading arrangements committed to trade and investment facilitation on a global scale.

On the other hand, the Philippines needs to step up its efforts in meeting some targets. One measure indicative of a shortfall is access to primary education. The decline in the number of maternal deaths per 100,000 live births has slowed down. At this rate, it is unlikely that the 2015 target of 52 deaths in the maternal mortality ratio (MMR) will be met. Access to reproductive



health care improved at a modest rate for currently married women aged 15-44. However, at this rate, the 2015 target of 100 percent access is difficult to achieve.

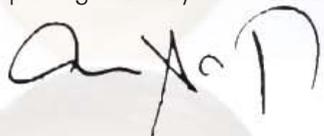
As a response to the challenges identified in the Second Progress Report on the MDGs, 17 Sub-national Progress Reports on the MDGs were formulated and this provided an opportunity to bring down the MDGs to the local level. Thus, a major feature of this Report is the analysis of MDG performance across regions to account for wide disparities in status.

Comparison across regions showed uneven progress and wide disparities. Most of the lagging regions and provinces are in Mindanao while the leading ones are in Luzon. The following regions; namely, the National Capital Region, Ilocos, Cagayan Valley, Western Visayas, Central Visayas and Southern Mindanao consistently lead the other regions thereby pulling up national averages for many of the indicators. To enable the other regions to catch up, and make further progress on the MDGs, progressive application of the appropriate human capital investments are required for the lagging regions.

Almost all the regions are consistently on track on targets on poverty, nutrition, child mortality rates, access to safe drinking water and sanitary toilet facility. This however does not hold true for dietary energy intake, elementary participation rate, elementary cohort survival rate, ratio of boys to girls in elementary and secondary level of schooling, maternal mortality ratio and contraceptive prevalence rate.

More than reporting how the Philippines has fared in meeting the MDGs, this Report reaffirms the country's commitment to the MDGs and its resolve to pursue affirmative action especially in mobilizing much-needed resources to meet the MDGs. But beyond these efforts and national macroeconomic and microeconomic reforms, the Philippines also calls on the UN member countries to heed the importance of a level playing field for competition and to help institutionalize the macroeconomic and microeconomic policy reforms that would enable the Philippines to meet the challenges.

Hopefully, this Report will enable all stakeholders to come up with new and innovative solutions and strategies to make growth with equity a reality and to make poverty and hunger a history, paving the way for the achievement of the MDGs by 2015.



AUGUSTO B. SANTOS

Acting Secretary of Socioeconomic Planning

MESSAGE

THE YEAR 2007 is a turning point for the Millennium Development Goals (MDGs) as the whole world stands at midpoint towards their realization by 2015.

In the Philippines, we have witnessed since 2000 the commitment of the national and local governments, academe, private sector and the international development community in working together towards the attainment of MDGs. The goals have been mainstreamed in the Medium Term Philippine Development Plan 2004-2010 and strategies have paved the way for policies, reforms and interventions, both national and on the ground, to achieve the MDGs. And the Philippines is now on track on meeting the MDG targets on poverty reduction, nutrition, gender equality, reducing child mortality, combating HIV and AIDS, malaria and other diseases and access to safe drinking water.

The Philippines must also be commended for demonstrating significant gains in its economic performance in spite of the series of natural disasters (typhoons) and challenges in the political environment. Fiscal reforms initiated in 2004 prompted by a budget deficit are now paying off. This year's first quarter and second quarter Gross Domestic Product (GDP) grew by 6.9 percent and 7.5 percent, respectively, and if sustained and distributed equitably, can translate into higher investments, more jobs, increased incomes and more rapid poverty reduction.

Our consolidated efforts have definitely yielded promising results. However, as the report indicates, MDGs' progress over the past seven (7) years still shows continuing evidence of inequity and disparities even in periods of economic growth, a situation documented in most developing countries by the 2007 Global Report on the MDGs. The benefits of growth are not yet sufficiently shared across sectors, regions and communities. Efforts to meet the MDGs are being challenged by performance in health and education, implementation and financing gaps and governance concerns. The perception of a still fragile peace and order situation in parts of Mindanao and other conflict-afflicted areas remains a disincentive for investment.



Meanwhile, the effects of climate change now felt worldwide and the series of natural disasters and their brad devastating impact, including on the attainment of the MDGs, have highlighted the importance of climate change adaptation and a long-term disaster risk management programme. The Government is now set to comprehensively map areas vulnerable to natural disasters and climate change, and has shifted to disaster risk management that emphasizes preparedness and early recovery, both at the national and community levels. The adoption of the "Cluster" approach as a coordination mechanism has strengthened the overall humanitarian and early recovery response.

Financing the MDGs is likewise of critical importance at this mid-point stage and the country must continue to explore financing options including pursuing the proposed Debt Conversions-for-MDG Projects and Programs that has been endorsed by the General Assembly and the recent ASEAN Summit held last January 2007.

As emphasized by UN Secretary-General Ban Ki-Moon in the 2007 Global Report on the MDG: "Success in some countries demonstrates that rapid and large-scale progress towards the MDGs is feasible if we combine strong government leadership, good policies and practical strategies for scaling up public investments in vital areas with adequate financial and technical support from the international community".

On behalf of the UN Country Team (UNCT) in the Philippines, I wish to congratulate the Philippine Government for this valuable Mid-Term Progress Report on the MDGs. We enjoin everyone to make full use of this substantive document for purposes of planning, programming and policy development and to ensure linkages to advocacy, budgeting, localization, monitoring and evaluation.

The UN family in the Philippines is deeply committed to translate UN reforms into concrete results at the country level by increasing coherence, improving synergies, and making our effort more relevant on the ground and by judiciously adhering to the principles of the Paris Declaration on Aid Effectiveness. By harnessing full potential of partnerships among various stakeholders and upscaling of best practices and innovations, I am confident that we will be able to make poverty history in the Philippines and by 2015, the MDGs shall have a future that has been reached.



NILEEMA K. NOBLE
UN Resident Coordinator and
UNDP Resident Representative

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ACRONYMS

ACB	ASEAN Center for Biodiversity
ADB	Asian Development Bank
AFTA	ASEAN Free Trade Area
AHMP	Accelerated Hunger Mitigation Program
AO	Administrative Order
APIS	Annual Poverty Indicator Survey
ARH	adolescent reproductive health
ARM	Area Resource Management
ARMM	Autonomous Region of Muslim Mindanao
ARV	Anti-Retroviral
ASIN	Act for Salt Iodization Nationwide
AY	Academic Year
BCC	Behavior Change and Communication
BEIS	Basic Education Information System
BeMOC	Basic Emergency Obstetric Care
BESF	Budget of Expenditures and Sources of Financing
BESRA	Basic Education Sector Reform Agenda
BFAD	Bureau of Food and Drugs
BIR	Bureau of Internal Revenue
BNB	Botika ng Bayan
BnBs	Botika ng Barangays
BOC	Bureau of Customs
BOD	Biochemical Oxygen Demand
CALABARZON	Cavite-Laguna-Batangas-Rizal-Quezon
CBMS	Community-Based Monitoring System
CCPAP	Country Common Assessment of the Philippines
CCT	Conditional Cash Transfer
CEPT	Common Effective Preferential Tariff
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEO	Chief Executive Officer
CFC	Couples for Christ
CHD	Centers for Health Development
CLPI	Core Local Poverty Indicators
CMP	Community Mortgage Program
CPR	Contraceptive Prevalence Rate
CPR	Certificate of Product Registration
CR	Completion Rate
CRIS	Country Response Information System
CSOs	Civil Society Organizations
CSR	Cohort Survival Rate
CSR	Contraceptive Self-reliance Strategy
CSR	Corporate Social Responsibility

CVED	Corporate Volunteers for Enterprise Development
DBM	Department of Budget and Management
DBP	Development Bank of the Philippines
DENR	Department of Environment and Natural Resources
DepEd	Department of Education
DILG	Department of Interior and Local Government
DOH	Department of Health
DOH-NDP-PMU	Department of Health-National Drug Policy-Pharmaceutical Management Unit
DOJ	Department of Justice
DOTS	Directly Observed Treatment Short Course
DPUCSP	Development of Poor Urban Communities Sector Project
DSWD	Department of Social Welfare and Development
ECCD	Early Childhood Care and Development
ECE	Early Childhood Education
EFA	Education for All
EmOC	Emergency Obstetric Care
EO	Executive Order
F1	Fourmula One for Health
FHSIS	Field Health Service Information System
FNRI	Food and Nutrition Research Institute
FP	Family Planning
FPS	Family Planning Survey
FSP	Food-for-School Program
FTA	Free Trade Area
GAD	Gender and Development
GASTPE	Government Assistance to Students and Teachers in Private Education
GATT	General Agreement on Tariffs and Trade
GDI	Gender Development Index
GDP	Gross Domestic Product
GEM	Gender Empowerment Measure
GFATM	Global Fund for AIDS, Tuberculosis, and Malaria
GK 777	Gawad Kalinga
GMA 50	Gamot na Mabisa at Abot-Kaya
GNP	Gross National Product
GBV	Gender-Based Violence
GPA	Government Procurement Act
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HUDCC	Housing and Urban Development Coordinating Council
ICPD	International Conference on Population and Development
IEC	information, education, and communication
IMF	International Monetary Fund
IMR	Infant Mortality Rate
IRA	Internal Revenue Allotment
IT	Information Technology
JBIC	Japan Bank for International Cooperation

JPEPA	Japan-Philippines Economic Partnership Agreement
KALAHI-CIDSS	Kapit-Bisig Laban sa Kahirapan- Comprehensive and Integrated Delivery of Social Services
LGC	Local Government Code
LGUs	Local Government Units
MC-IHDC	Multisectoral Committee on International Human Development Commitments
MDGs	Millennium Development Goals
MDG-F	UNDP-Spain MDG Achievement Fund
MIMAP	Micro Impacts of Macroeconomic Adjustment Policies
MIMAROPA	Mindoro-Marinduque-Romblon-Palawan
MMDA	Metro Manila Development Authority
MMR	Maternal Mortality Ratio
MRF	materials recovery facilities
MSMEs	micro, small, and medium enterprises
MSMs	males having sex with males
MTPDP	Medium-Term Philippine Development Plan
MTPIP	Medium-Term Public Investment Program
NAECTAF	National Anti-Environment Crime Task Force
NAPC	National Anti-Poverty Commission
NAT	National Achievement Test
NCR	National Capital Region
NDHS	National Demographic and Health Survey
NEDA	National Economic and Development Authority
NER	Net Enrolment Rate
NGOs	Non-Government Organizations
NIPAs	National Integrated Protected Area System
NNC	National Nutrition Council
NNS	National Nutrition Survey
NROs	NEDA Regional Offices
NSCB	National Statistical Coordination Board
NSO	National Statistical Office
NSP	National Shelter Program
NTCP	National TB Control Program
ODA	Official Development Assistance
ODS	Ozone Depleting Substances
OFW	Overseas Filipino Workers
PAs	Protected Areas
PBE	Philippine Business for Environment
PBSP	Philippine Business for Social Progress
PDAF	Priority Development Areas Fund
PDF	Philippines Development Forum
PDIP	Parallel Drug Importation Program
PHILSSA	Philippine Support Service Agencies
PIDS	Philippine Institute for Development Studies
PIPs	Persons in Prostitution
PIP	Program Implementing Partners

PITC	Philippine International Trading Corporation
PPAN	Philippine Plan of Action for Nutrition
PPGD	Philippine Plan for Gender-Responsive Development
PPMD	Public-Private Mix DOTS
PPMP	Philippine Population Management Program
PRO-GAD Capoocan	Program on Gender and Development of Capoocan
PSD	Product Services Division
QRs	Quantitative Restrictions
RA	Republic Act
RBCO	River Basin Control Office
RCE	Recyclables Collection Event
RDC	Regional Development Councils
RH	Reproductive Health
RKCG	Regional KALAHI Convergence Group
RSCWC	Regional Sub-committee on the Welfare of Children
RSDC	Regional Social Development Committee
RVAT	Reformed Value-Added Tax
SBA	Skilled Birth Attendants
SDC	Social Development Committee
SEA-K	Self Employment Assistance – Kaunlaran
SFI	Schools First Initiative
SHFC	Social Housing Finance Corporation
SLF	Sanitary Landfill
SMEC	Small and Medium Enterprise Credit Program
SMEs	Small and Medium Business Enterprises
STEP-UP	Strategic Private Sector Partnerships for Urban Poverty
STI	Sexually-Transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
TBA	Traditional Birth Attendants
TC	Technical Committee
TFR	Total Fertility Rate
TSP	Total Suspended Particulates
TVET	Technical-Vocational Education and Training
U5MR	Under-Five Mortality Rate
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UP-NCPAG	U.P. National College of Public Administration and Governance
USAID	United States Agency for International Development
VIP	Ventilated Improved Pit Privy
VRO	PBSP's Visayas Regional Office
WB	World Bank
WHO	World Health Organization
WTO	World Trade Organization
YAFSS	Young Adult Fertility and Sexuality Survey

Philippines Midterm Progress Report on the Millennium Development Goals

Overview

HALFWAY through the 2015 target year to achieve the Millennium Development Goals (MDGs), the Philippines has made considerable progress particularly in poverty reduction, nutrition, gender equality, reducing child mortality, combating HIV and AIDS, malaria and other diseases and access to safe drinking water and sanitary toilet facility. However, the country needs to work harder on MDG targets concerning universal access to education, maternal mortality and access to reproductive health services. But to ensure a high degree of success by 2015 or even earlier, the MDG targets are mainstreamed in the Medium-Term Philippine Development Plan (MTPDP), 2004-2010.

The Philippines is a country of diversity given its multilinguistic, multiethnic and geographically dispersed population. Located in East Asia, its population estimated at 88.7 million as of 2007 is spread over 300,000 square kilometers in 7,107 islands. With a population growth rate that is one of the highest in Asia, population is projected at 102.55 million by 2015. Today, 10% of the population works overseas, a deployment quantity that is now third to China and India.

Socioeconomic development in the Philippines is uneven and poverty is characterized by wide disparities across regions and population groups. Poverty is a rural phenomenon.

The country lies in the so-called Pacific ring of fire making it one of the most risk-prone parts of the world. It also has a long history of armed conflict particularly in Mindanao that has slackened this region's economic development. Fourteen (14) out of the twenty (20) poorest provinces of the country are in this southern region.

As the Philippines enters the midpoint of the timeline of the MDGs from 2000-2015, it is pleased to share the results of its stock taking and report on the progress made on the eight (8) goals.

Gainers

The following are some indicators of the gains that have been made on the MDGs:

- The proportion of people living in extreme poverty, referring to individuals whose incomes cannot support a recommended minimum food basket, showed a decrease from the 1991 baseline figure of 24.3 percent to 13.5 percent in 2003. Target indicators for household and population poverty incidence also indicated visible improvements. At these rates of decline in poverty incidence, the 2015 targets are expected to be met.
- The net enrolment rate (NER) for girls in elementary education in school year (SY) 2005-2006 was 85.4 percent, exceeding that of boys, which was 83.6 percent. The relative sizes of these enrolment rates by sex were maintained at the secondary level, 63.5 percent for females versus 53.7 percent for males. Achievement rates by sex generally favored girls.



- Clear gains have been made in reducing infant deaths per 1,000 live births. This measure of infant mortality rate (IMR) showed a decline from 57 to 24 deaths between 1990 and 2006.

- The prevalence of human immunodeficiency virus and acquired immune deficiency syndrome (HIV and AIDS) has been kept below the national target of one percent (1%) of the population.

- Important improvement was noted in the protection of the environment. For example, the number of protected areas under the National Integrated Protected Area System (NIPAS) has expanded from 83 proclaimed areas in 2000 to 103 in 2006.

- In partnering for rule-based trade and finance, the Philippines has been an active participant in the World Trade Organization (WTO) and in regional trading arrangements committed to trade and investment facilitation on a global scale.

Goals to closely tend

On another hand, there are some targets that the Philippines needs to step up its efforts on:

- Access to primary education worsened in SY 2005-2006. This represented a decline in the net enrolment rate from the 2000 level of 96.8 percent to 84.4 percent, thereby setting back the 2015 target of universal access.

- The decline in number of maternal deaths per 100,000 live births has slowed down, from 209 deaths in 1993 to 162 deaths in 2006. It is unlikely that the 2015 target of 52 deaths in the maternal mortality ratio (MMR) will be met.

- Access to reproductive health care improved at a modest rate for currently married women ages 15-49, from 49 percent in 2001 to 50.6 percent in 2006. At this rate, the 2015 target of 80 percent access is difficult to achieve.

Table 1 is a detailed presentation of goals and targets, progress made so far, and the probability of attaining the 2015 target commitments.

Table 1: Philippines MDG Rate of Progress at the National Level

MDG Goals and Targets	Baseline (1990 or year closest to 1990)
Eradicate extreme poverty and hunger	
A. Proportion of families below	
Subsistence threshold / ^a	20.4
Poverty threshold / ^a	39.9
B. Proportion of population below	
Subsistence threshold / ^a	24.3
Poverty threshold / ^a	45.3
Prevalence of malnutrition among 0-5 year-old children (%underweight) - Based on international reference standards / ^b	34.5
Proportion of households with per capita intake below 100 percent dietary energy requirement / ^b	69.4
Achieve universal primary education	
Elementary participation rate *	85.1 / ^c
Elementary cohort survival rate	68.65 / ^c
Elementary completion rate	66.5 / ^c
Improve maternal health	
Maternal mortality ratio	209 / ^e
Increase access to reproductive health services	
Prevalence rate of men and women/couples practicing responsible parenthood	40.0 / ^e
Reduce child mortality	
Under 5-mortality rate (per 1,000 live births)	80.0 / ^g
Infant mortality rate (per 1,000 live births)	57.0 / ^g
Combat HIV and AIDS, Malaria and other Diseases	
HIV prevalence	< 1%
Malaria morbidity rate (per 100,000 population) / ^h	123.0
Ensure environmental sustainability	
Proportion of households with access to safe drinking water	73.7 / ⁱ
Proportion of households with sanitary toilet facility	67.6 / ⁱ

Rate needed to reach target/current rate of progress <1.5 High; 1.5 to 2.0 Medium; >2.0 Low

Current Level (2005/2006 or year closest to 2005/2006)	Target by 2015	Average Rate of Progress (1990-2005/06 or year closest to 2005/06) (a)	Required Rate of Progress (2005/2006-2015) (b)	Ratio of Required Rate to Average Rate (I = b/a)	Probability of Attaining the Targets
10.2 (2003)	10.2	-0.85	0	0	High
24.4 (2003)	19.95	-1.29	-0.37	0.29	High
13.5 (2003)	12.15	-0.9	-0.11	0.13	High
30.0 (2003)	22.65	-1.28	-0.61	0.48	High
24.6 (2005)	17.25	-0.66	-0.74	1.11	High
56.9 (2003)	34.7	-1.25	-1.85	1.48	High
84.44 ^{/d} (2005-06)	100	-0.05	1.37	28.98	Low
69.9 ^{/d} (2005-06)	84.67 ^{/k}	0.09	1.48	16.54	Low
67.99 ^{/d} (2005-06)	81.04 ^{/k}	0.11	1.3	12.26	Low
162 ^{/f} (2006)	52.2	-3.62	-12.2	3.37	Low
50.6 ^{/f} (2006)	80	0.82	3.27	4.01	Low
32.0 ^{/f} (2006)	26.7	-3.0	-0.59	0.2	High
24.0 ^{/f} (2006)	19.0	-2.06	-0.56	0.27	High
< 1% (2005)	< 1% ^{/l}	0	0	0	High
59.0 (2004)	24.0 ^{/l}	-4.57	-5.83	1.28	High
80.2 (2004) ^{/j}	86.8	0.50	0.60	1.20	High
86.2 (2004) ^{/j}	83.8	1.33	-0.22	0.17	High

Sources: a/ Technical Committee on Poverty Statistics (former TWG on Income Statistics, NSCB); b/ National Nutrition Survey (NNS), FNRI; c/ DepEd Statistical Bulletin SY 1991-1992; d/ DepEd-Basic Education Information System (BEIS); e/ 1993 National Demographic Survey, NSO; f/ 2006 Family Planning Survey, NSO; g/ National Demographic and Health Survey (NDHS), NSO; h/ Field Health Service Information System-DOH; i/ 1990 Census of Population and Housing, NSO; j/ Annual Poverty Indicators Survey, NSO; k/ Target in the Philippines EFA 2015 Plan; l/ Target by 2010 based on the MTPDP, 2004-2010

* Beginning SY 2002-2003, participation rate was derived based on the age group consisting of 6-11 years old for elementary and 12-15 years old for secondary whereas the previous system used 7-12 and 13-16 years old for elementary and secondary, respectively.

Table 2: Philippines MDG Rate of Progress at the Sub-national Levels

Region	MDG Targets					
	Goal 1				Goal 2	
	Proportion of population below subsistence threshold /a	Proportion of population below poverty threshold /a	Prevalence of malnutrition among 0-5 year-old children /b	Proportion of households with per capita intake below 100% dietary energy requirement /b	Elementary participation rate ***/c	Elementary cohort survival rate /c
CAR	High	High	High	Low	Low	Low
I	High	High	Medium	High	High	High
II	High	High	High	High	Low	Medium
III	High	High	High	Medium	Low	Low
IV-A /1	High	Low	High /5	Low /5	Low /5	Low /5
IV-B /1	Low	Low	Low /5	High /5	Low /5	Low /5
V	High	High	High	Low	Low	Low
VI	High	High	High	High	Low	Low
VII	High	High	High	Low	Medium	Medium
VIII	High	Low	Low	Low	Low	Low
IX /2	Low	Low	Low	Low	Low	Low
X	High	Medium	Medium	Medium	Low	Low
XI /3	High	High	High	High	Low	Low
XII /4	High	High	Medium	Medium	Low	Low
CARAGA	Low	Low	High	No baseline	Low	Low
ARMM	High	Low	Low	Low	Medium	Low
NCR	High	High	High	High	Low	High

Sources: a/ NSCB's estimates based on the results of the Family Income and Expenditure Surveys of the National Statistics Office; b/ National Nutrition Surveys, FNRI; c/ Baseline based on DECS Statistical Bulletin SY 1991-1992; current data based on Basic Education Information System of DepEd; target based on the subnational report; d/ Baseline based on DECS Statistical Bulletin SY 1993-1994; current data based on Basic Education Information System of DepEd; target based on the national target; e/ Baseline data are based on the National Demographic and Health Survey; current data are based on the 2006 Family Planning Survey; f/ Subnational Progress Report on the MDGs; g/ Family Planning Survey, NSO; h/ Baseline data based on the 1990 Census of Population and Housing; current data based on the 2004 Annual Poverty Indicators Survey, NSO

MDG Targets									
Goal 3		Goal 4		Goal 5		Goal 6		Goal 7	
Ratio of girls to 100 boys in elementary /d	Ratio of girls to 100 boys in secondary /d	Under-5 mortality rate (per 1,000 live births) /e	Infant mortality rate (per 1,000 live births) /e	Maternal mortality ratio /f	Prevalence of men and women/couples practicing responsible parenthood /g	HIV prevalence /f	Malaria morbidity rate (per 100,000 population) /f	Proportion of households with no access to safe drinking water /h	Proportion of households with access to sanitary toilet facility /h
Low	Low	High	Low	High	Low	*	High	High	High
Low	High	High	High	High	Low	*	High	High	High
Low	Low	High	High	High	Low	No data	Low	High	High
Low	Medium	High	Low	High	Low	*	**	High	High
Low ^{/5}	Low ^{/5}	High	High	High	Low ^{/5}	*	**	High ^{/5}	High ^{/5}
Low ^{/5}	High ^{/5}	High	High	Low	Low ^{/5}	No data	**	Low ^{/5}	High ^{/5}
Low	Medium	High	High	Low	Low	No data	High	High	High
Low	Medium	High	High	Low	Low	*	**	High	High
Low	Low	High	High	High	Low	*	No baseline	High	High
Low	High	High	High	Low	Medium	No data	No data	High	High
Low	Low	High	High	Low	Low	*	**	High	High
Low	Low	High	High	Low	Low	No data	High	High	High
Low	Low	High	High	High	Low	No baseline	High	High	High
Low	High	High	High	Medium	Low	*	No baseline	Low	High
Low	High	High	High	Low	Low	No reported cases	High	No baseline	No baseline
Low	High	High	High	High	Low	*	**	No baseline	No baseline
Low	High	High	Medium	Medium	Low	*	No data	Medium	High

* Proxy indicators were used e.g., STD cases, in the sub-national reports

** Proxy indicators were used e.g., Annual Parasite Incidence, malaria mortality rate, in the sub-national reports

*** Beginning SY 2002-2003, participation rate was derived based on the age group consisting of 6-11 years old for elementary and 12-15 years old for secondary whereas the previous system used 7-12 and 13-16 years old for elementary and secondary, respectively.

1/ formerly Southern Tagalog Region; 2/ Formerly Western Mindanao Region; 3/ Formerly Southern Mindanao Region; 4/ formerly Central Mindanao Region; 5/ Southern Tagalog data are used as baseline

Sub-national picture

Comparison across regions showed uneven progress and wide disparities (see Table 2). Most of the lagging regions and provinces were in Mindanao while the frontrunners were in Luzon. To enable lagging regions to catch up would require progressive application of appropriate human capital investments.

Consistently on track in almost all the regions were targets on poverty, nutrition, child mortality rates, access to safe drinking water, and sanitary toilet facility. Consistently off-track were the following: dietary energy intake, elementary participation rate, elementary cohort survival rate, ratio of boys to girls in elementary and secondary level of schooling, maternal mortality ratio (MMR), and contraceptive prevalence rate. Due to the unavailability or incompleteness of data in most of the regions, assessment was not done for the following indicators: HIV prevalence and malaria morbidity rate.

In all goals and targets, existing indicators exhibited significant disparity by region. NCR, Ilocos Region (Region 1), Cagayan Valley (Region 2) Western Visayas (Region 6), Central Visayas (Region 7) and Southern Mindanao (Region 11) were consistently the leading regions that were pulling up national averages for many of the indicators. The rest of the country's regions, however, were lagging behind in most of the targets, with large pockets of poverty noted in these areas.

Financing the MDGs

Concerns have been raised about the adequacy of financing, whether public or private, allotted to meeting the MDGs. Moreover, while MDGs entail activities devolved to local government units (LGUs), most of these, especially fourth- and fifth-class municipalities, have little capacity to formulate, finance and implement MDG programs and projects. Overcoming fi-

nancial and decentralization constraints is vital to achieving the 2015 targets.

For critical MDGs like poverty reduction, health, education and water alone the financing gap is estimated anywhere between US\$ 12.2 Billion to US\$15.7 Billion. Government is exploring options to bridge this gap including the proposed Debt-for-MDG conversion scheme that involves 'swapping' foreign debt or equity investments for MDG programmes and projects.

Strategies that emphasize good governance

To generate growth, employment and strengthen the fiscal position of the government, an increasing reliance on the ability of markets guided by a price system to coordinate various business and economic activities is needed. Both the public and private sectors are better able to invest in human capital in a growing rather than in a stagnant economy.¹

The other strategy involves improving the capacity of the government at both the national and local levels to deliver public goods, i.e., goods and services that markets cannot provide in amounts commensurate to the total needs of society.

To succeed, both strategies require the practice of good governance. This is essential in ensuring mutually beneficial trades and in building consensus around the public goods that must be provided in line with the goal to expand opportunities and human choices.

The government adheres to a public-private partnership in the formulation and implementation of policies, programs, and projects that help advance the MDGs. Furthermore, it stands by a responsible budget deficit reduction program, one that protects shared Filipino values, and investments in health, education, and shelter.

The government, cognizant of the MDGs' importance for human welfare, is committed to

¹ The Medium Term Philippine Development Plan (MTPDP) 2004-2010 has been extolled by Dr. Jeffrey Sachs, Millennium Project Director, who said that it is consistent with the overall philosophy that achieving the MDGs means not only eliminating poverty but also speeding up economic growth.

helping every Filipino emerge a winner in the 21st century. In partnership with LGUs, business, civil society, and the donor community, it believes in creating opportunities that help victims of economic downturns and natural disasters bounce back from any temporary setback. Simultaneous with this, the government also promotes a culture of personal responsibility, encouraging behavior that shuns overdependence on government social welfare programs.

The prospects of achieving the 2015 MDG targets have brightened in the light of the recent economic developments and fiscal reforms. Between 2001 and 2006, the country's real per capita GDP expanded from 12,598 pesos to 14,676 pesos, representing an average growth of 2.5 percent each year. Displaying newfound strength, the Philippines, a middle-income economy, has been experiencing sustained modest growth since 2001, in spite of global shocks that include the 9/11 attack, SARS, Afghan and Iraq wars, tsunami, and oil-price hikes.

On the fiscal front, the enactment in 2005 of the reformed value-added tax (RVAT) has improved tax collections enabling the government to increase budgetary allocations for social and economic services. At the same time, careful attention to pro-poor economic growth and good governance helps ensure that the 2015 targets will be achieved.



Challenges and recommendations

The report identified the following key cross-cutting issues in attaining the MDGs by 2015 and the priority actions needed:

1. Addressing wide disparities across regions

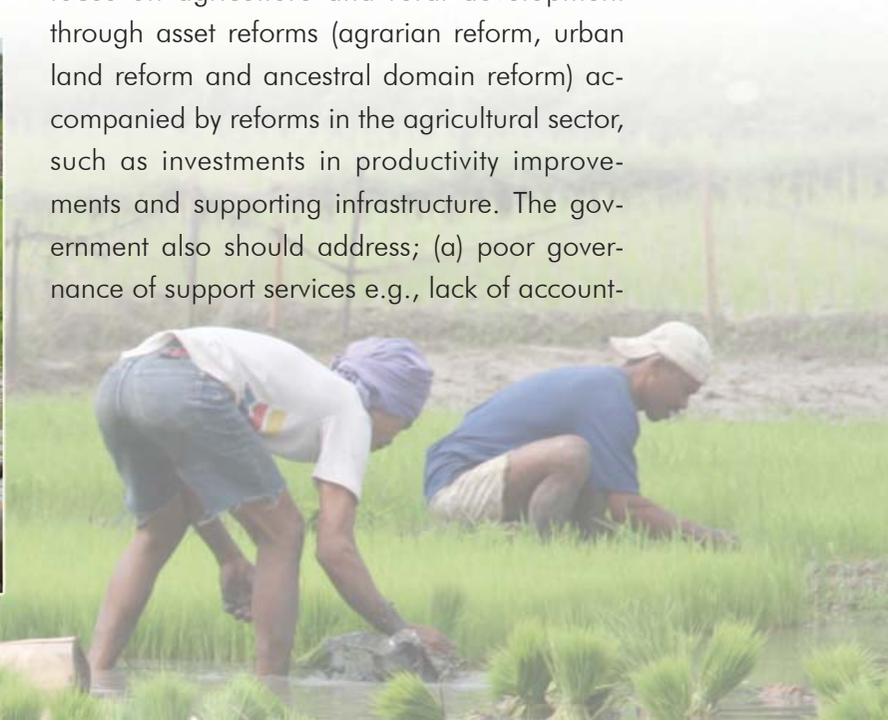
Regions with poverty incidence rates above the national average must receive more than a proportionate share of the resources allocated to overcome the problem.

2. Curbing the high population growth rate

This problem will entail reassessment of the present programs and projects on reproductive health particularly family planning and adolescent reproductive health program, strengthening the national government's role in population management and the full implementation of the contraceptive self-reliance strategy (CSR) in anticipation of the shortage of FP commodities with the phase-out of contraceptive donations. Family planning education and services should be scaled up and innovative and acceptable mechanisms for promoting contraception (both natural and artificial) must be in place.

3. Improving performance of the agriculture sector

The government's anti-poverty strategy must focus on agriculture and rural development through asset reforms (agrarian reform, urban land reform and ancestral domain reform) accompanied by reforms in the agricultural sector, such as investments in productivity improvements and supporting infrastructure. The government also should address; (a) poor governance of support services e.g., lack of account-



ability, coordination and program focus in public spending for agriculture; and (b) high cost of doing business owing to inefficient and archaic regulatory systems in the sector.

4. Accelerating the implementation of basic education and health reforms

Two (2) major reform packages for health and education must be implemented with critical interventions supported by an effective management structure and financing arrangements. Moreover, government and other education stakeholders should look more seriously at the factors contributing to the comparatively low completion and retention among boys.

5. Ensuring strict enforcement of laws pertinent to the achievement of the MDGs

The government has to ensure that laws supporting the MDG targets including laws that protect and promote the welfare of women and children have to be strictly enforced and continuously monitored.

6. Bridging the financing gap

Policies that will strengthen the economy and help the people's self-reliance need to be put in place by: (a) mobilizing domestic resources; (b) improving employment opportunities; (c) increasing the foreign exchange earning capacity; and (d) equitable sharing of income and wealth. Fiscal reforms have to be expeditiously implemented and budgetary reform initiatives must favor basic social services. Government must be vigilant in delivering its services in the most cost-effective way.

7. Strengthening the capacity of LGUs to deliver basic services and manage programmes and projects

Government has to invest in improving capacities of LGUs through problem-solving, involving local participation, managerial know-how and transparent mechanisms. Aside from ensuring the availability of manpower, quality im-

provement programmes to upgrade skills and capacities of frontline workers, e.g., health workers and teachers, have to be in place.

8. Ensuring transparency and accountability in government transactions

Graft and corruption must be addressed and accountability and transparency in every branch of government from national down to the local levels especially in activities that involve huge amounts of financial and human resources has to be guaranteed to ensure more efficient use of funds for MDGs that will minimize leakages and wasteful use of public funds.

9. Addressing peace and security issues.

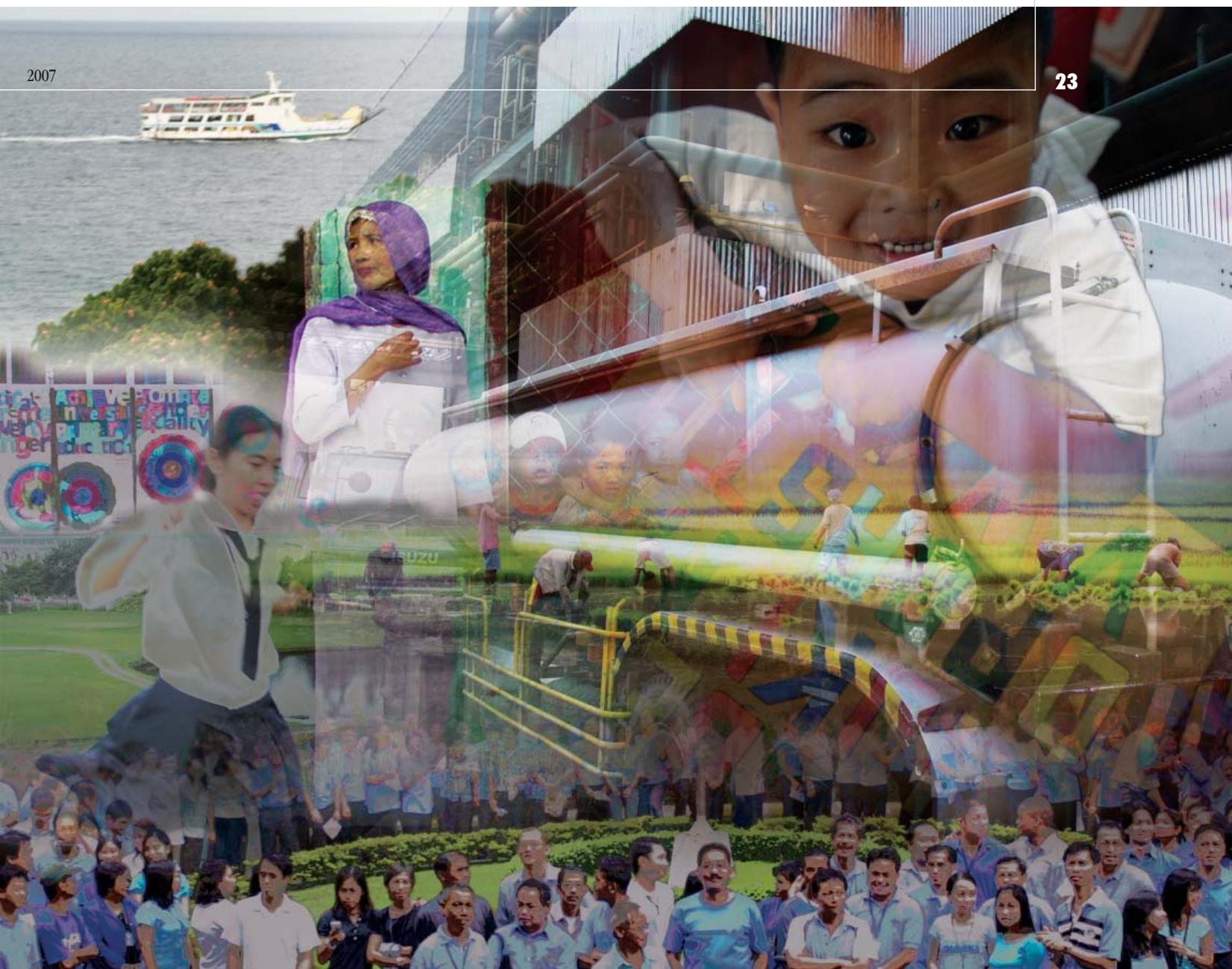
Mindanao lags behind in the MDGs thus, the government has to prioritize its geographical targeting. Provision of basic services and other assistance should be viewed in the context of peace and development that will have an impact on the peace process.

10. Need for public-private partnership

Civil society has shown that it can effectively monitor government institutions and performance of officials. It is also a powerful advocate for the MDGs. Meanwhile, the private sector is the main provider of jobs and livelihood and has also proven to be a strong partner in social development and the protection of the environment.

11. Improving targeting, data base and monitoring

The unavailability of timely and accurate information for MDG indicators and the lack of updated and/or disaggregated data make the design and targeting of appropriate interventions difficult. Enhancement of data collection and quality has to be given attention including surveillance activities, e.g., for hunger, AIDS and disease outbreak. The current institutional arrangement at the sub-national level also needs to be strengthened and operationalized.



Main Report

Introduction

THIS REPORT describes and assesses the progress that the Philippines has made in meeting its MDGs and provides recommendations for priority action. It is organized as follows: Section 1 - The Scorecard - discusses the status of progress for each of the MDG targets at the national, and data permitting, sub-national levels. Section 2 – Assessment - examines the evolving trends and challenges as the Philippines pursues the MDGs. Section 3 – Meeting the 2015 Challenge - describes various public policies, programs and projects that can contribute significantly to the attainment of all 2015 MDG targets.

The report draws heavily from the 2003 and 2005 Philippines Progress Reports on the MDGs², the preparation of which was coordinated by the National Economic and Development Authority (NEDA), with financial assistance from the United Nations Development Programme (UNDP). The NEDA furnished all updated figures, with the National Statistical Coordination Board (NSCB) and the National Statistics Office (NSO) as the sources of basic data.

² See Philippines Progress on the Millennium Development Goals, Manila: NEDA and UNDP, January 2003; and Second Philippines Progress Report on the Millennium Development Goals, Manila: NEDA and UNDP, June 2005).

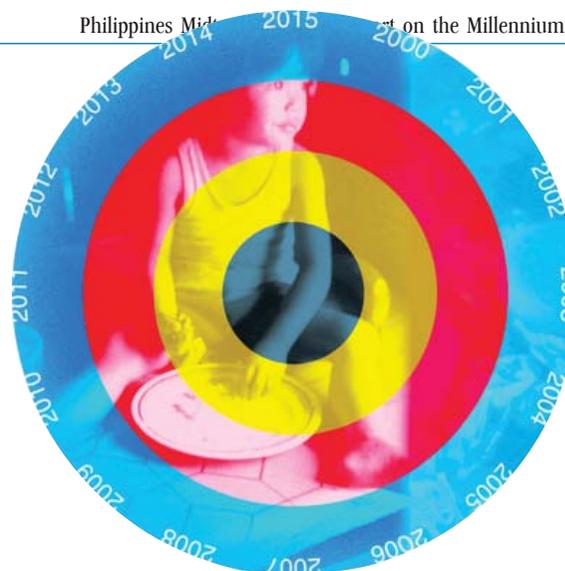
1. THE SCORECARD: 2000-2006

This section assesses in detail the extent of Philippine progress on the eight (8) MDGs and the corresponding targets for each goal.

Goal 1: Eradicate extreme poverty and hunger

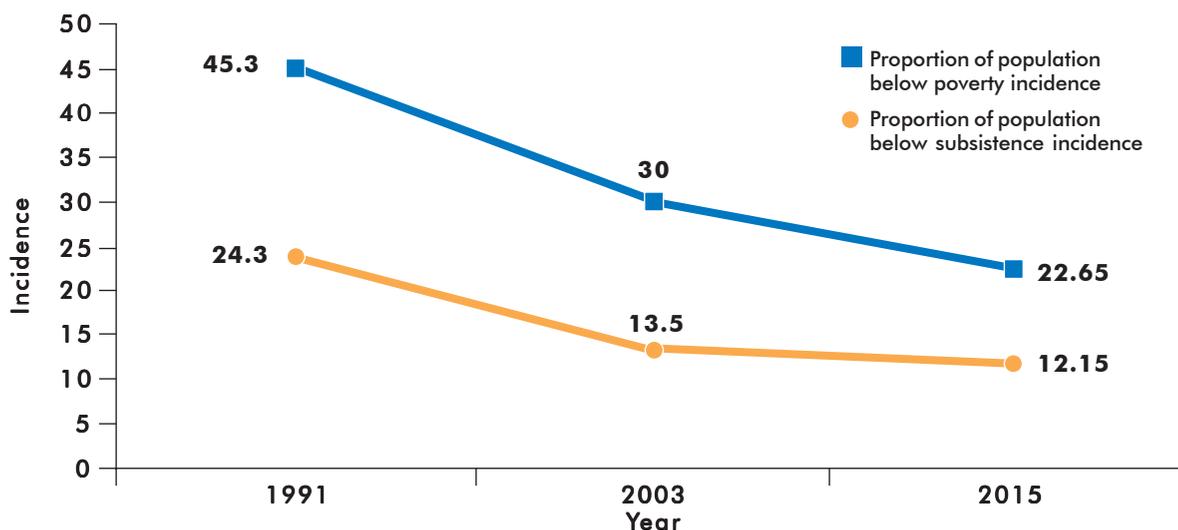
Target 1: Halve the proportion of people living in extreme poverty between 1990 and 2015.

Extreme poverty refers to the proportion of population or families living below the subsistence or food threshold. As of 2003, the proportion of people with incomes below the subsistence threshold was 13.5 percent (10.2 % of all Filipino families), down from the baseline figure of 24.3 percent (20.4 % of all Filipino families) in 1991 (see Figure 1). This represents a decline of 0.90 percentage point each year. At this annual rate of decline, the Philippines is on track in meeting its target of halving the proportion of people below the food threshold. The MTPDP 2004-2010 has set a higher target in terms of proportion of families below subsistence threshold at 8.98 percent in 2010.



However, there is a cause for concern if one looks at subsistence incidence rates of population by region. In 2003, 11 of the country's 17 regions had subsistence incidence rates that exceeded the national average. This was led by Zamboanga Peninsula (Region 9) in Mindanao with an incidence rate of 32.7 percent, followed by CARAGA, also in Mindanao, with 30.9 percent, and Region 5 with 26.6 percent. Only four regions [the NCR, Cagayan Valley (Region 2), Central Luzon (Region 3), CALABARZON (Region 4-A)] had subsistence incidence rates in the single digit range, from

Figure 1: Subsistence and Poverty Incidences by Population (Actual 1991 – 2003 and MDG Target for 2015)



Sources: TC on Poverty Statistics (former TWG on Income Statistics), NSCB
 2nd Philippine Progress Report on the Millennium Development Goals
 2003 Final Provincial Poverty Estimates
http://www.nscb.gov.ph/poverty/2004/pov_th2.asp

Box 1: Microfinance Sector Strengthening Project (MSSP)

ACCESS to economic empowerment resources, including microfinance services, remains a problem for the great majority of poor Filipino families. The key obstacle is the lack of capacity to deliver services at reasonable cost to most of the low-income population, without sacrificing sustainability. In 1998, UNDP began implementing a microfinance project — the Microfinance Sector Strengthening Project (MSSP) — in the Philippines as part of UNDP's worldwide Microstart Programme to find new ways and means for microfinance services to reach a greater number of poor people.

Co-funded by AusAID, the project initially partnered with the Peoples' Credit and Finance Corporation (PCFC) and in its second phase with the National Anti-Poverty Commission (NAPC) to address the strengthening of capacities of microfinance practitioners to provide greater access of the poor, especially women. The project adopted the successful ASA model of Bangladesh that emphasizes low-cost rapid expansion through individual lending, savings mobilization, tight delinquency and internal-fraud control, zero-cost human resource development, simplified accounting, manual management information systems, and strengthened middle- and top management capacities. The capacity building targeted Microfinance Institutions (MFIs) in the Philippines.

By the time the project ended in 2005, it had contributed to almost one quarter (25%) of the national target of one (1) million clients by helping the three (3) breakthrough microfinance institutions (MFIs), namely the Center for Community Transformation (CCT), Center for Agriculture and Rural Development (CARD), and LifeBANK expand their outreach by 78,000 new clients representing a 134% increase over the baseline set 18 months before. This also enabled the MFIs to achieve self-sufficiency ratios of more than 100%.

The MSSP was also rated as the best performing UNDP supported microfinance programme among 66 countries evaluated in a survey sponsored by the Consultative Group to Assist the Poor (CGAP), a worldwide consortium of 28 public and private development agencies working together to expand access to financial services for the poor. The high rating is mainly due to the capacity building methodologies that resulted in this huge expansion in outreach.

Today, the MFIs that MSSP supported continue to expand their outreach and are transferring the ASA technology to other MFIs.

Source: UNDP Philippines Empowerment of the Poor Unit

0.7 percent for the NCR and 7.6 percent for Region 2. The five regions effectively pulled down the national average with their low incidence rates.

The overall poverty incidence rate for house-

holds and the population and movements in the national average also indicate good prospects in meeting Goal 1. In 2003, the poverty incidence rates were 24.4 percent and 30 percent for households and the population, respectively, compared to the baseline 1991 figures of 39.9 percent and 45.3 percent. The poverty incidence rates for households and the population had declined each year by about 1.2 percent. At such a rate of decline, these poverty incidence rates would have been reduced by half in 2006.

Looking however at poverty incidence rates by region, the imbalance is again very noticeable. Only three (3) regions, namely, Central Luzon, CALABARZON and the NCR had household poverty rates that were less than the national average. The remaining 14 regions had poverty rates that exceeded national figures, with CARAGA, ARMM (Autonomous Region of Muslim Mindanao) and Region 9 topping the chart at 47.1 percent, 45.4 percent, and 44 percent, respectively.

This regional imbalance suggests that efforts to reduce poverty must reach all regions of the country indicating pro-

gressive instead of regressive measures. This means that to overcome the problem, regions with poverty incidence rates above the national average must receive more than a proportionate share of resources.

Target 2: Halve the proportion of population below the minimum level of dietary energy consumption and halve the proportion of underweight children under five years old.

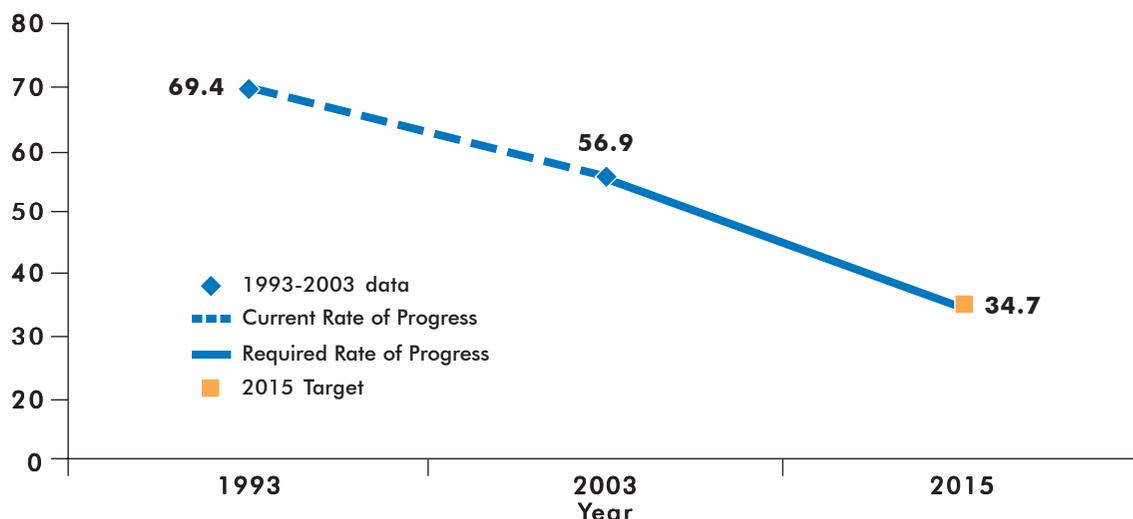
The proportion of households with food intake per person that is less than hundred-percent dietary energy requirement was 69.4 percent in 1993 (see Figure 2). This figure decreased to 56.9 percent in 2003, representing a decline of 1.25 percent each year. The target is to bring down this indicator to 34.7 percent in 2015. This requires an annual decline of 1.85 percent from 2003 forward. To achieve this, the progressive approach must be applied to the regions exceeding 56.9 percent of which, there are eight, namely, CALABARZON, Bicol Region (Region 5), Central Visayas (Region 7), Eastern Visayas (Region 8), Zamboanga Peninsula, Northern Mindanao (Region 10), SOCSARGEN (Region 12), and the ARMM.



Concerning the prevalence of underweight preschoolers, the National Nutrition Survey (NNS) conducted by the Food and Nutrition Research Institute (FNRI) showed a decline from 30.6 percent in 2001 to 26.9 percent in 2003 (see Figure 3). This declined further to 24.6 percent in 2005. The target by 2015 is 17.25 percent,

which requires an annual decline of 0.74 percent. If the rate of decline between 2001 and 2005 of 1.5 percent each year can be maintained, the likelihood of meeting the 2015 target is high. To accelerate the decline, a progressive approach must be applied to the 10 regions with proportion of underweight children exceeding the national average, e.g., Ilocos Region, MIMAROPA (Region 4-B), Bicol Region, Western Visayas (Region 6), Central Visayas, Eastern Visayas, Zamboanga Peninsula, Northern Mindanao (Region 10),

Figure 2: Proportion of households with per capita intake below 100 percent dietary energy requirement (actual 1993-2003 and MDG Target for 2015)



Source: National Nutrition Survey, FNRI

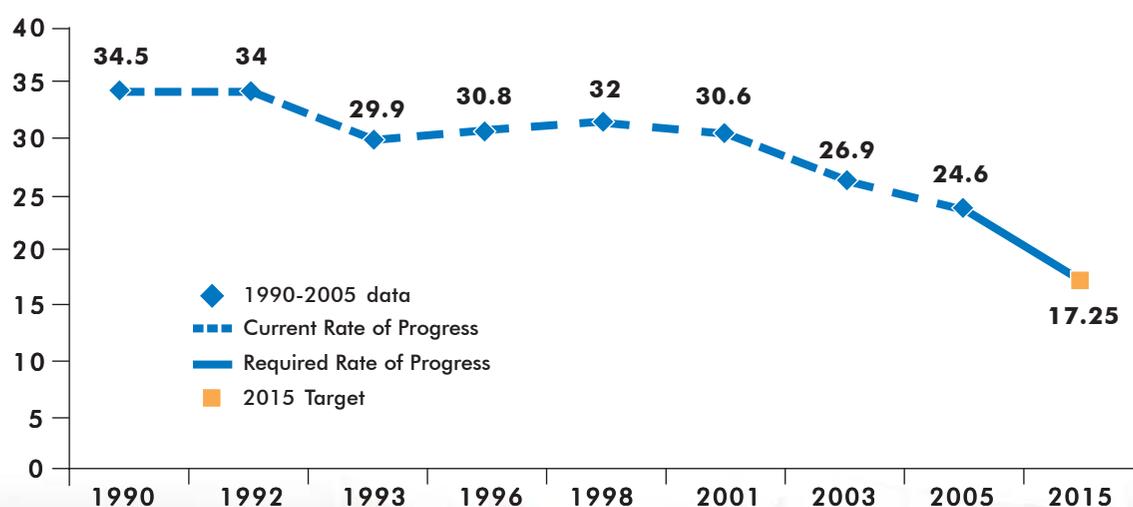
SOCSARGEN, and ARMM.

Consistent with gender equality, proper nutrition is critical for women during pregnancy and lactation, both for their own health and for their children to have the best possible start. It is estimated that 28.4 percent of pregnant women were nutritionally at-risk in 2005, based on the weight-for-height index. In addition, about 40 percent of pregnant women were anemic, with even higher levels of 50 percent

and over in some provinces in Mindanao in 2006.

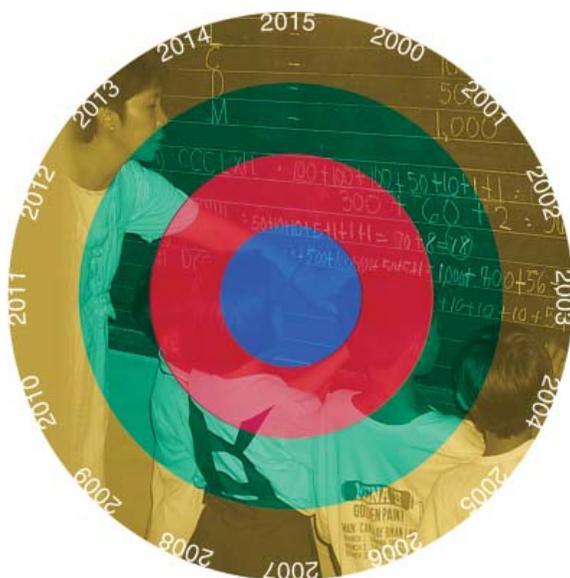
The diet of pregnant women was also found to be grossly inadequate, with 78.4 percent adequacy level for calories and low micronutrient levels. These conditions increase the risk of both maternal mortality and the delivery of low-birth weight infants. The latter, in turn, are also at risk of dying within their first year or of becoming undernourished in their pre-school years.

Figure 3: Proportion of Underweight Children under 5 years old (actual 1990-2005 and MDG Target for 2015)



Sources: National Nutrition Survey, FNRI
Updating of Nutritional Status of Filipino Children and Selected Population Groups, FNRI





Goal 2: Achieve universal primary education

Target 3: Achieve universal access to primary education by 2015.

Figure 4 shows that in SY 2002-2003, the NER or participation rate in primary or elementary education³, both public and private, of the school-age population 6 to 11 years was 90.29 percent. The most recent figure for SY 2005-2006 indicated a decline in the participation rate at 84.44 percent with a huge decline noted in

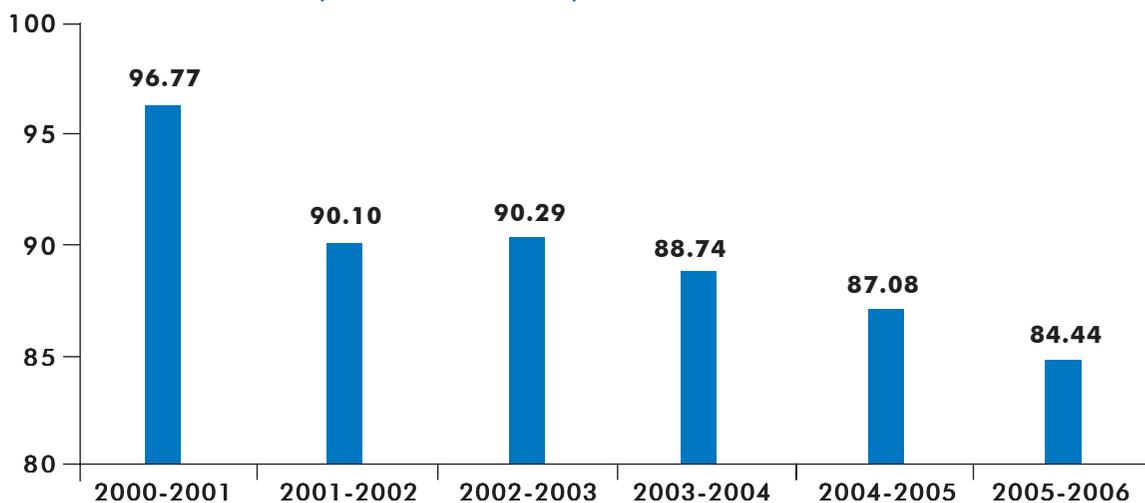
the urban areas. By region, CALABARZON accounted for the highest NER of 92.87 percent, with the lowest in CARAGA at 74.8 percent.

Cohort survival rate (CSR) at elementary level exhibited an erratic trend from 2000 to 2005 and was 69.9 percent as of 2005, indicating that the retention ability of schools calls for improvement. Meanwhile, dropout rates at the elementary level showed an increasing trend from 2001 to 2005. More learners dropped from the system but the number decreased as they reached higher grades.

In terms of completion rate (CR) the trend tended to decrease from 2002 to 2005 and was 67.99 percent in 2005. The weak ability of the government to provide complete basic education services in more than 7,000 barangays in the country may be one of the reasons for the low completion rate in 2005. Of the 37,496 elementary schools established in 2005, some 7,766 or about 21 percent had incomplete grade-level offerings. Overall, the country is lagging behind in achieving the MDG target of achieving universal access to primary education as measured by NER, CSR and CR.

There was less disparity across regions in

Figure 4: Elementary education participation rate (in percent) SY 2000-2005 (Public and Private)



Source: Department of Education - Research and Statistics Division (Basic Education Information System)

³ Beginning SY 2002-2003, participation rate was derived based on the age group 6-11 years for elementary and 12-15 years for secondary whereas the previous system used 7-12 and 13-16 years for elementary and secondary, respectively. Hence, SY 2002-2003 data onwards cannot be compared with that of the previous years.

Box 2: Project JOSIE

THE Joint Systems Improvement in Education Project (Project JOSIE) is a pioneering activity of the Provincial Government of Bulacan, which encouraged and harnessed the participation of parents and the community through workshops and conferences on the process of learning and proper guidance. This resulted in a significant improvement in the students' performance in the National Education Achievement Test (NEAT).

Before Project JOSIE, the average NEAT score of a child was 39.4% in Math and 40.23% in English. After the project was implemented, the average NEAT score in English rose to 76% in reading and 72% in comprehension. In Math, the average NEAT score rose to 82% in computational skills and 71.5 % in math problem comprehension skills. Core groups of parents were also created to assist teachers in 496 schools in preparing audio-visual materials and in providing remedial instruction when necessary. Project JOSIE has been instrumental in achieving significant gains in MDG Goal 2 on universal access to quality primary education as well as ensuring partnership and participatory governance.

Source: Special Citation on Local Capacity Innovation for the Millennium Development Goals, Manila: Galing Pook Foundation, UN-HABITAT, and UNDP



terms of NER for both public and private schools in 2005, ranging from a high of 92.87 percent (CALABARZON) to a low of 74.8 percent (CARAGA). In terms of enrolment, there was almost parity between children in urban and rural areas but was slightly in favor of children in rural areas.

With regard to CSR, there was wide disparity across regions, ranging from a high of 86.83 percent (Region 1) to a low of 36.2 percent (ARMM). The regional disparity in terms of completion rate was also wide during the same year ranging from a high of 85.48 percent (Region 1) to a low of 34.76 percent (ARMM). The ARMM showed a relatively high NER, but it ranked the lowest in terms of efficiency as shown by its low cohort survival and completion rates.

In terms of efficiency of the elementary school system, more children in the rural areas were disadvantaged than in urban areas. Among the reasons for the urban-biased elementary completion rate are the high number

of incomplete school buildings in rural/remote areas, much higher malnutrition rates and incidence of child labor in rural areas compared with the urban areas (in 2001 for example, 7 out of 10 working children in the 5-17 age group resided in the rural areas).

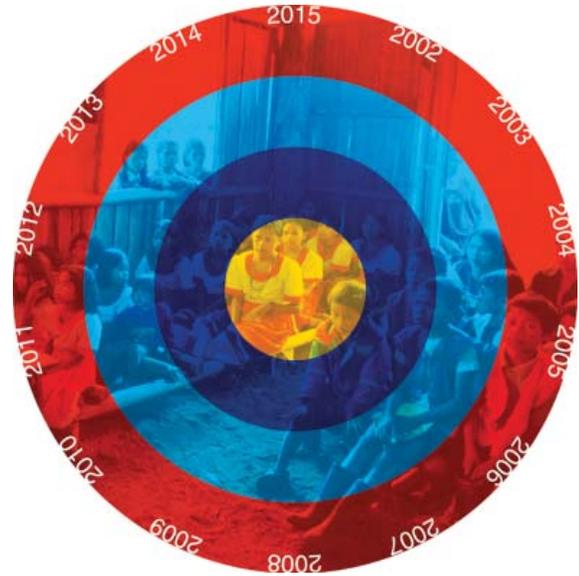
It is interesting to note that participation rates in primary education by region is inversely correlated with the incidence rates for food and overall poverty. The regions with highest participation rates showed the lowest poverty incidence rates, namely, the NCR, Ilocos Region, Cagayan Valley, Central Luzon, and CALABARZON. Accordingly, these five regions had the highest cohort survival rates and lowest dropout rates. The observed correlations among these variables suggest that investment in primary education is promising for poverty reduction. The above correlations support the importance of adopting progressive approaches in fighting poverty and investing in primary education. Such an approach raises the likelihood of accelerating the realization of MDG targets.

Goal 3: Promote gender equality

Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.

The participation rate of females in elementary education was better than that of males. For example, in SY 2001-2002, female participation rate was 90.91 percent, compared to 89.33 percent of males (see Figure 5). In SY 2005-2006, female participation rate was 85.35 percent against 83.56 percent for males. The school leaver rate for females (6%) was lower than that of males (8.62%) in SY 2005-2006.

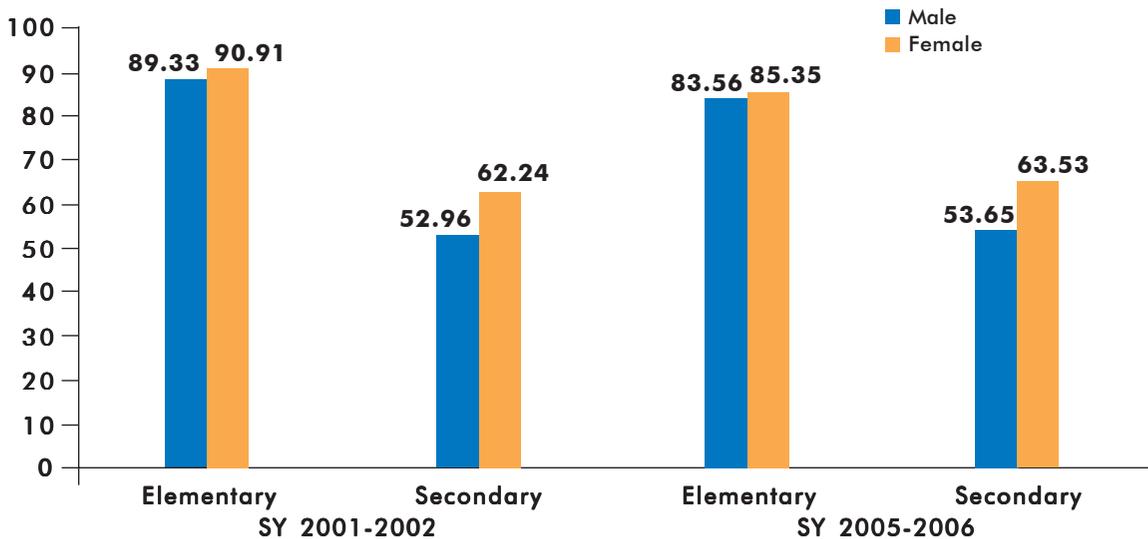
In addition, female cohort survival rate exceeded that of males. Consequently, female participation rate in high school also exceeded that of males (63.53% vs. 53.65%). There was also a gender gap in achievement levels in favor of girls as shown by the performance of a cohort of children in the National Achievement Test (NAT). Test results, disaggregated by sex, show that the female advantage widened as the children moved up to higher grades in primary school.



These figures suggest equal status between males and females in terms of access to basic education. The disturbing part is the decline in the school participation rates over the six-year period. The only regions with participation rates in elementary education equal or above the national average in SY 2005-2006 were the NCR, Ilocos Region, Central Luzon, CALABARZON, Bicol Region, and the ARMM. The rest fell below the national average.

In technical-vocational education and training (TVET), the total number of enrollees for AY 2004-2005 indicated an almost equal distribution between females (50.7%) and males

Figure 5: Elementary and Secondary Participation Rates by Sex SY 2001-2002 and SY 2005-2006



Source: Department of Education - Research and Statistics Division (Basic Education Information System)

(49.2%). Higher education remained female-dominated with women comprising 53.8 percent of total enrolment in AY 2004-2005.

The government recognizes that gender equality has many dimensions, extending beyond education participation rates of men and women. A number of indicators have been added and discussed below.

Male-to-female population ratio is 101 to 100. Filipino women live longer than men, with a life expectancy of 72.5 years compared to 67.2 years for men. Women also have a slight edge over men in simple literacy rates (94.3% vs. 92.6%) and functional literacy rates (86.3% vs. 81.9%). The country's Gender Development Index (GDI), based on the 2006 Human Development Report, depicts an improvement from 0.751 in 2002 to 0.761 in 2004. Likewise, the Gender Empowerment Measure (GEM) increased from 0.48 in 1999 to 0.542 in 2004. These gains, however, do not necessarily translate into positive measurable changes in the roles and status of women.

On gender-based violence (GBV), a recent national survey estimated that around 2.2 million Filipino women or nine percent of all women ages 18 years and above, experienced violence inflicted by their partners. In the past two years, around 70 percent of child-abuse victims were girls and about 40 percent of cases were sexual abuse and exploitation.

The Philippines is also recognized as a source, transit, and destination country for

cross-border trafficking of women and children for sexual exploitation and forced labor. It is estimated that between 60,000 to 100,000 children and over 100,000 women are trafficked (internally and externally) annually. Since the passage of the Anti-Trafficking in Persons Act of 2003, the number of cases filed for investigation and prosecution by the Department of Justice (DOJ) had steadily increased from 12 in 2003 to 114 cases in 2005. There had been eight (8) convictions since 2003.

Box 3: The gender approach to poverty alleviation

IN 2001, Capoocan was just a 4th class municipality in Leyte with 90% of its population living in poverty. The people had little access or control over land resources. The lack of opportunities and skills compelled the women of Capoocan to seek employment elsewhere as house helpers and for some, even in prostitution. Many of the women were economically dependent on their husbands who were barely able to provide for their families. The miserable situation often caused tensions within the households that ended in violence against women. Access to basic social services and women's participation in governance were also very limited.

The local government attempted to address the bleak situation in Capoocan through the Program on Gender and Development of Capoocan (PRO-GAD Capoocan), a comprehensive development program that employed participatory and gender-responsive governance as its basic framework. The PRO-GAD Capoocan has the following components: community organizing, educational training, socio-economic and livelihood development, health, nutrition, and reproductive health services, and a program opposing violence against women and children. The program covered all 21 barangays of the municipality and was funded through the 5% GAD budget of the municipal and barangay levels.

Capoocan has made significant gains through its PRO-GAD program both in addressing women's issues and in responding to the MDGs. Capoocan registered a 16% reduction in the number of people living in extreme poverty, 15% reduction for those living below the food threshold, 19% reduction of people with no access to safe drinking water and 17% reduction of people with no sanitary toilets. For the period 2001-2004, a 32% increase in access to reproductive health services was noted. Moreover, there are no reported cases of HIV and AIDS and malaria. The cure rate for tuberculosis is 32% with a TB network in place that provides counseling services and sponsors community cleanliness drives.

Source : Special Citation on Local Capacity Innovation for the Millennium Development Goals, Manila: Galing Pook Foundation, UN-HABITAT, and UNDP



On access to income and productive resources, the last decade had seen an increase in the number of women in the labor force with 50 percent of all women working compared to 80 percent of men. In terms of quality of work, 64 percent of those in higher wage-and-salary jobs and 67 percent of own-account workers were men. Among the employed women, 50 percent were wage-and-salary workers, 33 percent were own-account workers and 17 percent, unpaid family workers.

Women had a large presence in the growing informal economy and had limited benefits and protection, such as social security and health care. Moreover, their economic contribution was largely invisible. As a country with the highest number of Overseas Filipino Workers (OFWs) worldwide, women and men were almost equal in number. The national economy and a quarter of the country's families were highly dependent on OFW remittances.

However, the average cash remittances of

women were only 60 percent that of men. This is indicative of the status of women OFWs in lesser skilled and often unprotected lower paying jobs. This renders women vulnerable to exploitation, trafficking and abuse. Of particular concern is that 72 percent of newly-hired OFWs in 2005 were women, indicating lack of opportunities locally for decent work and livelihood to provide for themselves and their families.

On civil and political rights of women, the Philippine Constitution upholds the right of women to sectoral participation in national and local legislative bodies. The Philippines is one of the few countries with a woman President. Four out of 24 senators are women. Women dominate the civil service at the technical level (74%) but are still largely outnumbered by men in decision-making positions (35%). Women account for only 20 percent of total positions in the judiciary. In the 2004 elections, mean participation rate of women was 18.2 percent at the national and local levels of both executive and legislative bodies.



Goal 4: Reduce child mortality

Target 5: Reduce children under-five mortality rate by two-thirds by 2015

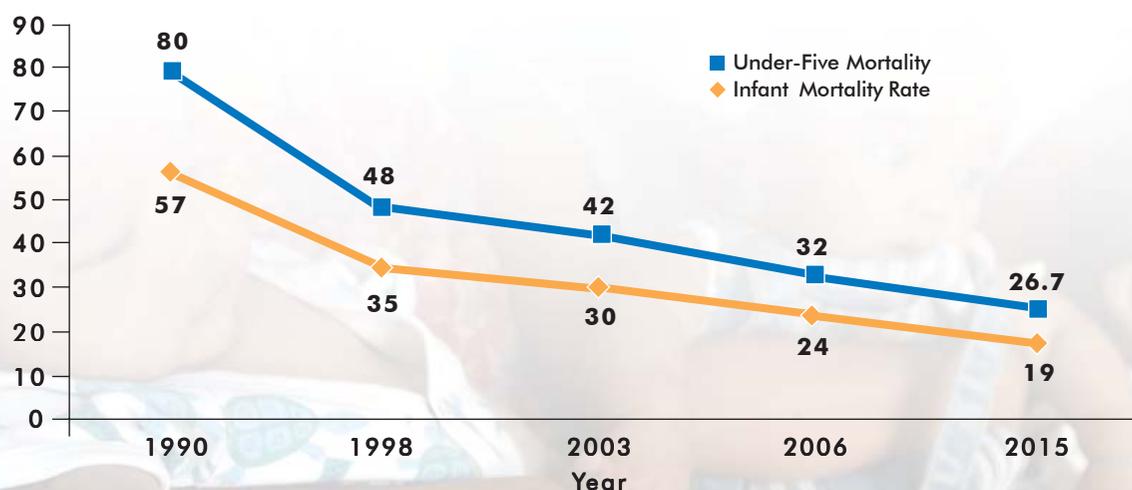
Based on data from the Technical Working Group on Maternal and Child Mortality, under-five mortality rate (U5MR) was 80 deaths per 1,000 live births for 1990. This rate declined to 48 in 1998 and to 42 in 2003. In 2006, using

results of the Family Planning Survey (FPS) of NSO, the rate fell down further to 32 deaths per 1,000 live births. For the period 1990-2006, the decline was about 60 percent. This suggests a high likelihood of meeting the target of 26.7 deaths per 1,000 live births by 2015.

Infant mortality rate (IMR) has also been decreasing from 57 deaths per 1,000 live births in 1990, to 35 in 1998, to 30 in 2003 (see Figure 6) and in 2006, it declined further to 24 deaths. The decline from 1990 to 2006 in infant mortality rate was about 58 percent. Similarly, the likelihood of attaining the MDG target for IMR is high. It should be further noted that the MTPDP 2004-2010 aims to reduce the IMR to 17 per 1,000 live births by 2010, a much greater decline than the 2015 MDG target.

Still, there were regions that in 2006 had infant mortality rates exceeding the national average of 24 deaths per 1,000 live births. These were Cordillera (29), MIMAROPA (32), Bicol (26), Eastern Visayas (29), Zamboanga (38), Davao (28), CARAGA (28), and the ARMM (31).

Figure 6: Infant Mortality Rate and Under-5 Mortality Rate

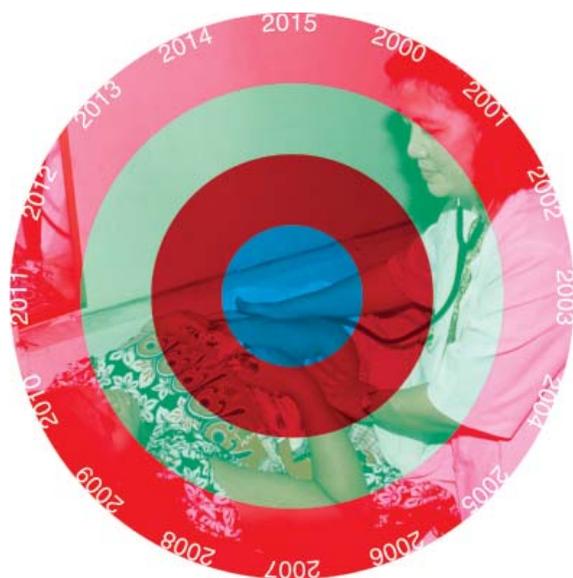


Sources: 1990: Technical Working Group on Maternal and Child Mortality
 1998 and 2003: National Demographic and Health Surveys
 2006: Family Planning Survey 2006

Goal 5: Improve maternal health

Target 6: Reduce by three quarters, between 1990 and 2015 the maternal mortality ratio.

MMR is defined as the number of maternal deaths per 100,000 live births. The indicator on maternal health status is disturbing. Based on data from the 1993 and 1998 National Demographic and Health Survey (NDHS), MMR went down to 172 deaths from a 1993 baseline figure of 209 deaths. In 2006, based on the FPS, it declined to only 162 deaths. Though the decline continued, it was at a sharply diminishing rate.



The target reduction in MMR is 52 deaths per 100,00 live births in 2015. In view of the fact that the decline has slowed down considerably and appears to have stalled, this goal has been identified as the least likely to be achieved for the Philippines.

Out of three (3) million pregnancies that occur every year, half were unplanned and one-third of these end in abortions, according to a 2006 report of the Allan Guttmacher Institute⁴

conducted in the Philippines. Induced abortion was the fourth leading cause of maternal deaths. Young women accounted for 17 percent of induced abortions. Over half of births occurred at home and one-third of them were assisted by traditional birth attendants (TBAs). Around 75 percent of the poorest quintile did not have access to skilled birth attendants (SBAs) compared to only 20 percent of the richest quintile. There is, therefore, a need to improve prenatal and postnatal services and special competencies of SBAs to reduce neonatal mortality.

Target 7: Increase access to reproductive health services⁵ to 60 percent by 2010, and 80 percent by 2015.

Universal access to sexual and reproductive health education, information, and services improves health, saves lives and reduces poverty. The slow decline in MMR may be traced to inadequate access to integrated reproductive health services by women, including poor adolescents and men.

The country's total fertility rate (TFR) based on the 2006 FPS was 3.2 births per woman. This is a slight decline from the 2003 TFR of 3.5 children per woman. Among the regions, Region 4-B posted the highest TFR (4.1), while NCR, the lowest.

On the contraceptive prevalence rate (CPR), the percentage of currently married women ages 15-49 years using contraceptives slightly changed from 49 percent in 2001 to 50.6 percent in 2006 based on the FPS for the same years. Among the regions, Central Luzon had the highest CPR at 58.9 percent, followed by Cagayan Valley (58.6%) and Southern Mindanao (57.2%). The lowest CPR was in

⁴ The Guttmacher Institute, an independent, nonprofit, tax-exempt organization with offices in New York and Washington, D.C., was established in 1968 to provide research, policy analysis and education in the fields of reproductive health, reproductive rights and population.

⁵ Access to scientific and modern family planning methods is used as the indicator in the absence of data covering the 10 elements of reproductive health.

ARMM (20%).

The unmet need for family planning was 15.7 percent in 2006, representing a decline from the 1998 figure of 19.8 percent. The ARMM showed the highest unmet need (29.7%) while Cagayan Valley, the lowest at 9.7 percent.

These trends indicate the need to actively promote family planning and responsible parenthood most especially, for low-income households. Without access to FP techniques, the actual number of children of poor families generally exceeds desired family size.

Survey findings, however, revealed that Filipino women across all socio-economic classes desire fewer children and would like to use modern contraceptives. Yet only about half of women of reproductive age practice family planning (FP). Even when FP services are available, it has been observed that the decision to seek health services is often determined by gender norms in the family and community, as well as cultural and religious beliefs and practices.

Concerning the young, data from the Young Adult Fertility and Sexuality Survey (YAFSS) for the period 1994-2002 indicated that the overall prevalence of pre-marital sexual activity increased from 18 percent to 23 percent. It is likewise observed that twice as many females than males experienced reproductive health (RH) problems. The higher levels of RH problems observed in females can be attributed to their higher experience of less serious RH problems. It is however noted that there was an increase in serious RH problems among females as compared to males due to the increasing proportion of females engaging in sexual risk behaviors and the low level of contraceptive use. The 2006 FPS results also showed that 6.3 percent of women 15-19 years old had begun childbearing and majority of them were poor and from the rural areas. Other studies show that teenage pregnancies accounted for 17 percent of induced abortion cases.



Goal 6: Combat HIV and AIDS, malaria and other diseases

Target 8: Halt and reverse the spread of HIV and AIDS by 2015.

Since the first official report of HIV and AIDS case in 1984, the Department of Health (DOH) through the National Epidemiology Center has been tracking HIV and AIDS cases in the country. Based on the DOH's AIDS Registry, the total number of reported HIV Antibody seropositive and AIDS cases from January 1984 to December 2006 was 2,719. Of this number, 72 percent were asymptomatic, while the remaining 28 percent were full-blown AIDS cases. From 2004 to 2006, the DOH noted an increase in the number of reported cases ranging from 200 to 300 annually. This is a 20 percent increase that has raised concerns, as it suggests spreading, rather than a reversal of the number of seropositive cases. In addition, the cumulative death toll from AIDS had already reached 298.

There seems to be an underreporting of HIV and AIDS cases in the country; the DOH estimated the HIV and AIDS cases to be about 11,200 as of 2005. The social stigma of disclosing to the public one's infection in a predominantly Catholic population may be one of the reasons for the underreporting. While the numbers had not caused much alarm in the past, what is worrisome is the increasing number of new reported HIV cases. In 2006, for

instance, six Filipinos were reported infected with HIV every week. One in every three cases was an OFW, mostly seafarers and domestic workers who reportedly had unprotected sexual contact. Cases among OFWs are easily detected because they are mandated to undergo HIV-testing by their prospective employers.

Recent figures on HIV and AIDS cases suggest the infection has spread, not reversed. However, in spite of these new cases, the national target of keeping the prevalence rate at less than one percent of the population remains within target.

Sexual transmission continues to be the main cause of HIV infection. However, injection by drug users, which is the strongest driver of HIV infection in Asia, may raise cases of HIV and AIDS given the observed increase in the level of needle sharing among drug users. The high prevalence of risky behavior such as unprotected sex and having multiple sex-partners among high-risk groups, combined with the rise in needle sharing among drug users is a cause for concern. HIV and AIDS awareness level across population groups, especially, among the youth, leaves much room for improvement. Misconceptions on basic facts about the disease must be dispelled. Preventive measures, on the other hand, must be advocated.

Target 9: Halt and reverse the incidence of malaria and other major diseases by 2015.

Malaria is the eighth leading cause of morbidity in the Philippines. Based on program data, malaria morbidity rate indicated a decrease from 72 cases per 100,000 population in 1998 to 47 cases in 2002. However, there was an increase in the rate to 55 cases in 2005. The mortality rate due to malaria, likewise, decreased from 0.8 deaths per 100,000 population in 1998 to 0.1 death in 2002. This slightly went up to 0.17 deaths in 2005. The geographical distribution of malaria cases based on a five-year average (2001-2005) is as follows: Luzon (55%); Visayas (1%); and Mindanao (44%). In 2005, the top ten (10) provinces in terms of the number of ma-

laria cases were: Palawan, Tawi-tawi, Sulo, Sarangani, Isabela, Cagayan, Sultan Kudarat, Agusan del Norte, Surigao del Sur and Zambales.

Similarly, tuberculosis (TB) remains a major public health problem in the country, being the sixth leading cause of morbidity and the sixth leading cause of mortality in 2003. Data indicate that the mortality rate due to TB decreased from 38.7 deaths per 100,000 population in 1999 to 33 in 2003. In 2005, the case detection rate was posted at 71 percent while the cure rate was 82 percent.



Goal 7: Ensure environmental sustainability

Target 10: Implement national strategies for sustainable development by 2005, to reverse loss of environmental resources by 2015.

Philippine Agenda 21 continues to be the guiding document for the country's strategy for sustainable development. The action agenda for protecting the ecosystem, for example is comprehensive, with targets for the following: forest and upland, coastal and marine, urban ecosystem, freshwater, lowland and agricultural, minerals and biodiversity.

Forest cover statistics was generated in early 2004 using satellite imageries taken in 2002 and

2003. Results of this undertaking show that the remaining forest cover was about 7.2 million hectares or 24 percent of the total land area of the country. This is 0.71 million hectares or 11 percent higher than the 1998 actual forest resource inventory record of 6.5 million hectares.

The number of proclaimed Protected Areas (PAs) under NIPAS has been continuously expanding. From 83 proclaimed PAs in 2000, the number of proclaimed PAs in 2006 increased to 103. There was also a significant increase in confiscated flora from 58 pieces in 2002 to 600 pieces in 2005. The number of confiscated fauna also increased from 175 heads in 2002 to 2,944 heads in 2004.

The Philippines' productive coastal ecosystems and habitats include at least 25,000 kms. of coral reefs, sea grass and algal beds; 289,890 hectares of mangroves; a variety of productive fisheries that provide more than 50 percent of the animal protein consumed in the country; and beaches and various coastlines of value for tourism and other development.

Pollution, however, remains a problem in the country's major urban centers. It is projected that the volume of air pollutants will continue to increase due to greater industrial activity, heavy traffic and the large number of vehicles plying

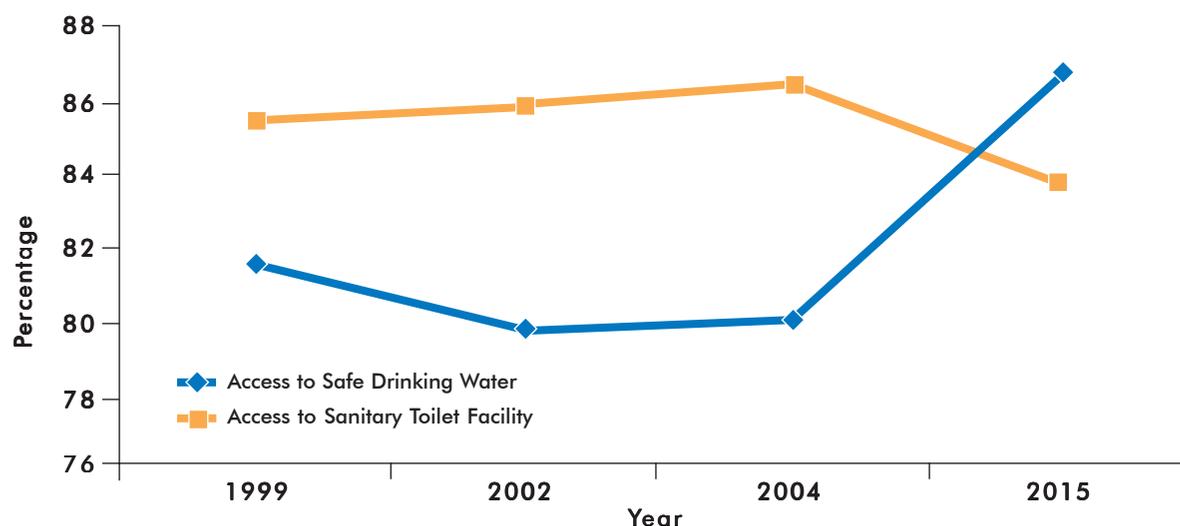
the streets, many of which are smoke-belching public utility vehicles.

An average Filipino generates 0.3 and 0.5 kg. of garbage daily in rural and urban areas. This means that every person living in the metropolis generates a half kilo of waste per day. With an estimated population of 10.5 million, the total waste generated in Metro Manila alone could run up to 5,250 metric tons per day.

Target 11: Halve the proportion of people with no access to safe drinking water and basic sanitation or those who cannot afford it by 2015.

Data from surveys conducted by NSO suggest that access to safe drinking water and access to sanitary toilet facilities had slightly improved over the years. Based on the 2004 Annual Poverty Indicators Survey (APIS), access to safe drinking water slightly increased from 80.0 percent in 2002 to 80.2 percent in 2004 (see Figure 7). The proportion was lower for those belonging to the lowest 30 percent (65.4%) compared to families belonging to the highest 70 percent income group (86.5%). The latest survey also showed that the percentage of those using sealed water and closed pit type of toilet facility was 86.2 percent. This is slightly higher than the proportion in 2002 (86.1%).

Figure 7: Access to Safe Drinking Water and Sanitary Toilet Facility



Sources: 1999, 2002 and 2004 APIS (2015 – MDG Target)

The MDG target for 2015 is to ensure that 86.8 percent of the population will have access to safe water and 83.8 percent will have access to a sanitary toilet facility. Given the current trend, there is a high probability that the targets will be achieved. Based on the 2004 APIS, the target for access to sanitary toilet facility, which is at 83.8 percent, has been achieved. The MTPDP 2004-2010 has actually set a target higher than the 2015 MDG targets. These are 92 percent to 96 percent for safe drinking water and 86 percent to 91 percent for sanitary toilet facilities.

Target 12: Achieve a significant improvement in the lives of at least 100 million slum dwellers by 2020.

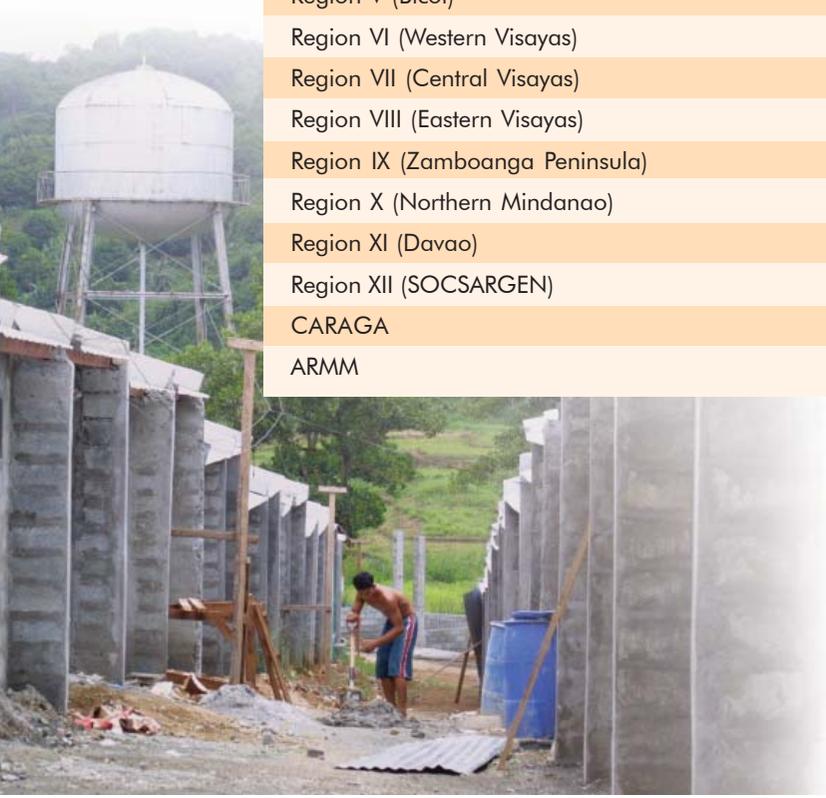
The government estimated that in 2002, there were more than 588,853 families in the country regarded as informal settlers with majority in the major urban centers like the NCR. In 2004, the government estimated that there were 675,000 informal settler families or squatter households nationwide. This is 14.6 percent higher than the 2002 figure. More than half of the informal settlers or 51.8 percent were in the NCR, Region 6, CALABARZON, and Region 5. The regions with the least number of informal settlers were Region 1, CAR and MIMAROPA.

Table 3: Informal Settlers Families, 2004

Region	2004	
	Magnitude	Percentage
Philippines	675,000	100.00
NCR	146,000	21.63
CAR	3,000	0.44
Region I (Ilocos)	8,000	1.19
Region II (Cagayan Valley)	16,000	2.37
Region III (Central Luzon)	46,000	6.81
Region IV – A (CALABARZON)	71,000	10.52
Region IV – B (MIMAROPA)	15,000	2.22
Region V (Bicol)	52,000	7.70
Region VI (Western Visayas)	81,000	12.00
Region VII (Central Visayas)	39,000	5.78
Region VIII (Eastern Visayas)	25,000	3.70
Region IX (Zamboanga Peninsula)	20,000	2.96
Region X (Northern Mindanao)	35,000	5.19
Region XI (Davao)	25,000	3.70
Region XII (SOCSARGEN)	35,000	5.19
CARAGA	26,000	3.85
ARMM	26,000	3.85

Source: 2004 Annual Poverty Indicator Survey, NSO

In pursuit of the global MDG target, the national government and the private sector had provided security of tenure or shelter security units (e.g., house and lot, house only or lot only) to 710,203 households from 2000 to 2006.





Goal 8: Develop a global partnership for development

Target 13: Develop further an open, rule-based predictable, non-discriminatory trading and financial system; include a commitment to good governance, development, and poverty reduction, both nationally and internationally.

In 1994, the Philippines acceded to the WTO, the successor to the General Agreement on Tariffs and Trade (GATT). The WTO is a multilateral body dedicated to rules and non-discriminatory trade. It is anchored on the “most-favored-nation” principle that any trade privilege granted to one member country cannot be withheld from another.

In line with the principles espoused by the WTO, the Philippines has unilaterally pursued since early 1980, trade liberalization anchored on import liberalization and tariff reduction. Under this liberalization program, the average tariff protection has gone down significantly. In addition, quantitative restrictions (QRs) on almost all imports have been lifted. However, rice is the only commodity still subject to a QR.

In Southeast Asia, the Philippines is an active participant in the ASEAN Free Trade Area (AFTA) anchored on the Common Effective Preferential Tariff (CEPT) scheme. The applied tariff scheme



for imports in the ASEAN ranges between zero and five percent, with few requested exceptions that may be subject to compensation. At this point, 60 percent of products in the inclusion list are subject to zero duty.

In addition, the Philippines is a founding member of the Asia-Pacific Economic Cooperation (APEC), an informal grouping that is committed to “open regionalism.” APEC seeks open and free trade and investment in the region by 2010 for industrialized economies and by 2020 for the developing economies. Commitments though are voluntary.

The Philippines continues to participate in multilateral trade negotiations under the WTO in an effort to conclude the Doha Development Round. However, disagreements over agricultural trade prompted the government to intensify its efforts at forging regional and bilateral trading

partnerships, like the following: (a) Japan-Philippines Economic Partnership Agreement (JPEPA); (b) Memorandum of Understanding on Bilateral Trade and Investment Cooperation with the Kingdom of Saudi Arabia; and (c) Agreement on Trade in Goods under the ASEAN-Korea Framework Agreement on Comprehensive Economic Cooperation. The country also continues to participate in negotiations for the ASEAN-Australia-New Zealand Free Trade Area (FTA) and has begun implementation of the Early Harvest Program and the first package of tariff concessions under the Normal Track of the ASEAN-China FTA.

The Government is aware that good governance is needed under increasing internationalization of trade, investment and finance. In this connection, a new Government Procurement Act (GPA) was enacted based on competitive bidding and transparency. It is also stepping up the fight against corruption and supports the ongoing judicial reform program.

The commitment of the government to poverty eradication is embodied under the MTPDP. The Plan upholds creating high-wage, high-skill jobs through increased investments in education and training, while providing industries and firms of all sizes including micro, small, and medium enterprises (MSMEs) equal access to low-cost raw materials, spare parts, components and technologies available in world markets.

Target 14: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debts sustainable in the long run.

The drawbacks from having a large public debt were realized in the Philippines in 1983 when the government declared a moratorium on foreign-debt servicing. A liquidity crisis forced the government to seek a standby credit arrangement from the International Monetary Fund (IMF). The IMF program meant strict observance of austerity measures. In 1984-85, the

Philippine real gross domestic product (GDP) contracted by about 11 percent.

The Philippines then sought debt relief from its Paris Club creditors, following the restoration of democratic political institutions in 1986. The Country obtained some debt reduction Program under the Brady bond scheme. At the same time, the Philippine government implemented consistent fiscal, monetary, and exchange rate policies aimed at stable growth. In addition, it pursued long-term industrial restructuring designed to enhance the international competitiveness of industries through import liberalization and tariff reduction.

The government's fiscal policy since 1986 aims to balance the budget. This is through a comprehensive tax reform package to widen the tax base and prudent government spending. Institutional changes have also been introduced at the Bureau of Internal Revenue (BIR) and the Bureau of Customs (BOC). These changes enabled the national government to post a surplus in 1994-1997. However, the government budget was at a deficit in 1998, the financing of which caused the ballooning of public debt. In 2005, the outstanding debt of the national government stood at PhP 4.47 trillion or about 76 percent of the gross national product (GNP), according to the Philippine Statistical Yearbook. As a result, debt service has been absorbing about one-third of the national government budget.

In 2005, President Gloria Macapagal-Arroyo succeeded in having the Reformed Value Added Tax (RVAT) enacted, which expanded coverage along with a hike in the rate from 10 percent to 12 percent. This has had good effects on debt management. In addition, emerging fiscal reforms are proposing forward budgeting with a medium-term expenditure framework aimed at strengthening the links between planning and budgeting.

Meanwhile, the policy reforms that contribute to large increases in exports, whether of goods or factor services, have meant improve-



ments in the ratio of debt service to export earnings. In addition, low inflation and declining interest rates have led to significant declines in interest payments on the public debt.

Official Development Assistance (ODA) donors have welcomed the fiscal reforms. Government efforts to mobilize domestic resources have prompted multilateral financing agencies like the Asian Development Bank (ADB) and the World Bank (WB) to extend program loans that support government budget. In 2005, the government also began advocating for a debt-for-MDGs conversion scheme either through equity or 'swaps' to respond to the financing gap of the MDGs. A study commissioned by UNDP on financing the MDGs shows that investment requirements of critical MDGs such as poverty reduction, health, education and water alone show a financing gap amounting to anywhere between US\$12.2 B to US\$15.7 B.

The debt-for-MDGs proposal envisions the involvement of 102 of the world's poorest and proportionately most heavily-indebted countries,

with the target of reducing global poverty by 50 percent by the year 2015. Under the proposal, given creditor approval, such borrowers may deploy up to half of their debt service payments to fund reforestation, pollution control, mass housing, information technology, health care, clean water or other MDG projects. With the impact of climate change now being felt globally, large-scale debt-for-equity programmes could be channeled for reforestation, clean water, irrigation and food production.

At the recent ASEAN Summit in 2007 January, member-nations endorsed the proposal and issued a call for a creative and responsible international debt management in the context of the MDGs and for the Paris Club of international lenders to receive and consider the proposal. In the wake of constraints it faces in the international financial system, especially in the Paris Club rules and IMF debt sustainability assessment.

Target 15: Provide access to affordable essential drugs, in cooperation with pharmaceutical industries.

According to the World Medicines Situation, a 2004 publication of the World Health Organization (WHO), only 66 percent of the country's population had access to essential medicines. Access is measured based on the estimated percentage of the population with access to at least 20 essential medicines. Access to essential life-saving drugs depends on the availability and affordability of such, especially in areas of high morbidity and mortality. Moreover, other factors also influence and have direct or indirect effects to access to essential drugs namely, rational selection and use of medicines, tailored procurement, sustainable financing and reliable health and supply systems.

In 2000, the DOH initiated the Parallel Drug Importation Program (PDIP) as an innovative strategy to reduce the costs of essential medicines. This was expanded to the Gamot na Mabisa at Abot-Kaya (GMA 50) Program to

ensure that affordable, high quality, safe and effective drugs and medicines are always available, especially to the poor.

The MTPDP targets to reduce the prices of essential medicines to half of their 2001 prices. According to the Pharmaceutical Management Unit of the DOH, GMA 50 parallel drug imports achieved an estimated average of 60.9 percent price reduction in 2004, a figure above the 50 percent target by the year 2010. In 2006, the prices of essential medicines in the PDIP decreased by an average of 41 percent, the same price reduction in 2005. Low priced medicines were available in all 72 DOH-managed hospitals and three (3) local LGU hospitals located in the ARMM (two in Maguindanao and one in Lanao del Sur).

The following interventions have been prioritized to achieve the envisioned goal of better health outcomes through provision of essential drugs, especially for the poor:

On the objective of creating a regulatory environment that promotes a level playing field and fair competition among the various players in the pharmaceutical industries, the DOH National Drug Policy-Pharmaceutical Management Unit (NDP-PMU), in cooperation with the Bureau of Food and Drugs (BFAD), has crafted and implemented various policy instruments that intend to break the trends of imperfect market practices and monopolies/oligopolies in the pharmaceutical sector.

Policies have been promulgated to promote generic drugs such as: a) Administrative Order (AO) 2005 – 0031 also known as “Guidelines and Procedures for the Issuance of the Principal Certificate of Product Registration and the Listing of Identical Drug Products based on the Identity of Manufacturer and Pharmaceutical Formulation”; b) AO 2005 – 0001 also known as the “Revised Policies and Guidelines Governing Patent and Trade Secret Rights in relation to the registration of pharmaceutical product”; c) Product Services Division (PSD) Memo 03 – 2005 also



called as the “Facilitation of Applications for Product Registration”; d) The Generics Act of 1988 (RA 6675), “An Act to Promote, Require and Ensure the Production of an Adequate Supply, Distribution, Use and Acceptance of Drugs and Medicines Identified by their Generic Names”; and e) AO 2004 – 169 which sets the guidelines for the exclusive use of generic names or generic terminology in prescriptions and orders in all DOH facilities without the corresponding brand names, sustain the institutionalization of promoting generic names and to provide a system of monitoring compliance to generic prescription.

To achieve the objective of enhancing availability and access to low-priced quality essential medicines frequently bought by the poor, the intent is to saturate the market with low – cost essential drugs through the following:

a. Establishment of Botika ng Barangay (BnBs)

The BnB Program seeks to make quality essential medicines more affordable and available to the people down to the barangay level particularly to the poorest of the poor. Regulatory requirements for establishing BnBs were streamlined and seed capital investments were provided



by the DOH to assist LGUs in pushing for and realizing the objectives of the Program. As a result, around 30 to 50 essential drugs were made readily available and affordable even in the remotest part of the country.

In 2006, the BnBs sold 18 types of over-the-counter (OTC) drugs and nine types of prescription medicines. Nationwide, the number of BnBs rose to 7,437 (or 67 percent of the 11,000 target) from 4,738 in 2005. This is composed of 6,102 BnBs managed by or based in DOH-Centers for Health Development (CHD), 986 Botika Binhi of the Kabalikat ng Botika Binhi, Inc., and 349 Health Plus outlets of the National Pharmaceutical Foundation. Compared to private outlets, drugs in the BnBs are 63 percent cheaper based on current prices.

b. Botika ng Bayan (BNB)

The DOH together with the Philippine International Trading Corporation (PITC) launched in December 2004 the BnB project to set up a nationwide network of privately-owned and operated accredited pharmacies that shall sell low – priced PDI or generic drugs in competition with commercially priced medicines in the market.

The distribution network of the BnB expanded from 1,016 outlets in 2005 to 1,283 outlets in 2006. The DOH issued AO 2006-0033 entitled “Guidelines for the DOH-PITC Expanded Drug Access Pilot Program using convenience stores as BNB Express Outlets.” The objectives of this AO are: (a) to identify areas of collaboration between the DOH and PITC in relation to the Expanded Drug Access Pilot Program; (b) to identify procedures for the operation of selected Botika ng Bayan as distribution network as well as accreditation of convenience stores under the Botika ng Bayan identified by PITC; and (c) to provide clear definition of roles and responsibilities among stakeholder entities.

The use of generic products by DOH facilities and institutions is also being encouraged by requiring these entities to use only generic terminologies in procuring, prescribing, dispensing and administering medicines. The same institutions are also asked to promote the Generics Law to enhance the public’s awareness of its objectives as well as to establish GMA 50 Help Desks to assist the public in gaining access to low-cost medicines and provide information on rational drug use.



2. ASSESSMENT: TRENDS AND CHALLENGES

2.1 Aggregate economic gains and challenges

The government is the largest single entity that can deliver collective actions favorable to attaining the MDGs. To do this effectively, high economic growth must be sustained and its fruits must be distributed to every Filipino. Moreover, economic growth must generate employment without triggering inflation. Stable prices facilitate the emergence of high-wage jobs and the rise in household incomes.

Since 2001, GDP adjusted for inflation has been growing. Over the period 2001-2006, average annual real GDP growth was 4.8 percent, and for three consecutive years since 2004, average real GDP growth had accelerated to 5.6 percent. Inflation rate based on the implicit GDP price deflator was about 5.4 percent each year.

Between 1990 and 2000, population growth rate indicated an average of 2.34 percent each year. It is projected to slow down in 2001-2006 to an average of about 2 percent each year⁶, putting the average annual growth of real per capita GDP at 2.7 percent. Worth noting is the improvement of per capita GDP growth in the 2004-2006 period at 3.5 percent. In real terms, per capita income was 14,676 pesos, or a growth rate of 3.4 percent from the previous year.

The growth, though, had not always been smooth since 2001. The economy had experienced various shocks such as the retrenchment in the information technology (IT) industry in the US, the 9/11 attack, avian flu and SARS, Iraq war, oil-price spikes, tsunami and other natural disasters. By overcoming these shocks with respectable growth levels, the economy had shown resiliency.

However, despite the respectable aggregate

⁶ The annual estimates were interpolated by NSCB from the 2000, 2005 and 2010 estimates from the 2000 census-based population projections using the Waring-Langrange interpolation polynomial.

performance of the economy, unemployment in 2006 indicated an average of 7.8 percent. About 2.8 million able-bodied members of the labor force totaling 36 million were unemployed. With employment mainly coming from the agriculture and services sector, there was a 6.4 percent increase in number of workers working less than 40 hours a week and a drop in numbers of part time workers⁷ reflecting a high underemployment rate of 22.7 percent. On a positive note, the quality of employment improved as remunerative work managed a 2.9 percent expansion in 2006. Reducing the incidence of unemployment and underemployment is a major step in enabling poor families overcome poverty since wages and salaries account for about 50 percent of total family income.

Meanwhile, the distribution size of household income based on the share to total income of families grouped by income deciles, suggests that inequality persists. The Gini ratio, a measure of income inequality, averaged at 46 percent in 2006, a modest improvement over the 48 percent estimate in 2000.

High inequality persists as returns to education particularly higher education seems to be rising. Most of the growing sectors in the economy such as IT require workers with college degrees. The fact that higher education is largely financed by family income tends to promote inequality in access to quality college education.

In the long run, inequality is not beneficial to growth. The poor fail to invest in skills and other forms of human capital, increasing dependence on government welfare programs. When government taxes increase to meet the rising demand for basic needs, these absorb funds what otherwise would be used for productive private investments. Moreover, rising inequality leads to a breakdown of social cohesion, causing conflicts that result in new claims on the government budget.

2.2 Overall trends and challenges

The highest level of attention is required by MDG targets with low probability of attainment by 2015, namely, participation, cohort survival and completion rates in primary education, maternal mortality ratio and contraceptive prevalence rate. For goals and targets where percentage of attainment is high, there are however wide disparities and uneven progress across regions. These targets are possible to reach if stakeholders such as the government particularly LGUs, civil society, business sector and the donor community will exert more effort and provide more resources for the MDGs.

Poverty and hunger

The decline in poverty incidence for the period 2000-2006 may be traced to several factors. One is sustained growth of real



GDP, driven by private sector participation. Two, national policies spelled out in the MTPDP 2001-2004 and 2004-2010, have prioritized anti-poverty strategies. The two plans espouse poverty reduction as an overarching goal, while sectoral thrusts fully support poverty-reduction targets and priorities.

The government has pursued an integrated and comprehensive national anti-poverty strategy called the *Kapit-Bisig Laban sa Kahirapan* (Linking Arms Against Poverty), which focuses on asset reform, human-development services, employment and livelihood, social protection and participatory governance. To complement these policies, the government has been implementing major foreign-assisted programs and projects designed to fast-track poverty-reduction efforts which include, among others the following: a) KALAHI-CIDSS or Comprehensive and Integrated Delivery of Social Services [Department of Social Welfare and Development

⁷ Include employment 40 hours and above (those considered invisibly underemployed)

(DSWD)/World Bank]; b) ARMM Social Fund for Peace and Development [ARMM/WB/Japan Bank for International Cooperation (JBIC)]; c) Development of Poor Urban Communities Sector Project [Housing and Urban Development Coordinating Council (HUDCC)/Development Bank of the Philippines (DBP)/Asian Development Bank]; and d) Achieving the MDGs and Reducing Human Poverty (NEDA/UNDP).

Also worth mentioning are locally funded pro-poor initiatives such as: Self Employment Assistance – Kaunlaran (SEA-K); Tindahan Natin Project; microfinance programs; Food-for-School Program (FSP); Community- Based Tenurial Assistance Program; PGMA Educational Assistance Program; Health Cities Initiative; center/institution based services; and Petron Tulong Aral program.

The Philippine Plan of Action for Nutrition (PPAN) 2005-2010 provides interventions to alleviate hunger and malnutrition. Through the institutionalized local nutrition committees, the National Nutrition Council (NNC) and other national agencies are able to coordinate the formulation of plans at the local level and the implementation of various health and nutrition programs such as Garantisadong Pambata, the Salt Iodization Nationwide Act (or Asin Law), Food Fortification, Nutrition Education, National Supplemental Feeding Program, and Food-for-School Program. However, budget allocation at the local level should be increased to achieve the desired nutritional improvement.

By the end of 2006, the government developed and launched an Accelerated Hunger Mitigation Program (AHMP), to address hunger from both the supply (e.g., increasing the supply and availability of food) and demand sides (e.g., putting money in poor people's pockets through livelihood). The AHMP targets as high priority the 54 most-in-need provinces in terms of subsistence, poverty and food insecurity.

For poor families to access public basic education and primary health care services,

Box 4: Harnessing the Family

ANCHORED in the belief that a strong family is the foundation of a prosperous nation, the Pasay City Government harnessed the potential of the family in combating poverty. The City Government embarked on an initiative to localize the MDGs in every family. The family-based MDG localization approach capitalized on the family as the advocate, promoter and achiever of the MDGs in the community.

To facilitate the mobilization of all families in Pasay City, the eight (8) MDGs were translated to simple and easy to understand family-based goals:

Family MDG 1: My family: has a job, has savings too.

Family MDG 2: All the children are studying.

Family MDG 3: Men and women: have equal rights.

Family MDG 4: Healthy babies: the utmost dream.

Family MDG 5: Always regard: safe pregnancy.

Family MDG 6: Avoid HIV and AIDS, malaria and contagious diseases: these are fatal.

Family MDG 7: Homes and environment: nurture always.

Family MDG 8: Put into practice: in unity, everything is attainable and through cooperation, the country will progress.



the government through the DSWD will pilot test in October 2007, the conditional cash transfer (CCT) program for the poorest of the poor families. Under this program, poor families will receive cash incentives in exchange for positive seeking behavior, i.e. availing of immunizations/vaccinations and other health services and regular school attendance of their children.

To better identify who and where the poor

for the MDGs

To achieve the MDG targets in every family in every barangay, the city implemented the CBMS to identify the poor, to know where they are and why they are poor. To get the needed information, all the households in Pasay City were surveyed. The data generated from the CBMS provided vital information on the needs and priorities of the LGU constituents. Strategic programs and projects as well as service providers were identified for immediate implementation.

The city employment generation effort is a good example of how the data generated from the CBMS was used in the formulation of policy. The city, in partnership with the business sector, organized job fairs at the barangay level, where applicants are interviewed and hired on the spot. This resulted in increased hiring rate. A skills enhancement program was also developed in partnership with the Technical Education and Skills Development Authority (TESDA) to upgrade the skills of those who were not hired.

Source: Source: Special Citation on Local Capacity Innovation for the Millennium Development Goals, Manila: Galing Pook Foundation, UN-HABITAT, and UNDP



are and what their needs are, the government has stepped up its poverty monitoring systems and tools. The Community-Based Monitoring System (CBMS) which systematically gathers 14 core local poverty indicators from the provincial level down to the household level has been adopted to serve as the monitoring tool tracking the attainment of MDGs. The main responsibility for reducing poverty at the local level lies with the LGUs.

To sustain what has been accomplished in reducing extreme poverty, multi-stakeholders should pursue the following:

- Focus on agriculture and rural development, specifically on addressing fundamental causes of low productivity due to: a) low investment in rural infrastructure, human capital, agricultural research and development; b) poor governance of support services; c) high cost of doing business due to inefficient regulatory system;
- Intensify anti-poverty efforts through an expanded multi-stakeholder approach involving national government, local government, private sector, donor community, civil society, and the poor and vulnerable;
- Consistently allocate resources to proven anti-poverty initiatives both at the national and local levels, especially those that demonstrate sustainable and community empowerment models;
- Continue pilot-testing the innovative and promising anti-poverty interventions, particularly, those that are developed with the active participation of the poor; and
- Enhance the national poverty monitoring systems, and expand the micro data and local poverty data systems, for better information on poverty diagnosis and targeting.

Basic education

Aside from school factors (school buildings, teachers, textbooks), there are also non-school factors that contributed to the low



or non-participation and completion of the school-age children. These include: social conditions such as poverty which force children to work; family-related factors such as children of broken families where parents work abroad; parents' attitude towards education, especially those who have not undergone schooling; and children in conflict situation, among others.



The MTPDP 2004-2010 gives high priority to achieving universal basic education. The education strategy flows from the Education for All (EFA) 2015 Plan, the overarching framework for basic education. The legal framework for basic education is Republic Act (RA) 9155, also known as Governance of Basic Education Act of 2001, which provides for the decentralization of management of basic education.

The law empowers stakeholders at the local level to initiate and implement innovations towards improved delivery of basic education. Since 2004-2005, the proposed reforms have been undergoing refinements, e.g., placing the schools first and empowering the local communities to act in order to achieve school improvement. This is embodied in the Schools First Initiative (SFI).

The Department of Education (DepEd) has likewise formulated the Basic Education Sector Reform Agenda (BESRA), the government's response in translating the SFI into policy actions. The BESRA is the SFI's policy-reform component that supports the EFA 2015 goals and objectives. It serves as the framework for a coordinated sector-wide approach to the participation of major stakeholders in the SFI. The BESRA covers not only universal access for children in basic education. It also includes the formulation of strategies to encourage community support that enables effective school-based management and the provision of universal adult functional literacy through alternative learning schemes.

The school building program continues to be one of the major programs of the government in basic education. The government budget is being augmented by ODA-assisted projects, the Priority Development Assistance Fund (PDAF), and private-sector assistance. However, given the huge amount of resources required to construct classrooms especially in barangays without schools, there is still some backlog even if the classroom shortage has been to some extent addressed by the double-shift classes, thus maintaining a 1:50 teacher-student ratio.

In addition, the Government Assistance to Students and Teachers in Private Education (GASTPE) Program through the education service contracting scheme was also expanded to help decongest public secondary schools and involve the private sector in the delivery of secondary education. The tuition-fee supplement scheme, likewise, has benefited a number of students as part of the strategy to address classroom shortage.

Another major resource requirement in basic education is the provision of textbooks to address shortage and improve the textbook-pupil ratio in various school subjects. The shortage of teachers continues to increase despite the creation of additional teacher items under the DepEd budget. The government has stepped up its efforts in improving teacher competencies through the formulation of the National Competency-Based Teaching Standards (NCBTS), which provides the framework for development and improvement of pre-service teacher curriculum, in-service teacher training and performance appraisal. It is also used as a tool to improve the licensure system as well as the manpower planning, hiring and deployment of teachers. However, what needs to be addressed is the problem of the influx of teachers to other countries to seek better employment, a major factor behind the depletion of teachers both in public and private schools.

The private sector has been mobilized to support basic education through the Adopt-A-School Program. As of 2005, some 150 donors have participated, and approximately 124 million pesos have been generated to support the various basic education programs.

The government has also been implementing the Madrasah Education Program to ensure that Muslim children also receive quality basic education. In 2004, the DepEd institutionalized the curriculum standards for Madrasah education by virtue of DepEd Order No. 51, s. 2004. Learning materials were reviewed, and

teacher training was conducted on the Arabic language in preparation for its launching in selected public elementary schools in the NCR.

In its effort to complement formal education, the DepEd has intensified the programs under the Alternative Learning System, Distance Education, Balik Paaralan sa Out-of-School Youths and Adults and Inclusive Education for the Differently-abled children.

To ensure that Grade 1 entrants who do not have prior early childhood education (ECE) experience will be prepared for Grade 1 instruction, the DepEd implemented the eight-week curriculum in Grade 1 starting in SY 1995-1996.

The government still has a long way to go in terms of improving the quality of basic education for all. The results of the National Achievement Tests for SY 2005-2006 indicate that the competency level, especially of students in the public school needs more improvement.

In all these initiatives, the national government is in partnership with the private sector and the donor community. For instance, to address the shortage of classrooms, the DepEd has tapped the Filipino-Chinese Chamber of Commerce and Industry to construct and rehabilitate classrooms. Evaluation of this program shows that the chamber is able to build a quality school building at a lower cost. Meanwhile, ODA from various donors continue to support basic education programs like the multigrade system and the in-service training programs for teachers, particularly, in mathematics and science.

The Working Group on the MDGs and Social Progress of the Philippine Development Forum (PDF) confirms in its 2007 report that previous "underinvestment in basic education has affected the quality of education, undermining participation of the poor in growth, productivity of the workforce, and private-sector investment."

Wide disparities across regions and provinces, in terms of gender, revealed that boys and ethnic groups are at a disadvantage. To address these, actions to be pursued include: a) pursuit

of relevant programs that will improve the students' stay and holding power of the schools; b) addressing the regional and urban-rural disparity by pursuing access and efficiency; c) efficient allocation and utilization of resources for basic education; d) greater participation of all stakeholders in education to deliver better education services; and e) full implementation of the BESRA.



Health concerns

In 2005, the DOH adopted the FOURmula One for Health or F1 as the implementation framework for health sector reforms to achieve: (1) better health outcomes; (2) more responsive health system; and (3) more equitable health financing. F1 is aimed at achieving reforms with speed, precision and effective management directed at improving the quality, efficiency, effectiveness and equity of the Philippine health system in a manner that is felt and valued by Filipinos, especially the underprivileged. F1 has four thrusts: (1) more, better and sustained FINANCING; (2) REGULATION to ensure quality and affordability; (3) ensured access and availability of SERVICE DELIVERY; and lastly, (4) improved performance in GOVERNANCE.

Part of these reforms is the adoption of DOH of the Sector Development Approach for Health whereby DOH takes the lead in effectively coordinating donor resources towards implementation of reform programs. A lot of the reform initiatives are also geared towards achieving the MDGs, such as the implementation of "disease-free zone" initiatives, intensified disease prevention and control, and emphasis on maternal and child health programs.

Child mortality

A number of national policies, plans and frameworks and programs are already in place, targeting various aspects that impact on new-



born and child health. Implementation, monitoring and evaluation are also being carried out. Some of these plans and policies are:

- Philippine National Development Plan for Children (“Child 21”): a strategic framework that guides stakeholders in planning programs and interventions that promote and safeguard the rights of Filipino children in the 21st century;

- Milk Code of 1986 (Executive Order 51): provides for safe and adequate nutrition of infants through breastfeeding and ensuring the proper use of breast milk substitute and supplements;

- Rooming-in and Breast-feeding Act of 1992 (RA 7600): requires both private and public health institutions to create an environment where physical and psychological needs of mothers and infants are satisfied;

- National Dairy Development Act of 1995

(RA 7884): provides for the use of locally produced milk for feeding programs for children;

- An Act Establishing the Food Fortification Program and for other purposes of 2000 (RA 8976): ensures availability of fortified food staples;

- An Act Promulgating A Comprehensive Policy and a National System for Ensuring Newborn Screening (RA 2988): ensures that every newborn has access to newborn screening;

- An Act Promulgating a Comprehensive Policy and a National System for Early Childhood Care and Development (ECCD) (RA 8980): institutionalizes ECCD in terms of promoting the rights of child to survival, development and special protection, among others.

- Act for Salt Iodization Nationwide (ASIN) of 1995 (RA 8172): demands the use of iodized salt in the preparation of food in every household, restaurants, bakeries and other food companies

- Republic Act 7846 (1994): requires compulsory immunization against Hepatitis B for infants and children below eight years old.





To address the challenges of further improving the health status of infants and children and to support ongoing efforts to achieve the MDG targets, the government considers the following measures as top priorities:

- Advocating infant and young child feeding, particularly, exclusive breastfeeding
- Increasing the advocacy for the financing and delivery of services to promote child health
- Strengthening of support for local immunization programs
- Providing training courses/information dissemination on Child Health, Women's Health, and Responsible Parenthood

Maternal and child health programs are regarded to be complementary and sustainable. Although there are many interventions on maternal and/or child health programs, there is still room for improvement. In the context of devolu-

tion of health service programs, there is a need for stronger political will, particularly, at the local level as well as fiscal resolve for adequate implementation, monitoring and evaluation.

Maternal mortality ratio

The most recent demographic and family planning surveys indicate a decline in MMR. The major causes of maternal deaths in the country include post partum hemorrhage, eclampsia and severe infection. Maternal deaths, however, are rare such that MMR estimates from sample surveys are subject to sampling errors, and differences in estimates are not always statistically significant. The slow progress in the MMR decline can be attributed to inadequate prenatal care, high



incidence of high-risk births and lack of information and means to manage difficult pregnancies.

The government has addressed maternal health concerns through a two-pronged strategy involving the provision of health services to pregnant women (safe motherhood) and provision of family planning services. The government has carried out initiatives that promote women's health to ensure healthy newborns. In family planning, four major principles have been adopted, namely, responsible parenthood, respect for life, birth spacing and informed choice. There is also a priority shift in terms of promoting facility-based delivery instead of home-based delivery.

The DOH has also introduced key policy reforms to reduce maternal mortality. There has been a major paradigm shift from the "risk approach," (which identifies high-risk pregnancies for referral during the prenatal period) to the "EmOC (emergency obstetric care) approach" which considers all pregnant women to be at risk of complications at childbirth. The BeMOC (Basic Emergency Obstetric Care) strategy entails the establishment of facilities which are located strategically, that provide emergency obstetric care for every 125,000 population. Currently, the country needs 177 Comprehensive EmOC and 710 Basic EmOC facilities. The problem is further exacerbated by the exodus of skilled health professionals, including doctors, who even train to become nurses abroad.

In this regard, it is necessary to accelerate efforts to achieve the MDG target through: (a) improving the quality of maternal health care through quality improvement programs for all health workers, health facilities and services; (b) strengthening program support by improving monitoring and evaluation; ensuring data quality and timeliness and regular dissemination of information on safe motherhood, responsible parenting and other reproductive health concerns; and provision of adequate logistics and supplies; and (c) ensuring adequate resources

through identification of alternative sources of financing and cost-efficient interventions; ensuring the availability of health manpower; and strengthening linkages with other stakeholders.



Reproductive health services

The implementation of the country's population program is guided by the following four pillars, namely: (1) Responsible Parenthood, (2) Respect for Life; (3) Birth Spacing; and (4) Informed Choice. Health services, including reproductive health services, have been devolved to the LGUs who have the responsibility of providing couples and individuals with information and services to enable them to exercise Responsible Parenthood.

Over the years, the government has responded to RH programs through a variety of policies, programs and projects. They include the Ten-Year Reproductive Health Plan, Philippine Population Management Program (PPMP) and its companion document, the PPMP Strategic Operation Plan and Population Investment Program, as well as several administrative orders in support of family planning and safe motherhood. Although there have been efforts to manage population, these are not enough to achieve the MDG target on reproductive health.

In view of this, efforts have to be geared towards the following: (a) reassessment of the present programs and projects on reproductive health, particularly, family planning and the adolescent reproductive health program; (b) strengthening male involvement in RH; (c) improving access of the poor to quality RH services (particularly through the LGUs); (d) addressing the anticipated shortage of family planning commodities with the phase-out of contraceptive donations (full enforcement of the contraceptive self-reliance strategy); (e) forging stronger partnership among stakeholders; and

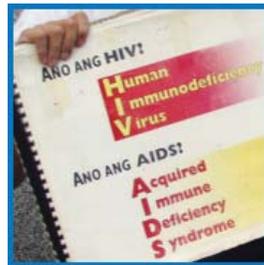
(g) establishing a monitoring and evaluation mechanism for RH/FP including adolescent reproductive health (ARH).

Pregnant women and adolescents must have access to quality RH service and information to avoid delays in deciding when to seek care, to avail of facilities and to receive appropriate care, particularly, those coming from poor households. This is a legitimate social demand that must be heeded. The national government and LGUs must work with business groups and civil society to advance reproductive health and improve health-service packages and systems to avoid wasting of precious human resources.

HIV and AIDS

To stop and reverse the rise of HIV and AIDS cases, a more vigorous national response designed to scale up the coverage of prevention, treatment, care and support programs has to be in place. The harmonization of HIV and AIDS-related policies must be undertaken and full implementation of the AIDS law needs urgency. The commitment of stakeholders on HIV and AIDS initiatives should be strengthened even if the numbers have not yet reached an alarming level. With limited government resources under a decentralized setting, there is a need for the government at the national and local levels, business and civil society to expand their involvement in halting and reversing the HIV and AIDS problem.

To prevent the spread of HIV, the government is strengthening its recent initiatives, aware that advocacy activities aimed at mobilizing support from various agencies and sectors must be scaled up at the national, subnational and local levels. Information, education and communication (IEC) activities must be intensified to raise awareness, while behavioral-change activities need to be further expanded to curb risky behavior. It is also essential that treatment hubs be



extended to areas outside Metro Manila, while surveillance activities must be regularly conducted, to closely monitor and assess the responsiveness and coverage of interventions.

As a preventive measure, the Global Fund for AIDS Round 3 funded various behavior change and communication (BCC) activities, along with sexually-transmitted infection (STI) management activities targeting vulnerable groups such as males having sex with males (MSMs), persons in prostitution (PIPs), and injecting drug users in selected risk sites. These activities have been implemented by non-government organizations (NGOs) in partnership with LGUs.

In terms of treatment, care and support, the DOH procured anti retroviral (ARV) drugs in 2005 that were extended free-of-charge to persons with HIV. In addition, PhilHealth approved outpatient benefits in 2006. Treatment hubs were expanded to include the following government hospitals: Ilocos Training and Medical Center, Don Vicente Sotto Memorial Medical Center and Davao Medical Center.

In 2006, the Philippines started the development of its monitoring and evaluation system using the Country Response Information System (CRIS). Meanwhile, AIDS prevention and STI management is getting support from the donor community. These include the reproductive health component of the 6th Country Program with assistance from the United Nations Population Fund (UNFPA), the German-assisted Reproductive Health Project, the WB's Second Women's Health and Safe Motherhood Project and the United States Agency for International Development (USAID) Program on Health and Population. There is also the Joint UN Program on HIV and Migration and the new proposal for Global Fund Round 5.

One major challenge is to institutionalize surveillance activities and reduce dependence on external financing. Domestic resources need to be mobilized to sustain all the initiatives, whether

prevention, treatment or care. There is also a need to amend, disseminate and ensure strict enforcement of RA No. 8504 so that the AIDS response is coordinated at both the national and local levels. The response must also include the business, civil society, media and the church.

Other major diseases

Failure to address effectively the spread and incidence of malaria and other major diseases like TB can affect recent economic gains.



To address the problems posed by malaria, the government continues to implement the Malaria Control Program in partnership with LGUs, NGOs and communities at risk. The strategies include early diagnosis and effective treatment; utilization of insecticide-treated mosquito nets; immediate and effective responses to malaria epidemics; and selective vector control in areas where it can be afforded and sustained.

TB is still the leading cause of morbidity and mortality. Thus, the National TB Control Program (NTP) with the Directly Observed Treatment Short Course Chemotherapy (DOTS) as its main strategy continues to be implemented. Some of the activities of the program during the period under review include the installation of the public-private mix DOTS (PPMD) Centers; adoption of the Comprehensive and Unified Policy for TB Control; conduct of the drug resistance survey; and several other activities to improve case holding and treatment.

Despite the above efforts, current data seem to suggest that there might be slowing down of progress, particularly, against malaria. However, comparing these data to the baseline suggests that there is still a high probability that the national targets will be met. Given additional resources, e.g. from Global Fund for AIDS, Tuberculosis, and Malaria (GFATM), appropriate and effective responses can be sus-

tained, thereby contributing to the achievement of the targets. At present, the MTPDP aim to increase the case detection rate of TB to 70 percent has been reached. For malaria, there has been an increase in the morbidity rate attributed to improved case detection following the deployment of trained microscopists in remote areas.

The government recognizes that while significant strides have been achieved in the prevention and control of these diseases, there are factors that could block further gains, such as, drug resistance, uncoordinated efforts, poor public awareness, lack of quality assurance, inadequate resources, inadequate research and poor monitoring and evaluation, poverty and weak population management. These factors are being considered in formulating more effective policies and activities for disease prevention and control.

To address these, the following need to be pursued: (a) upgrading of the technical and managerial capacities at the local level; (b) upgrading of the health and laboratory facilities as well as strengthening of the laboratory networks; (c) timely provision of program requirements, e.g., quality drugs and medicines and laboratory supplies, most especially, in areas that are hard to reach; (d) improvement of program support services such as monitoring and evaluation; (e) provision of adequate resources; (f) conduct of researches to support policy decisions; (g) advocacy to heighten awareness about the initiatives of disease prevention and control programs; and (h) strengthening of public-private, NGO, and community partnerships.

Access to affordable essential drugs

Ongoing efforts to improve access are not limited to addressing issues on affordability, availability, and improving the regulatory environment. Interventions also include changing the behavior of professionals and the masses in terms

of perception and the use of generic drugs, as well as pushing for the pillars of the National Drug Policy.

Since around PhP 1 Billion of drugs and medicines are also being procured by local government unit (LGU) hospitals, the strategy includes intervention that improves procurement and essential drug usage behavior to achieve cost-efficiency in utilizing limited resources.

The Philippine Health Insurance Corporation ensures sustainable, affordable and progressive social health insurance and endeavors to influence the delivery of accessible quality health care for all Filipinos. About one-third or PhP 5.5 billion of PhilHealth reimbursements go to essential drugs. The thrust is to push for universal coverage to achieve cost-efficiency and more rational reimbursement schemes for essential drugs to benefit more people.



Environmental sustainability

The growing number of the small and medium business enterprises (SMEs) leads to the heightened need

for the government to mobilize SMEs both at national and local levels for a strategic involvement in environmental management. Direct and indirect environmental effects of wrong practices in production, services and manufacturing activities of SMEs need to be addressed so as not to undermine the substantive investments already made in Philippine Agenda 21. Efforts on advocacy, education, technology sharing and environmental entrepreneurship directed towards SMEs have to be intensified within the business sector.

The increase in forest cover is mainly attributed to the vigorous reforestation program in-

volving the government and the private sector, particularly the development of industrial forest plantation and management of natural forest areas. In addition, forest policy shifts, initiatives and subsequent awareness by the public on Sustainable Forest Management contributed significantly to the increase in forest cover.

The implementation of the NIPAS Act of 1992 has greatly contributed to the rapid increase in the number of protected areas to preserve biologically diverse habitats. Similarly, the intensified campaign of the Department of Environment and Natural Resources (DENR) against smuggling of wildlife and its by-products resulted in the increase of the country's fauna and flora.

The Agreement for the establishment of the ASEAN Center for Biodiversity (ACB) was ratified by President Arroyo on July 2006. The Host Country Agreement was also ratified by the President on September 1, 2006 and was endorsed to the Senate. The objective of the establishment and creation of ACB is to strengthen the capacity of the ASEAN Member Countries to formulate and coordinate biodiversity-related policy, strategy and action to fulfill relevant treaty obligations, and to promote and advance common positions on matters related to biodiversity conservation, management and sustainable use of natural resources. The ACB is the first ASEAN Center established in the Philippines.

The River Basin Control Office (RBCO) was created through Executive Order (EO) 510 to oversee and coordinate the policies and programs of agencies involved in water-resource management, in particular, the rationalization of various existing river basin projects and watershed areas.

Recent initiatives were undertaken to provide the policy environment conducive to sustainably manage critical biodiversity areas in the country particularly in the coastal and marine ecosystem. These include the issuance of the following policies: Administrative Order No. 171 creating the Presidential Task Force in Climate

Change; EO 553 adopting the Integrated Coastal Management Approach to ensure the sustainable development of the country's coastal and marine environment, and EO 578 establishing the National Biodiversity Policy nationwide.

The DENR is implementing the Pasig River Rehabilitation Project to restore the river to its former pristine condition. It is also implementing the Manila Bay Rehabilitation Project and has obtained support from various government agencies, the different Armed Forces services, LGUs, major oil companies, and an NGO for the implementation of the Manila Bay Oil Spill Contingency Plan and an Integrated Environmental Monitoring Program for Manila Bay. The Manila Bay Coordinating Committee, a multi-sectoral body that will oversee all projects in and around Manila Bay, was created for this purpose.

The implementation of the Clean Air Act of 1999, which provides for a comprehensive framework for the management of air quality in the country, helped in curbing the increasing level of pollutants in the atmosphere. The "Linis Hangin Program" resulted in a continuous improvement of Metro Manila's ambient air quality. Total Suspended Particulates (TSP) level was reduced by 12.35%, i.e., from 162 ug/Nm³ in CY 2003 to 142 ug/Nm³ in 2006. However, this is still not within the standard of 90 ug/Nm³.

Other DENR efforts to improve air quality include: (a) implementation of the "Green Philippine Highways Program"; (b) conduct of a study on "Biomass and Carbon Sequestration of Forest Tree Plantation Species in the Philippines"; (c) phasing-out of Ozone Depleting Substances (ODS); and (d) implementation of the "Huli-Smoke Program," which engages the proactive support of the public transport sector leaders.

On water resources, the DENR is implementing the "Sagip Ilog Program" under the Philippine Clean Water Act of 2004 (RA 9725). Nineteen rivers have been identified as priority.

The Biochemical Oxygen Demand (BOD) level of these rivers has been monitored and showed that 10 of the 19 rivers are already within standards.

For management of solid waste, a number of programs are being implemented by DENR in collaboration with Metro Manila Development Authority (MMDA), LGUs and NGOs to remedy the worsening garbage situation in many cities throughout the country. The basic policy for solid waste management is contained in the Ecological Solid Waste Management Act, which provides for waste reduction, recycling and proper disposal and treatment.

The DENR provided technical assistance (TA) to LGUs in the assessment of 187 potential sanitary landfill (SLF) and setting up of 1,265 materials recovery facilities (MRF) servicing 1,672 barangays. The Department, in partnership with the Philippine Business for Environment (PBE) and the LGUs, also launched the Recyclables Collection Event (RCE) in pilot areas to turn the country into a "recycling society". To investigate and prosecute violations against environmental laws, the DENR activated the National Anti-Environment Crime Task Force (NAECTAF) created on March 15, 2006 by virtue of EO 515.

Efforts along the following activities are being pursued to attain MDG Target 10 by 2015:

- Update environmental data as reference and basis for environmental planning, decision making, monitoring and evaluation;
- Support the implementation of environmental laws. The Philippines has crafted laws in each and every environmental areas (forest, biodiversity, air, water, solid waste, etc.) and only a strong-willed implementation is needed to ensure protection and preservation of the country's natural resources;
- Prevent or reduce the occurrence of natural and man-made disasters and minimize the damage caused through reconstruction and rehabilitation of damaged areas coupled with the provision of alternative livelihoods for

those affected;

- Continue addressing poverty and population problems as this would translate into better quality of life and care for the environment. Lack of viable economic activities often leads to heavy exploitation of natural resources for livelihood;
- Provide capacity-building for LGUs and other key partners on environmental management;
- Integrate sustainable development into departmental plans/programs, performance assessment of executive departments, LGUs, and business entities; and
- Set national targets in the key areas of concern for environmental sustainability.

Water and basic sanitation services

Related developments with regard to improving water and basic sanitation services are the Philippine



Clean Water Act of 2004 (RA No. 9275), EO No. 123 (Reconstituting the National Water Resources Board), and EO No. 279 (Instituting Reforms in the Financing Policies in the Water Supply and Sewerage Sector and for Water Supply Services). The Water Code basically aims to protect the water bodies from pollution from all resources, while the EOs seek to enhance and ensure efficiency and effectiveness of the implementation of existing policies and programs.

The provision of safe water supply requires improvements in environmental sanitation to reduce incidence of water-borne diseases. Low-cost sanitation programs as well as long-term investments are essential for hygiene promotion. In the implementation or provision of water supply facilities and projects, the importance of corresponding sanitation facilities for proper disposal of waste water/septage is stressed.

The challenges in reaching the MDG targets, specifically, for safe drinking water, are

primarily related to the increasing price of potable water. There are still households that buy most of their drinking water from pushcart vendors. Another problem is inadequate water-resource management. The rate of extraction of groundwater, for instance, needs to be rationalized to ensure sustainability. In addition, demand-management measures are needed to minimize waste of water supply.

To help sustain the progress and achieve the targets set for 2015, the following measures have been prioritized:

- Focusing on waterless areas - By 2010, it is expected that potable water will be provided to the entire country through the President's Program on Water. Government financing for water supply and sanitation is increased. In addition, innovative financing schemes involving LGUs, communities, NGOs, and the private sector are deemed necessary
- Establishment of groundwater monitoring system - A groundwater monitoring system is needed in order to regulate pumping in areas where piezometric heads (which measure the level of the water table above sea level) are declining, and to assess the state of existing wells in terms of their physical state or the quality of water coming from it. This can be attained if there is improvement in database on yield potential and recharge rates to aquifers.
- Provision of safe drinking water by installing low cost water supply - Safe drinking water can be provided by installing low cost water supply like hand-pumps, gravity-fed systems, rainwater collection, shallow/deep/artesian tube wells and construction of infrastructures for potable water system in areas where there is poor access.
- Conservation of water for sustainable water quality and supply - The activities on water conservation should include, among others: (a) improving the system's efficiency; (b) improving the metering efficiency and monitoring the unauthorized use of water; (c) encouraging the use of saving devices, application of new tech-

nologies and recycling; and (d) conducting intensive public information, education, and communication programs on water conservation.

- Development/construction of low-cost sanitation facilities - The continuous decline in sanitation coverage could be attributed to the rapid population growth, rapid urbanization, and lack of investment in the sector. An alternative approach in addressing this problem is the adoption of low-cost sanitation facilities such as engineered reed bed treatment system, for low construction and maintenance costs, and ventilated improved pit privy (VIP) and other latrines.

Slum dwellers

To reduce the number of Philippine families with substandard dwellings and with no access to safe water and basic health services, the government has adopted a two-pronged strategy. One, by giving security of tenure to the settlers through the Community Mortgage Program (CMP); and second, the government has established the Social Housing Finance Corporation (SHFC) to cater to the needs of the bottom 30 percent of the population. To expand the reach of the SHFC programs, partnerships with private organizations to help ease the plight of informal settlers are being forged.



It is expected that informal settlements will continue to grow, especially, in highly urbanized cities given the confluence of rural-urban migration, population growth, new household formation, and inadequacy of formal housing programs. Security of land tenure programs and urban renewal efforts will be invigorated in the coming years.

For the period 2000-2006, the government and civil society's efforts to improve the lives of the country's slum dwellers focused on providing security of tenure or shelter security that has resulted in modest gains. The national govern-

ment seeks to provide security of tenure to 300,000 households annually consisting of: (a) 150,000 land tenure units for the urban poor; (b) 70,000 socialized housing units for the urban poor; and (c) 80,000 low-cost housing units.

Under the National Shelter Program (NSP), the national government implements the following: (a) resettlement; (b) slum upgrading; (c) sites and services development; (d) core housing; (e) Community Mortgage Program; and (f) asset reform program. In addition, the private sector implemented the Gawad Kalinga (GK 777) Project (an initiative of Couples for Christ) and the Habitat for Humanity Project.

In pursuit of the global MDG target, the national government and the private sector have provided security of tenure or shelter security units (e.g., house and lot, house only or lot only) to 710,203 households in 2001-2006. Meanwhile, the national government in partnership with LGUs, private sector and NGOs implemented various foreign-assisted projects to improve the plight of slum dwellers. These include: (a) the US\$52.4 million ADB-assisted Development of Poor Urban Communities Sector Project (DPUCSP), which provides loans for urban development, housing construction, home improvement, and micro enterprises for LGUs and urban poor in cities and municipalities outside Metro Manila; (b) the PhP 72 million WB-Japan Social Development Fund-assisted Upscaling Urban Poor Community Renewal Scheme Project being implemented by the NGO Partnership of Philippine Support Service Agencies (PHILSSA) in the cities of San Fernando, Naga, Quezon, Mandaue and Iligan; and c) the ADB-assisted Strategic Private Sector Partnerships for Urban Poverty Reduction (STEP-UP) Program with the Philippine Business for Social Progress (PBSP) as partner.

Given the magnitude of the problem and the challenge of providing security of tenure to slum dwellers nationwide, a multi stakeholder and rights-based approach anchored on the

rule of law and sustainable human settlements is being pursued to attain the 2015 target. These include: (a) intensify efforts to meet the housing requirements of the informal settlers; (b) pursue an expanded urban asset reform program; (c) promote sustainable sources of housing finance; (d) expand private participation in socialized housing finance and construction; (e) rationalize coordination for housing and urban development; and (f) further strengthen housing regulation.

Gender equality and empowerment of women

Significant progress has been made in addressing gender issues. Landmark pieces of legislation has been passed, such as, the Women in Development and Nation-Building Act, laws promoting participation of women in productive and income-generating activities and laws addressing violence against women and children.

In addition, a Framework Plan for Women based on the 30-year Philippine Plan for Gender-Responsive Development (PPGD) has been formulated. A Gender and Development (GAD) Budget Policy provides allocation of at least 5 percent of national and local government budgets for gender and development. The GAD Budget initiative led to the realization of the need to move to gender-responsive results-based budgeting. Various tools to support mainstreaming gender and development in planning, investment programming and program development, implementation, monitoring and evaluation have been developed.

Meanwhile, the Philippines aims to address priority concerns for women's empowerment, as highlighted in the 2006 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). These include: a) addressing violence against women; b) reducing women's vulnerability to trafficking and unsafe migration; c) accelerating women's participation, particularly, Muslim and Indigenous women, in political life and decision-making; d) addressing high

Box 5. Building local capabili

IN AUGUST 2004, the Women's Action Network for Development (WAND) partnered with the United Nations Development Fund for Women (UNIFEM), with support from the European Union (EU), to implement a local level gender budget initiative in the Philippines that is gender-responsive and results-based (GRRB). The project is an advocacy-oriented initiative based on the analysis of budgets from a gender perspective. It was initially implemented in Sorsogon City for the health sector and Hilongos, Leyte for the agriculture sector.

Within a year's time, after a series of research, capacity building and advocacy activities, the following were realized: the incorporation of information from gender impact analysis into the local budgetary decision-making process; enhanced competence of the local government units in GRRB planning and budgeting; and enhanced capability of civil society organizations to advocate reforms in the local budgetary processes. Through the project, increased allocation of local government resources to priority gender-responsive programs and services led to decreased maternal mortality, child mortality and malnutrition in the two LGUs.

Building on the gains of the pilot initiatives, the project was rolled out in February 2007 in nine other LGUs in the country: Escalante City, Negros Occidental; Malaybalay City, Bukidnon; Barugo, Leyte; Hungduan, Ifugao; San Fernando,



unemployment rate; e) enhancing access to health care; and f) capability building and providing access to resources and security.

Considering the trend in education indicators between men and women (aside from current efforts in integrating gender-sensitivity in the curriculum, learning content and teaching approaches) the government and other education stakeholders should look more closely at the factors contributing to the comparatively low completion and retention among boys in the school system. There is a need to address the emerging problem of boys' educational underachievement and identify strategies to improve boys' and girls' participation in schools.

ties to engender LGU budgets

Camarines Sur; Barangays Balingasa, Commonwealth and Sauyo in Quezon City; and Barangay Centro, Agdao District, Davao City.

The project is gender-responsive as it provides continuous pressure on LGUs to mainstream gender concerns in their priority programs and projects and to deliver results that will promote women empowerment and lead to gender equality. It is results-oriented as it focuses on specific MDG targets and it is rights-based as it invokes international commitments such as the CEDAW. The project's key contribution in improving the quality of local governance and poverty reduction initiatives is the advocacy of a process of adopting localized and gender sensitive or en-gendered MDG indicators.

The integration of gender in each of the MDGs is important as WAND believes that real poverty reduction cannot be realized without progress towards gender equality and the empowerment of women. The issue of gender equality is not and cannot be limited to a single goal, particularly Goal 3. Thus, adopting gender indicators as well as gender-responsive measures is the project's strategy to monitor, assess and improve local government performance.

Source: Florencia Casanova-Dorotan, RND,MPA
National Chairperson, WAND



Good governance

The government recognizes the significance of governance and peace and security in the implementation of the MDGs. The MTPDP



2004-2010 has included chapters on Anti-Corruption, Good Governance, Bureaucratic Reforms, and National Harmony.

The Philippines has also ratified the UN Convention against Corruption. Affirmative actions have been introduced to address corruption such as the passage of the Government Procurement Act and the implementation of lifestyle check among government officials. Civil society organizations (CSOs) have provided support by monitoring government projects, increasing citizens' awareness through investigative reporting and conducting anti-corruption campaigns in schools and communities.

These are however not sufficient as large scale and petty corruption are still pervasive in all levels of government. The Office of the Ombudsman estimated that a total of US\$48 billion was lost to graft and corruption for the last 20 years and that only 60 percent of the national budget was actually spent on government projects.

Raising government revenues is hampered by tax evasion and weaknesses in the tax structure. To address these, the government began to implement reforms in 2002 in the Bureau of Internal Revenue and the Bureau of Customs. Expenditure reduction programs were installed such as the Government Electronic Procurement System. In the health sector, the National Health Accounts reveal that the ratio of health expenditures to GNP dropped from 3.4 percent in 1997 to 3.25 percent in 2000 compared to the WHO standard of 5 percent.

Government decentralization has also posed challenges on the division of labor and financial responsibility between national and local gov-

ernments. About 90 percent of LGUs continue to be dependent on the national government's internal revenue allotment (IRA) increasing their vulnerability to political influence from the national level.

Concerns have been raised regarding the reliability and competence of the judicial system which faces a number of problems such as access to justice by the poor, corruption, case backlogs, competencies of judges and other personnel, among others.

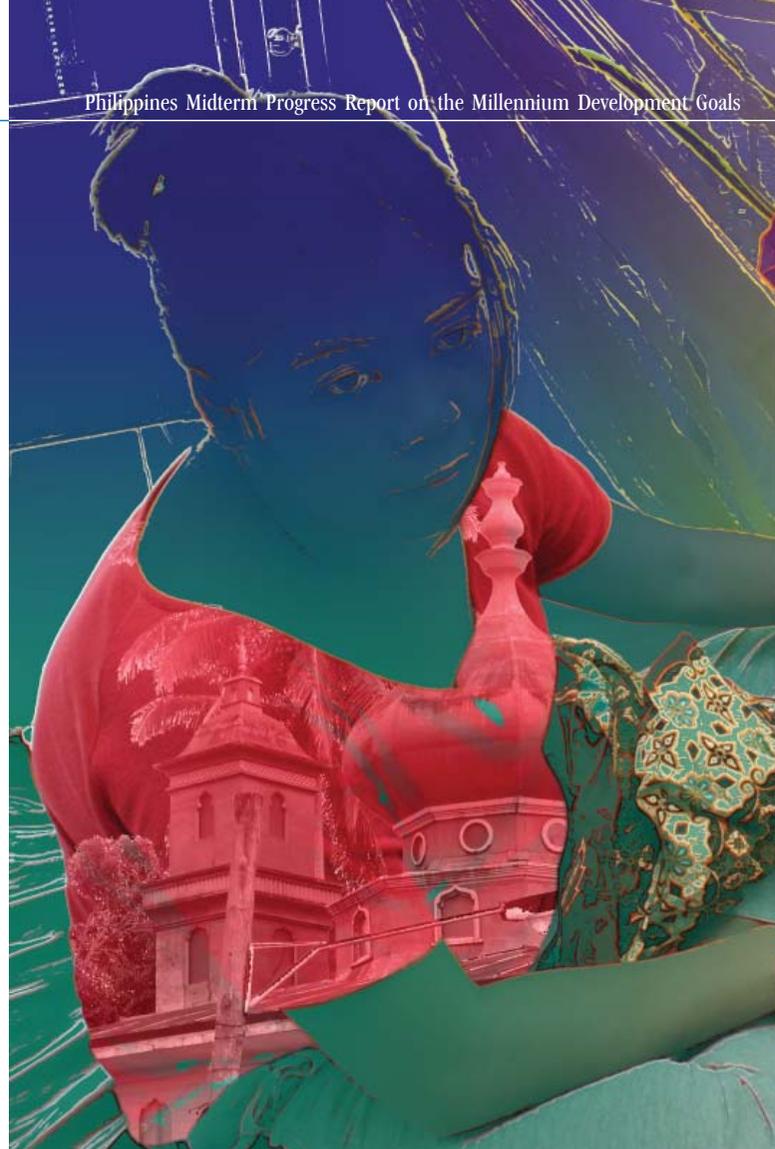
Moreover, public confidence in the elections is low because of rampant irregularities in the electoral processes. The modernization through computerization of the electoral system hopefully will address traditional election anomalies such as cheating, intimidation and bribery.

Progress in pushing for reforms has been hampered by the following factors: inadequate budgetary resources; conflicting interpretation, if not gaps, in implementing rules and regulations of new laws; prolonged litigation to resolve disputes in legal interpretations; inadequate capacities or resistance within the bureaucracy to implement reforms and modernize its systems; graft and corruption; intense partisan politics and political disruptions. The MDGs will not be attained without the implementation of programs to curb graft and corruption, improve responsiveness and effectiveness of the three branches of government, enhance resource mobilization efforts and optimize public expenditure decisions.

Peace and security

Armed conflict as a primary challenge to peace and development was highlighted in the 2004 UN Country Common Assessment

(CCA) of the Philippines. According to the report, the secessionist rebellion, mainly affecting Mindanao, is rooted in such factors as social justice and exclusion and a desire for self-deter-



mination by the Muslim community. Armed conflict aggravates poverty taking its toll on the economy already suffering from low growth and low investor confidence. Job opportunities decrease because firms shut down or suspend their operations. Agricultural production is also affected due to damage to crops and property. Costs of relief also burden the national economy. The conflict has also brought about negative effects on the social fabric, aggravating ethnic and religious differences and deepening the polarization of groups.

Based on the joint needs assessment of conflict-affected areas in Mindanao, armed conflict and displacement of people have increased threats to human security resulting to food insecurity with risks of malnutrition and delays in childhood development. Moreover, limited access to potable water and proper sanitary facilities increase risks of diseases and deaths. Dis-



eases could not be contained because of lack of health facilities, workers and medicines. Children could not go to school because school buildings are damaged. Young people, especially males, with little education and lacking in marketable skills, are vulnerable to recruitment by armed and criminal elements.

The CCA recommends that the government, in partnership with civil society and donor community, must be resolute in addressing the peace and security issue through: a) policy coherence within the framework of a social consensus to end the armed conflict through peaceful means; b) reforms within the security sector to ensure greater accountability of the military under a civilian leadership, e.g., building competence and professionalism, respect for human rights; and c) greater accountability and competence of law enforcement agencies to build public confidence in the ability of government to guaran-

tee security of its citizens.

The Supreme Court has also taken an active involvement in protecting human rights and addressing the rise in extrajudicial killings by spearheading the National Consultative Summit on Extrajudicial Killings and Enforced Disappearances. The Summit was convened to search for wholistic solutions and provide inputs to the Supreme Court in its objective of enhancing existing rules, or promulgating new ones, in the protection and enforcement of constitutional rights, including the protection of the witnesses. The reports and proposals from the Summit was synthesized and transmitted to the concerned government agencies for appropriate action.

In line with this initiative, the Supreme Court designated 99 Regional Trial Courts nationwide to hear, try and decide cases involving extrajudicial killings.

2.3 Financing the MDGs

Many of the goods and services associated with the MDGs constitute basic needs in which the government has a role to play. It is useful to start with a review of national government budget allocations supportive of the MDGs.

Budget Outlook

Based on the Department of Budget and Management's (DBM) Budget of Expenditures and Sources of Financing (BESF), expenditures for social and economic services as a percentage of the total budget had been declining for the past seven years. The spending for social and economic services decreased from 31.2 percent and 24.5 percent in 2000 to 26.9 percent and 18.4 percent, respectively, in 2005. A modest improvement however, was noted in 2006 when both expenditures slightly went up to 27.9 percent and 18.7 percent in 2006.

The spending on social and economic related activities has been severely constrained by the debt burden and the share of interest payments to the total expenditures has consistently increased, reaching 30.1 percent in 2004. The recent economic recovery, however, has provided room for additional funds for social and infrastructure-related programs and projects that address growth and poverty reduction aligned with the MDG targets. Moreover, with the enactment of RVAT, the tide may be turning around in the fiscal front. According to the Finance Monitor, the RVAT raised additional revenues of PhP 76.9 billion in 2006. However, there is no room for complacency, particularly, in tax administration. This is evident from the target shortfalls of the BIR in the first quarter of 2007.

Historically, the education, culture and manpower development sector had received the largest share from the budget, averaging a little over

50 percent of the total expenditures of the national government for social services. However, for the period 2000-2006, the percentage share to total social expenditures declined. The health sector also suffered a similar fate as government continued to devolve the delivery of social services under the Local Government Code (LGC).

LGU expenditures on economic services also declined for the period 2000-2006, while expenditures on social services showed mixed results. There was decline from 2000-2002 and 2004-2005 but a slight increase was noted in 2003 and 2006. In 2002, it declined to 18.8 percent from 22.1 percent in 2000.

Financing gap

Various studies have estimated the funding requirements for meeting the MDG target commitments up to 2015. In the study by Rosario Manasan⁸, the resource requirements and gap range from PhP 605.3 billion to PhP 777.9 billion and PhP 87.5 billion to PhP 94.6 billion, respectively. Estimates of expenditures on basic education and poverty reduction for the period 2007-2015 show the largest funding gap of PhP 349 billion and PhP 344 billion, respectively.

Debt-for-MDGs conversion scheme

The study of Eduardo Aninat⁹, meanwhile, looks into the feasibility of debt conversion for MDG projects for low- and middle-income countries like the Philippines. This is part of a global effort to find innovative ways of funding the MDGs, in line with the Monterrey Consensus and the Paris Declaration.

Following the Manasan and Aninat studies, the Philippine Institute for Development Studies (PIDS) formed a team to assess the feasibility of the Philippine Debt-for-MDG Proposal. The study¹⁰ made recommendations to mobilize and safeguard MDG financing to include, among

8 "Financing the MDGs: The Philippines," Makati, 2007.

9 "A Study on Development of Action Agenda for Financing MDGs for Low and Middle Income Developing Countries," Makati, 2006.

10 "Towards Financing the Millennium Development Goals of the Philippines," Makati, 2006.



other proposals, legislation of a bill prioritizing and protecting MDG-related spending in the budget appropriations, improving the identification and promotion of vital MDG programs and projects through the Medium-Term Public Investment Program (MTPIP), and adoption of policies by international agencies and creditor of required changes to help facilitate the implementation of MDG initiatives.

Results of these financing studies have been used by the government in its budget advocacy and resource mobilization efforts. For instance, the estimates of Manasan were used by the DepEd and the DOH in the preparation of their respective budget strategy papers for 2008-2010. The Manasan paper was also used as a tool for budget advocacy resulting to prioritization of MDGs in the budget as indicated in the policy guidelines and procedures of the DBM in the preparation of national and local budget proposals. The findings of the PIDS' debt-for-MDG papers were used in the Philippines

advocacy for debt-to-MDG during the ASEAN Summit held in January 2007. Results of these studies were also used in preparing statements during the bilateral consultative meeting between the Philippines and Indonesia held in Manila in February 2007.

The PIDS study cited the major constraint faced by the proposal in the international financing system and stated that many international civil society organizations (CSO) and the various UN agencies are recommending changing the concept of debt sustainability from capacity to pay to the more humane concept as to whether the debt payments of the indebted countries form hindrances to the social and economic progress of the country. In particular, there are attempts to change the concept of debt sustainability to one which captures whether the debt payments become hindrances to achieving the MDGs.

The study pointed out the need to initiate the advocacy to reform the international financial and credit system to make it conducive to

converting debts and debt service to MDG financing. The target would be to change the concept of debt sustainability and the rules of the Paris Club and the Bretton Woods Institutions (BWIs). The study urged the UN and international CSOs to lead a lobby and campaign to convince the G8 group of countries to endorse the new concept of debt sustainability and make the current rules more flexible. This means allowing debt relief and debt reduction even if countries are not in any threat of default. According to the study, once the G8 is convinced, it will be easier to change the Paris Club and BWIs' perspectives and policies.

Financing at the LGU level

To assist the LGUs in implementing and financing MDG-related programs and projects, the Municipal Development Fund Office (MDFO) of the Department of Finance (DOF) and the Department of Interior and Local Government (DILG), initiated the establishment of the Millennium Development Goal Fund (MDG-Fund). The MDG Fund is a concessional and liberal financing facility to enable the LGUs to fast track the localization of the MDGs. The MDFO-Policy Governing Board approved the utilization of PhP 500 million from the MDF-Second Generation Fund (SGF) to finance capital investment requirements of identified MDG projects.

Civil society and the private sector

The proactive participation of major stakeholders in the sourcing of financing requirement has proven to be a big help in increasing the support for MDG initiatives. A case in point is the joint initiative of legislators and NGOs led by Social Watch to present a case for more funds for MDG-related projects. The alternative budget advocacy campaign not only resulted in an increase of PhP 22.7 billion in additional proposals for MDG-related activities but also the approval of the PhP 5.5 billion for the 2007 national budget.

Box 6: Civil Society Initiatives

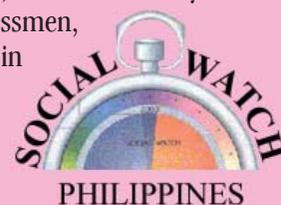
THE MOST sustained campaign of Social Watch Philippines (SWP) is on financing the MDGs. Since 2000, SWP has consistently engaged the government on the need to increase financial allocations for the MDGs.

Using the studies of Dr. Rosario Manasan, SWP has identified gaps in budget requirements viz-a-viz actual budget allocations. In 2006, in cooperation with graduate students of the U.P. National College of Public Administration and Governance (UP-NCPAG), and with the support of the UNDP, SWP published *May Pera Pa Ba? (Is There Still Money?)*. The book is now widely utilized by academic institutions and civil society organizations in their MDG campaigns and capacity building programs.

A historic first: the alternative budget

All over the world, the trend is towards participatory and alternative budgeting. In 2006, SWP successfully partnered with 22 CSOs, 10 Congressmen, the Senate Committee on Finance in developing alternative budgets for education, health, agriculture and the environment.

The campaign started in the



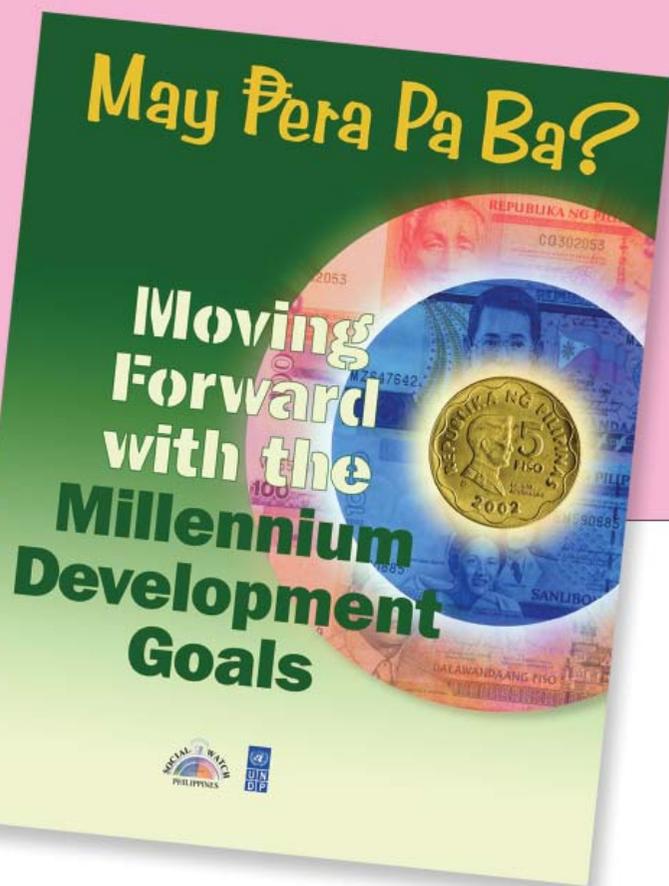
Some PhP 5.3 billion are allocated for the construction of more than 17,000 classrooms; PhP 2 billion to support the food supplementation and nutrition program; PhP 873 million for the hiring of new teachers; and PhP 65 million for additional scholarship fund for tertiary education. The campaign demonstrated that vigorous advocacies can influence decision and policy makers in developing MDG-responsive policies, activities and programs.

The business sector, meanwhile, through the Philippine Business for Social Progress (PBSP), has committed PhP 3.2 billion for the period 2004-2009 to scale up successful programs that are MDG-related. These include poverty reduction under the area resource management program in Luzon, Visayas, and Mindanao (PhP 1.13 billion); small and medium enterprise development (PhP 1.12 billion); basic education (PhP 0.83 billion); and water and health (PhP 0.12 billion).

House of Representatives and moved on to the Senate, and finally the Bicameral Committee. SWP contributed to the increased budget allocations for MDGs, particularly the PhP 5.5 billion for education.

The Alternative Budget for 2008 is now conducted on a much broader scale, with more CSO's and legislators participating. Engagement is not only with the legislature but with the different departments as well.

Source: Social Watch Philippines



Role of ODA

ODA partners have likewise stepped up their assistance to help achieve the MDG targets. Various multilateral and bilateral agencies like ADB and the WB have adopted the MDGs as their framework in programming dialogues with recipient countries. Social development programs have absorbed 36.3 percent of grant assistance. Moreover, infrastructure claimed 65.2 percent of soft loans, 40 percent of which went to education and manpower development.

Furthermore, in line with the Paris Declara-

tion on Aid Effectiveness, the UNDP-Spain MDG Achievement Fund (MDG-F) was launched in 2007. It has been established to finance key MDGs and related development goals in selected countries including the Philippines. This fund aims to accelerate attainment of the MDGs and other internationally agreed development goals by: supporting policies and programs that would have impact on selected MDGs; financing the testing and/or scaling up of successful models; catalyzing innovations in development practice; and adopting mechanisms that improve the quality of aid.

The fund has seven thematic windows: democratic governance, gender equality and women's empowerment, basic social needs including youth employment and migration, economic development, environment and climate change, conflict prevention and peace building, and cultural diversity and development. The United Nations Steering Committee has already approved the concept note on the thematic window for environment and climate change with an indicative budget of US\$ 8 million.

The donor community strongly supports the MDGs. A Working Group on the MDGs and Social Progress was created under the Philippine Development Forum (PDF), the primary mechanism of the government to facilitate policy dialogue among stakeholders of the government, especially, the donor partners. The working group, co-chaired by the DSWD and the UN has become one of the venues in discussing policy and programme issues on the MDGs.

The UN Habitat provided grants to four cities and one municipality aimed at demonstrating solutions and innovations in increasing access to public goods and services by the poor communities, e.g., livelihood support, rural health services, water supply improvement. The demonstration project strategy is being implemented in four cities (Puerto Princesa, Muñoz, Sorsogon and Island Garden City of Samal) and one municipality (San Vicente, Palawan).

2.4 Advocacy and localization

The government has prepared two national progress reports on the MDGs. The First Philippines Progress Report on the MDGs, published in 2003, presents an analysis of the country's performance for the period 1990-2000 vis-à-vis MDG targets in 2015. The Second Report, prepared in 2005 and covering the period 2001-2005, analyzes performance across regions to account for wide disparities in status. Initiatives of partners from LGUs, CSOs and business are included in the report.

Aside from the national reports, sub-national MDG progress reports of the 17 regions in the country have been prepared. The sub-national reports, consistent with the Regional Development Plans and Regional Investment Programs, help build MDG ownership and provide opportunities for local policy and decision-makers to articulate their needs, raise their level of awareness and allocate resources for the MDGs.



Box 7: Sub-national progress reports on the MDGs

AS A RESPONSE to the challenges identified in the Second Report, the Regional Development Councils (RDCs) and the Regional Social Development Committee (RSDC), in close collaboration with the UNDP and the NEDA-Social Development Staff, led the formulation of the 17 Sub-national Progress Reports on the MDGs. The formulation of the sub-national progress reports provided an opportunity to bring the MDGs at the local level.

The sub-national reports served as the roadmap for achieving the MDGs at the local level. The MDGs became the focus of the Regional Development Plans and Regional Development Investment Program.

Specifically, the reports helped raise the consciousness of policy-makers in ensuring the achievement of the MDGs. Some regions also used the report in assessing their socio-economic situations and in identifying appropriate policies and strategies that can be adopted by the local government units to fight poverty and in increasing resource allocation for these activities. Moreover, the report provided the regional line agencies, LGUs, CSOs and other stakeholders an objective understanding of the factors that contribute to the geographic disparities in the status of the goals in their respective areas. In other areas, the sub-national report was also used to establish linkage between the MDGs and the International Conference on Population and Development (ICPD).

More than an advocacy tool, the formulation of the sub-national reports also provided an opportunity to strengthen and broaden alliances of local stakeholders. Most regions tapped existing structures to monitor the progress of MDG achievement in their respective regions e.g., RDC, RSDC, Regional Sub-committee on the Welfare of Children (RSCWC), and the Regional KALAHI Convergence Group (RKCG). Other regions created a Task Force/TWG on MDGs to spearhead the preparation of the report. These were undertaken in Regions I, IV-A, VI, and CARAGA. Meanwhile, in Region X, the Regional Knowledge Network Committee spearheaded the formulation of their report.

Other development partners were also very much involved in the preparation process. Various fora and consultations with the LGUs, business sector, CSOs, academe and the community were conducted to gather inputs, validate data and share good practices. RDC resolutions were issued in support of the realization of the MDGs at the local level.



An important milestone in localizing the MDGs is the issuance of DILG Memorandum Circular No. 2004-152, "Guide to Local Government Units in the Localization of the MDGs," which is a tool for integrating MDGs in local development planning and budgeting. The Guide provides LGUs a menu of options or list of programs and projects that have direct impact on achieving the MDGs. This year, a study on costing will be conducted so that LGUs will be guided on investments needed to attain MDG-related targets.

In the area of budget advocacy, the DBM in its issuance of policy guidelines and procedures in the preparation of national and local budget proposals, emphasizes the importance of funding programs and projects supportive of the MDGs.

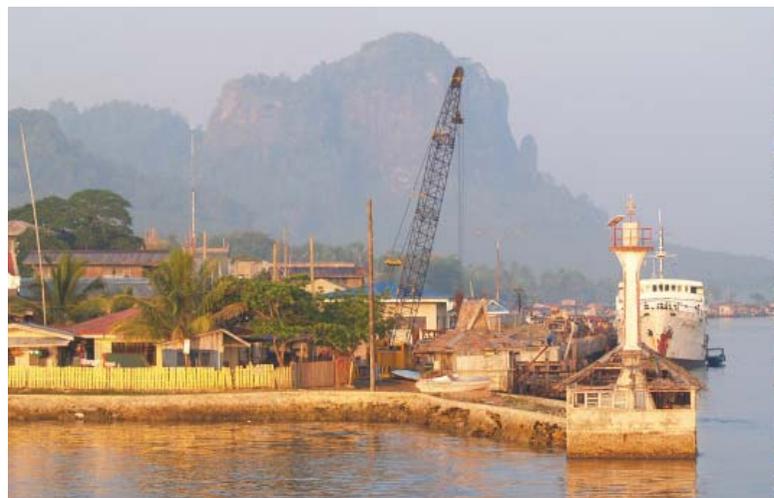
Through NEDA's advocacy efforts in Congress, a Special Committee on the MDGs has been created in the House of Representatives; it has formulated an MDG Legislative Agenda,

prioritizing legislative measures that are responsive to the realization of the MDGs.

As mentioned before, the CSOs and business are important partners in the MDGs. The experience of selected municipalities in Bohol in working with a network of CSOs on poverty reduction and in local MDG monitoring has been documented in a book entitled "The Bohol Experience: Making A Difference". Another NGO, the Peace and Equity Foundation provided grants assistance to LGUs based on MDG-related project proposals prepared using the results of the CBMS and the Bicameral Committee.

In 2002, during the International Business Leaders' Forum, the Philippines was one of the three countries (with Brazil and South Africa), identified as models to demonstrate how business engages with government and civil society for MDGs. The PBSP led the business sector in crafting the Philippines MDG Framework for Business Action. The framework shows how business can help attain the MDGs through core

business, social investment, and policy advocacy on four major concerns namely: poverty, education, health, and environment. A report entitled “Responding to the Millennium Development Challenge: A Roadmap for Philippine Business” has been published, documenting best practices on corporate social responsibility as business response to the MDGs as well as business action plans for the MDGs. The action plans are translated into concrete programs and projects to attract more investment partners in the business sector.



Box 8: Business Sector's MDG Initiatives

AS THE SECRETARIAT of the Business and Millennium Development Goals (MDGs) Program, the Philippine Business for Social Progress (PBSP) sustained the awareness of the business sector on the importance of supporting the MDGs. The Business and MDG Roadmap, which presented strategic options for companies to align their Corporate Social Responsibility (CSR) initiatives to the MDGs, became the basis of a set of Business and MDG-endorsed programs advocated by the private sector.

The alignment takes on the process wherein Program Implementing Partners (PIPs) coordinates with companies in the implementation of the programs. These PIPs then report to PBSP their accomplishments for inclusion in the consolidated Business and MDG Investment Report.

Business and MDG Clusters	MDG-endorsed Programs
<p><i>Business and Poverty</i> Programs that generate employment, generate income and provide access to basic services</p>	<ol style="list-style-type: none"> 1. Area Resource Management (ARM) Program 2. Small and Medium Enterprise Credit Program (SMEC) 3. Corporate Volunteers for Enterprise Development (CVED) 4. Social Entrepreneurship Program
<p><i>Business and Health</i> Programs that provide access to basic health services, increase weight of children, access to RH services, reduce incidents of TB transmission and malaria and mitigate the spread of HIV/AIDS</p>	<ol style="list-style-type: none"> 1. Responsible Parenthood Program 2. Health in the Workplace Program - Support to HIV/AIDS, TB and Malaria 3. Leaders for Health Program 4. Supplementary Feeding Program
<p><i>Business and Education</i> Programs that improve the reading ability of students, increase performance in achievement tests and provide access to education</p>	<ol style="list-style-type: none"> 1. Synergeia's Reading Proficiency Program 2. Books on Air by Knowledge Channel 3. Cable a School Knowledge Channel
<p><i>Business and Environment</i> Programs that promote environmental sustainability through reduced emission, reduced consumption and increased forest cover</p>	<ol style="list-style-type: none"> 1. Water for Life Partnership Program: Ipo Watershed Rehabilitation Program 2. Greening the Supply Chain Program



To increase appreciation of the broader public on the MDGs and to invite more partners to work and advocate for the MDGs, the following advocacy activities have been undertaken: (a) nationwide campaign against poverty along the MDG goals and targets (STAND UP for Poverty Campaign); (b) production and popularization of MDG songs; (c) national and regional fora with the media on the MDGs; (d) learning event for national government officials including information bureau heads; and (e) road show on the MDGs.

To date, a total of 159 companies supported the Business and MDGs Program by aligning their CSR initiatives to the MDG Roadmap and subscribing to the Business and MDG-endorsed Programs generating an investment amounting to over PhP 200 million. For efficient monitoring of MDG efforts by the private sector, a web-based reporting system on the MDGs was created for companies to report their initiatives online. The Business and MDG Investment Report will be published by PBSP to capture the business sector's contribution to the achievement of the MDGs.

In an effort to localize the Business and MDG initiative, PBSP, with funding support from NEDA and UNDP, implemented the Roll-out of Business and MDG Localization Program in the Visayas specifically in the areas of Cebu, Bohol and Iloilo. Significant accomplishments of the program include the creation of a localized Business and MDG Clusters headed by business leaders in the Visayas; forging of partnerships with eight business organizations; conduct of Chief Executive Officer (CEO) Forums to popularize the MDGs; and creation of a localized menu of Business and MDG-endorsed programs specifically responding to more prominent MDG issues in the Visayas. The latter are also aligned to the local government's MDG plans and priorities. Currently, PBSP's Visayas Regional Office (VRO) promotes the Business and MDG-endorsed programs to generate buy-in and pour in resources for the implementation.

Indeed, the Business and MDGs Program has a well-planned, structured process of creating buy-in from among the business community. There are also challenges such as:

- **Donor Fatigue.** There is a need to reach the business sector's full potential in support of the MDGs but among those who have consistently poured in resources for social development, the challenge has only become greater.
- **Cost of Process.** The sheer amount of time the CEO champions, Advisory Council, members of the core groups and the square tables have dedicated in all these processes has been enormous. A continued funding support is also needed for sustainability of the program and to get more companies to buy into the campaign.

However, despite these challenges, PBSP envisions companies to align their existing CSR initiatives to the Business and MDG Framework – as part of core business, social investment and policy advocacy. Gradually, the business sector is realizing that the MDGs are not just about philanthropy—it is also in their interest to operate in a well-educated and economically capable society.

Business Contribution to the MDGs*		
	No. of supporting companies	Amount of investment (PhP)
Business and MDG-endorsed Programs	128	36,181,640.89
CSR Programs aligned to the Business and MDG Roadmap	31	166,471,575.48
TOTAL	159	202,653,216.37
<i>* For the period October 2005 - present</i>		

2.5 MONITORING

To keep abreast with the country's performance in achieving the MDGs, a systematic and effective monitoring tool is necessary and should be in place at the national, regional levels and local levels.

The Multisectoral Committee on International Human Development Commitments (MC-IHDC) of the NEDA Board, through NEDA Board Social Development Committee (NEDA-SDC) Resolution No. 1 s. 2003, "Expanding the Functions and Composition of the MC-IHDC, Amending SDC Resolution No. 1 s. 1996" has been tasked to monitor the MDGs. The Resolution also identified lead agencies to monitor key sectoral concerns of the MDGs.

The DevInfo, a monitoring tool developed by the United Nations (UN), is a user-friendly software that allows users to create tables, charts, and maps with the use of easy-to-use toolbars and menus. The NEDA already maintains a DevInfo database for monitoring the MDGs at the national level. The adoption of the DevInfo software as the monitoring tool for the MDGs as well as of other socio-economic indicators has also been initiated by the regions through the issuance of RDC resolutions. The NEDA Regional Offices (NROs) have also formulated their respective MDG Progress Reports which provide updates on how the regions are faring in attaining the MDGs.

Through NSCB Resolution No. 10 s. of 2004, the NSCB is designated as the repository, compiler and administrator of the MDG database. The NSCB utilizes the DevInfo as the repository and database for monitoring the MDG indicators. Moreover, it assesses and compiles the indicators of the MDGs and posts them at the NSCB website (www.nscb.gov.ph/stats/mdg).

The CBMS is a monitoring tool developed in the early 1990s under the Micro Impacts of Macroeconomic Adjustment Policies (MIMAP) Project in the Philippines. The system intends to provide policymakers and implementers with a tool for



tracking the impact of macroeconomic reforms and policy shocks. Today, the CBMS has been adopted by national government agencies (NGAs), particularly, the National Anti-Poverty Commission (NAPC) and the Department of Interior and Local Government (DILG) as the local poverty and MDG monitoring system.

This is in line with the NEDA-SDC Resolution No. 3 Series of 2006, "Adopting the CBMS as the Prescribed Monitoring Tool for the Generation of the Core Local Poverty Indicator Database." The SDC has recommended the adoption and use of the CBMS as the principal monitoring tool and system for the core local poverty indicators (CLPI) and enjoined the NAPC, DILG, other government agencies and LGUs to coordinate with the CBMS Network Team



towards the fast-tracking and full implementation of the CBMS.

As of May 31, 2007, CBMS has been implemented in 29 provinces, (15 of which is province-wide), 347 municipalities, 24 cities, covering 9,116 barangays. The CBMS Network and the Working Group on MDGs and Social Progress of the PDF both envision the entire Philippines to be covered by CBMS by 2010. Given this ambitious target, an intensified advocacy campaign combined with affirmative actions has to be undertaken at the national and local levels for this target to be attained.

Meanwhile, the Philippines, through the NSCB, will be hosting the International Conference on MDG Statistics in 2007. The Conference intends to evaluate the status of participat-

ing countries with regard to the MDG targets and serves as a venue for sharing good practices and methodologies adopted at the national and international levels in terms of data generation and compilation, data utilization and analysis, strengthening of statistical capacity to improve MDG data availability, and dissemination of MDG indicators.

The following have been issued as part of the government's efforts to institutionalize and improve the monitoring of the MDGs:

- DILG Memorandum Circular (MC) No. 2004-152, "Guide to Local Government Units in the Localization of the MDGs;"
- DILG MC No. 2003-92, "Setting Policy Guidelines for the Adoption of the 13 Core Local Poverty Indicators for Planning;"
- NAPC En Banc Resolution No. 7 directing LGUs to adopt the 13 core local poverty indicators as the minimum set of community-based information for poverty diagnosis and planning at the local levels;
- NSCB Resolution No. 6 s. 2005, "Recognizing and enjoining support to CBMS as a tool to strengthen the statistical system at the local level." This resolution attests to the statistical and technical soundness of the CBMS as a local poverty monitoring tool; and
- NSCB Resolution No. 10 s. 2004, "Adoption and Enjoining Data Support to the MDGs"

However, there are challenges and priorities for action that have to be addressed, particularly, the unavailability of data for other MDG indicators, and the lack of updated and/or disaggregated data. The current institutional arrangement at the subnational level also needs to be strengthened and operationalized. Active participation of stakeholders, establishment of support mechanisms for the effective monitoring of progress on the MDGs as well as the allocation of additional resources for the generation of necessary, updated and disaggregated data for MDG monitoring must be pursued.

3. MEETING THE 2015 CHALLENGE

The following challenges and priorities for action must be viewed with urgency. The country has to improve performance in areas where it is lagging behind. Many of the activities required to meet these MDG targets are devolved, hence the need to pay close attention to financing a decentralized form of government. Population growth, peace and order and governance issues, however have spill over effects that cut across regions and LGUs, indicating a critical role for the national government in these aspects

Challenges and Recommendations for Priority Action

The report identified the following key cross-cutting issues in attaining the MDGs: (a) widening disparities across regions and population groups; (b) high level of population growth which puts a strain on the economy and resources; (c) underperformance of the agriculture sector and low productivity; (d) large gap in financing the MDGs; (e) weak governance at all levels affecting mobilization and utilization of public resources for human development; (f) lack of commitment and capacity of some local government units to design and manage programs and provide basic services; (g) peace and security problems; and (h) unavailability and/or lack of data.

Following are the priority actions needed to address identified key challenges:

Addressing wide disparities across regions

The imbalance across regions suggests that efforts to reduce poverty must reach all regions of the country. To overcome this situation, progressive rather than regressive measures must be applied implying that regions with poverty incidence rates above the national average must receive more than a proportionate share of the resources allocated.

Curbing the high population growth rate

Rapid population growth is closely linked to

persistent poverty as it reduces overall economic growth and prospects for poverty reduction. It strains the environment as competition for scarce resources and public good expands. Dealing with this problem will entail reassessment of the present programs and projects on reproductive health particularly family planning and adolescent reproductive health program, strengthening the national government's role in population management and the full implementation of the contraceptive self-reliance strategy (CSR) to anticipate shortage of FP commodities with the phase-out of contraceptive donations. Family planning education and services should be scaled up and innovative mechanisms for promoting acceptable means of contraception (both natural and artificial) must be in place.



Improving performance of the agricultural sector

The modest economic growth in the country could be attributed, among others, to the dismal performance of the agriculture sector and low productivity growth. The government's anti-poverty strategy must focus on agriculture and rural development through asset reforms (agrarian reform, urban land reform and ancestral domain reform) accompanied by reforms in the agricultural sector, such as investments in productivity improvements and supporting infrastructure. The government also should address; (a) poor governance of support services e.g., lack of accountability, coordination and program focus in public spending for agriculture; and (b) high cost of doing business owing to inefficient and archaic regulatory systems in the sector.



Accelerating the implementation of basic education and health reforms

Most of the MDG targets are about basic social services primarily on health and education. Two major packages or reforms, namely the F1 and the BESRA have been developed to implement critical interventions supported by effective management structure and financing arrangements. The government, in collaboration with stakeholders, has to expedite and monitor the implementation of these reforms.

Moreover, aside from current efforts in integrating gender-sensitivity in the curriculum, learning content and teaching approaches, the government and other education stakeholders should look more seriously at the factors contributing to the comparatively low completion and retention among boys in the school system.

Ensuring strict enforcement of laws pertinent to the achievement of the MDGs

The government has to ensure that laws supporting the MDG targets including laws that protect and promote the welfare of women and children, have to be strictly enforced and continuously monitored. Some of the laws need to be reviewed and amended for better implementation. More collaboration between the executive branch and the House of Representatives Special Committee on the MDGs has to be undertaken for the passage and/or amendment on laws that will contribute to the attainment of the MDGs.

Bridging the financing gap

It is recommended that policies that will strengthen the economy and help the people's self-reliance needs to be put in place by: (a) mobilizing domestic resources; (b) improving employment opportunities; (c) increasing the foreign exchange earning capacity; and (d) equitable sharing of income and wealth.

Fiscal reforms such as new revenue measures and reforms in tax administration have to be expeditiously implemented.

Budgetary reform initiatives that favor basic social services will also have to be supported. In health and education, this involves reallocation of resources in favor of primary health care and basic education.

The government must ensure that wasteful programs are terminated while programs that work and have impact must continue. The use of more cost-effective modes of delivering goods and services will be pursued as well as improving teacher deployment, greater decentralization on education, use of cost saving interventions like food fortification. The government may continue to ensure efficient and effective use of resources such as improving governance through maintenance of the procurement system. External development assistance, on the other hand, should be used efficiently and options like the debt-for-MDGs scheme must be pursued.

Strengthening the capacity of the LGUs to deliver basic services and manage programs and projects

MDGs entail activities that are devolved to the LGUs. Mostly fourth - or fifth - class municipalities, possess little capacity to formulate, finance, manage, and implement programs and projects that are MDG-friendly. Overcoming financial and decentralization constraints is vital to achieving the 2015 targets.

There is a need for government to invest in improving capacities of LGUs through: problem-solving, involving local participation, managerial know-how and transparent mechanisms. Aside from ensuring the availability of manpower, quality improvement programs to upgrade skills and capacities of frontline workers, e.g., health workers and teachers, have to be in place.

The government has to implement measures that will address the increasing number of teachers and health workers opting to seek better employment and economic opportunities abroad. It is necessary to review the compensation, incentives and benefits of workers and work towards an attractive compensation package. In health, a national health human resource plan has already been adopted and its operationalization remains a big challenge.

Ensuring transparency and accountability in government transactions

Improvement is needed in areas of graft and corruption, accountability and transparency in every branch of government from national down to the local levels especially in activities that involve huge amounts of financial and human resources.

Better governance, transparency and accountability will ensure more efficient use of funds for MDGs and will minimize leakages and wasteful use of public funds.



Addressing peace and security issues

Conflict-affected areas face major poverty challenges. Most of the regions and provinces that lag behind in terms of MDG indicators are in Mindanao. The government has to prioritize geographical targeting in favor of Mindanao. Provision of basic services and other assistance should be viewed in the context of peace and development that will have an impact on the peace process. Peace negotiations have to ensure pro-poor economic growth, capacity building and institutional strengthening.

Need for public-private partnership

While MDGs are public goods and governments are primarily responsible for meeting the MDG targets, public-private partnership is criti-



cal. Civil society has shown that it can effectively monitor government institutions and officials. It can be a powerful budget advocate for the MDGs as indicated in its landmark partnership with legislators resulting to the formulation of the 2007 Alternative Budget for MDGs.

Meanwhile, the private sector helps the country's economy as the main provider of jobs and livelihood. The corporate sector has also proven to be a strong partner in social development and will continue to make significant investments in MDG-related programs and projects. The role of SMEs, in particular, in environmental management needs to be further supported through advocacy, education, technology sharing and environmental entrepreneurship.

Improving data base and targeting

The unavailability of timely and accurate information for MDG indicators and the lack of updated and/or disaggregated data makes the design and targeting of appropriate interventions difficult. Enhancement of data collection and quality has to be given attention including surveillance activities, e.g., for hunger, AIDS, disease outbreak.

The current institutional arrangement at the subnational level also needs to be strengthened and operationalized. Active participation of stakeholders, establishment of support mechanisms for the effective monitoring of progress on the MDGs as well as the allocation of additional resources for the generation of necessary, updated and disaggregated data for MDG monitoring must be pursued.

ANNEXES:



Malacañang Palace
Manila

TEN-POINT AGENDA TO “BEAT THE ODDS” IN SIX YEARS UNDER THE ARROYO ADMINISTRATION

“BEAT THE ODDS — this will be our battle cry and agenda for the next six years”
— President Gloria Macapagal-Arroyo

What it stands for:

- B** — Balanced budget
- E** — Education for all
- A** — Automated elections
- T** — Transport and digital infrastructure to connect the country

- T** — Terminate the MILF and NPA conflicts
- H** — Heal the wounds of EDSA
- E** — Electricity and water for all barangays

- O** — Opportunities for 10 million jobs
- D** — Decongest Metro Manila
- DS** — Develop Clark and Subic

Tables on the Computation of the MDG Subnational Progress

Rate of Progress: CAR

MDG	Baseline (1990 or year closest to 1990)	Current Level	Target 2015	Average rate of progress [a]	Required rate of progress [b]	Ratio of required rate to average rate [l=b/a]	Probability of achievement
Eradicate extreme poverty and hunger							
Proportion of population below subsistence threshold /a	36.1 1991	12.7 2003	18.05 2015	-1.95	0.45	-0.23	High
poverty threshold /a	55.4 1991	32.2 2003	27.7 2015	-1.93	-0.38	0.19	High
Proportion of families below subsistence threshold /a	31.8 1991	10.3 2003	15.9 2015	-1.79	0.47	-0.26	High
poverty threshold /a	48.8 1991	25.8 2003	24.4 2015	-1.92	-0.12	0.06	High
Prevalence of malnutrition among 0 - 5 year - old children /b	24.8 1990	17.5 2005	12.4 2015	-0.49	-0.51	1.05	High
Proportion of households with per capita intake below 100 percent dietary requirement /b	58.3 1993	51.3 2003	29.15 2015	-0.70	-1.85	2.64	Low
Achieve universal primary education							
Elementary participation rate /c	84.78 1991	82.58 2005	100.00 2015	-0.16	1.74	-11.09	Low
Elementary cohort survival rate /c	74.01 1991	69.34 2005	100 2015	-0.33	3.07	-9.19	Low
Promote gender equality							
Ratio of girls to 100 boys /d							
Elementary	93.35 1993	92.19 2005	100.00 2015	-0.10	0.78	-8.08	Low
Secondary education	115.75 1993	112.83 2005	100 2015	-0.24	-1.28	5.27	Low
Reduce child mortality							
Under - 5 mortality rate /e	49 1993	31 2006	16.33 2015	-1.38	-1.63	1.18	High
Infant mortality rate /e	23 1993	26 2006	7.67 2015	0.23	-2.04	-8.83	Low
Improve maternal health							
Prevalence of men and women/couples practicing responsible parenthood /f	46.3 1997	51.6 2006	80/g 2015	0.59	3.16	5.36	Low
Maternal mortality ratio /h	99.00 1990	40.00 2005	24.75 2015	-3.93	-1.53	0.39	High
Combat HIV/AIDS, malaria and other diseases							
HIV prevalence /h	No data						
Malaria morbidity rate /h	697 1991	103 2000	348.5 2015	-66.00	16.37	-0.25	High
Ensure environmental sustainability							
Proportion of households with access to safe drinking water /i	68.06 1990	76.2 2004	84.03 2015	0.58	0.71	1.22	High
Proportion of households with access to sanitary toilet facility /i	55.89 1990	84.6 2004	77.95 2015	2.05	-0.61	-0.30	High

Sources:

a/ NSCB Estimates based on the results of the Family Income and Expenditure Survey of the National Statistics Office (NSO)

b/ National Nutrition Survey of the Food and Nutrition Research Institute

c/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the subnational report - Beginning SY 2002-2003, participation rate was derived based on the age group consisting of 6-11 years old for elementary and 12-15 years old for secondary whereas the previous system used 7-12 and 13-16 years old for elementary and secondary, respectively.

d/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the national target

e/ Baseline data was based on the 1998 National Demographic and Health Survey; current data was based on the 2006 Family Planning Survey

f/ Family Planning Survey of the NSO

g/ Based on the national target

h/ CAR Progress Report on the MDGs

i/ Baseline data based on 1990 Census of Population and current data based on the 2004 Annual Poverty Indicators Survey of the National Statistics Office

Rate of Progress: CARAGA

MDG	Baseline (1990 or year closest to 1990)	Current Level	Target by 2015	Average rate of progress [a]	Required rate of progress [b]	Ratio of required rate to average rate [I=b/a]	Probability of achievement
Eradicate extreme poverty and hunger							
Proportion of population below							
subsistence threshold /a	30.7	30.9	15.35	0.07	-1.30	-19.44	Low
	2000	2003	2015				
poverty threshold /a	51.2	54	25.6	0.93	-2.37	-2.54	Low
	2000	2003	2015				
Proportion of families below							
subsistence threshold /a	24.4	24.5	12.2	0.03	-1.03	-30.75	Low
	2000	2003	2015				
poverty threshold /a	43.8	47.1	21.9	1.10	-2.10	-1.91	Medium
	2000	2003	2015				
Prevalence of malnutrition among 0-5 year - old children /b							
	34.4	24.3	17.2	-1.12	-0.71	0.63	High
	1996	2005	2015				
Proportion of households with per capita intake below 100 percent dietary requirement /b							
	No baseline data	52.3					No baseline data
		2003					
Achieve universal primary education							
Elementary participation rate /c							
	82.66	74.8	100	-0.79	2.52	-3.21	Low
	1995	2005	2015				
Elementary cohort survival rate /c							
	59.01	68.32	100	0.93	3.17	3.40	Low
	1991	2005	2015				
Promote gender equality							
Ratio of girls to 100 boys /d							
Elementary education							
	95.67	93.5	100	-0.22	0.65	-3.00	Low
	1995	2005	2015				
Secondary education							
	111.86	110.08	100	-1.78	-1.01	0.57	High
	1995	2005	2015				
Reduce child mortality							
Under - 5 mortality rate /e							
	98	35	32.67	-7.88	-0.26	0.03	High
	1998	2006	2015				
Infant mortality rate /e							
	53	25	17.67	-3.50	-0.81	0.23	High
	1998	2006	2015				
Improve maternal health							
Maternal mortality ratio /f							
	143.75	170.00	35.94	1.88	-13.41	-7.15	Low
	1991	2005	2015				
Prevalence of men and women/couples practicing responsible parenthood /g							
	51.5	52.9	80/h	0.2	3.0	19.4	Low
	1997	2006	2015				
Combat HIV/AIDS, malaria and other diseases							
HIV prevalence /f							
	No reported cases						No reported cases
Malaria morbidity rate /f							
	154.98	90.4	77.49	-6.46	-1.29	0.20	High
	1995	2005	2015				
Ensure environmental sustainability							
Proportion of households with access to safe drinking water							
	No baseline data						No baseline data
Proportion of households with access to sanitary toilet facility							
	No baseline data						No baseline data

Sources:

a/ NSCB Estimates based on the results of the Family Income and Expenditure Survey of the National Statistics Office

b/ National Nutrition Survey of the Food and Nutrition Research Institute

c/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the subnational report- Beginning SY 2002-2003, participation rate was derived based on the age group consisting of 6-11 years old for elementary and 12-15 years old for secondary whereas the previous system used 7-12 and 13-16 years old for elementary and secondary, respectively.

d/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the national target

e/ Baseline data was based on the 1998 National Demographic and Health Survey; current data was based on the 2006 Family Planning Survey

f/ CARAGA Progress Report on the MDGs

g/ Family Planning Surveys of NSO

h/ Based on the national target

Rate of Progress: NCR

MDG	Baseline (1990 or year closest to 1990)	Current Level	Target by 2015	Average Rate of Progress (a)	Required Rate of Progress (b)	Ratio of Required Rate to Average Rate (1 =b/a)	Probability of Attaining the Targets
Eradicate extreme poverty and hunger							
Proportion of population below subsistence threshold /a	2.8	0.7	1.4	-0.18	0.06	-0.33	High
	1991	2003	2015				
poverty threshold /a	16.7	6.9	8.35	-0.82	0.12	-0.15	High
	1991	2003	2015				
Proportion of families below subsistence threshold /a	2.1	0.4	1.05	-0.14	0.05	-0.38	High
	1991	2003	2015				
poverty threshold /a	13.2	4.8	6.6	-0.70	0.15	-0.21	High
	1991	2003	2015				
Proportion of underweight children under five years old /b	28.6	16.2	14.3	-0.83	-0.19	0.23	High
	1990	2005	2015				
Proportion of households with per capita intake below 100 percent dietary requirement /b	70.6	53	35.3	-1.76	-1.48	0.84	High
	1993	2003	2015				
Achieve universal primary education							
Elementary participation rate /c	91.84	92.61	100	0.05	0.74	13.44	Low
	1991	2005	2015				
Elementary cohort survival rate /c	87.38	82.23	83	-0.37	0.08	-0.21	High
	1991	2005	2015				
Promote gender equality & empower women							
Ratio of girls to boys /d							
Elementary education	95.19	94.35	100	-0.07	0.57	-8.07	Low
	1993	2005	2015				
Secondary education	104.13	102.25	100	-0.16	-0.23	1.44	High
	1993	2005	2015				
Reduce child mortality							
Under-five mortality rate /e	47	24	15.67	-1.77	-0.93	0.52	High
	1993	2006	2015				
Infant mortality rate /e	27	19	9	-0.62	-1.11	1.81	Medium
	1993	2006	2015				
Improve maternal health							
Maternal mortality ratio /f	0.45	0.58	0.11	0.02	-0.04	-1.97	Medium
	1998	2004	2015				
Prevalence of men and women/couples practicing responsible parenthood /g	51.1	46.2	80/h	-0.54	3.76	-6.90	Low
	1997	2006	2015				
Combat HIV/AIDS, malaria and other diseases							
HIV prevalence /f	Proxy indicators were used					Proxy indicators were used	
Malaria morbidity rate /f	Malaria free						High
Ensure environmental sustainability							
Proportion of households with access to safe drinking water /i	94.66	85.7	97.33	-0.64	1.06	-1.65	Medium
	1990	2004	2015				
Proportion of households with access to sanitary toilet facility /i	92.8	98	96.4	0.43	-0.12	-0.28	High
	1990	2002	2015				

Sources:

a/ NSCB Estimates based on the results of the Family Income and Expenditure Survey of the National Statistics Office (NSO)

b/ National Nutrition Survey of the Food and Nutrition Research Institute/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the subnational report

-Beginning SY 2002-2003, participation rate was derived based on the age group consisting of 6-11 years old for elementary and 12-15 years old for secondary whereas the previous system used 7-12 and 13-16 years old for elementary and secondary, respectively.

d/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the national target

e/ Baseline data was based on the 1993 National Demographic Survey; current data was based on the 2006 Family Planning Survey

f/ NCR Progress Report on the MDGs

g/ Family Planning Surveys, NSO

h/ Based on the national target

i/ Baseline data based on 1990 Census of Population and current data based on 2004 Annual Poverty Indicators Survey of the National Statistics Office

Rate of Progress: Region I

MDG	Baseline (1990 or year closest to 1990)	Current Level	Target by 2015	Average Rate of Progress (a)	Required Rate of Progress (b)	Ratio of Required Rate to Average Rate (1-b/a)	Probability of Attaining the Targets
Eradicate extreme poverty and hunger							
Proportion of population below subsistence threshold /a	29.4 1991	11.2 2005	7.6 2015	-1.30	-0.36	0.28	High
poverty threshold /a	55.3 1991	30.2 2003	17.8 2015	-2.09	-1.03	0.49	High
Proportion of underweight children under five years old /b	35.2 1990	28.5 2003	17.6 2015	-0.52	-0.91	1.76	Medium
Proportion of households with per capita intake below 100 percent dietary requirement /b	68.2 1993	52.9 2003	34.1 2015	-1.53	-1.57	1.02	High
Achieve universal primary education							
Elementary participation rate /c	94.39 1991	84.87 2005	95 2015	-0.68	1.01	-1.49	High
Elementary cohort survival rate /c	77.43 1991	86.83 2005	85 2015	0.67	-0.18	-0.27	High
Promote gender equality & empower women							
Ratio of girls to 100 boys /d							
Elementary education	92.57 1993	92.48 2005	100 2015	-0.01	0.75	-100.27	Low
Secondary education	99.31 1993	101.64 2005	100 2015	0.19	-0.16	-0.84	High
Reduce child mortality							
Under-five mortality rate /e	66 1993	30 2006	22 2015	-2.77	-0.89	0.32	High
Infant mortality rate /e	47 1993	26 2006	15.67 2015	-1.62	-1.15	0.71	High
Improve maternal health							
Maternal mortality ratio /f	59 1990	27 2004	0.1 2015	-2.29	-2.45	1.07	High
Increase access to reproductive health services							
Prevalence of men and women/couples practicing responsible parenthood /g	43.3 1997	52.2 2006	90 2015	0.99	4.20	4.25	Low
Halt and begin to reverse the incidence of malaria & other diseases							
HIV prevalence /f	Proxy indicators were used					Proxy indicators were used	
Malaria morbidity rate /f	212.36 1990	26.6 2004	0.63 2015	-13.27	-2.36	0.18	High
Ensure environment sustainability							
Proportion of households with access to safe drinking water /h	64.62 1990	89.5 2004	82.31 2015	1.78	-0.65	-0.37	High
Proportion of households with access to sanitary toilet facility /h	85.58 1990	95.6 2004	92.79 2015	0.72	-0.26	-0.36	High

Sources:

a/ NSCB Estimates based on the results of the Family Income and Expenditure Survey of the National Statistics Office (NSO)

b/ National Nutrition Survey of the Food and Nutrition Research Institute

c/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the subnational report -Beginning SY 2002-2003, participation rate was derived based on the age group consisting of 6-11 years old for elementary and 12-15 years old for secondary whereas the previous system used 7-12 and 13-16 years old for elementary and secondary, respectively.

d/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the national target

e/ Baseline data was based on the 1993 National Demographic Survey; current data was based on the 2006 Family Planning Survey

f/ Region I Progress Report on the MDGs

g/ Family Planning Surveys of NSO

h/ Baseline data based on 1990 Census of Population and current data based on 2004 Annual Poverty Indicators Survey of the National Statistics Office

Rate of Progress: Region II

MDG	Baseline (1990 or year closest to 1990)	Current Level	Target by 2015 1/	Average Rate of Progress (a)	Required Rate of Progress (b)	Ratio of Required Rate to Average Rate (1-b/a)	Probability of Attaining the Targets
Eradicate extreme poverty and hunger							
Proportion of population below							
subsistence threshold /a	24.6 1991	7.6 2003	12.3 2015	-1.42	0.39	-0.28	High
poverty threshold /a	48.9 1991	24.5 2003	24.45 2015	-2.03	0.00	0.00	High
Proportion of families below							
subsistence threshold /a	20.1 1991	5.5 2003	10.05 2015	-1.22	0.38	-0.31	High
poverty threshold /a	43.3 1991	25.3 2003	21.65 2015	-1.5	-0.30	0.20	High
Proportion of underweight children under five years old /b	30.2 1990	17.9 2005	15.1 2015	-0.82	-0.28	0.34	High
Proportion of households with per capita intake below 100 percent dietary requirement /b	65 1993	50.1 2003	32.5 2015	-1.49	-1.47	0.98	High
Achieve universal primary education							
Elementary participation rate /c	85.27 1991	79.92 2005	100.00 2015	-0.38	2.01	-5.25	Low
Elementary cohort survival rate /c	71.5 1991	77.29 2005	84.67 2015	0.41	0.74	1.78	Medium
Promote gender equality							
Ratio of girls to 100 boys /d							
elementary education	95.45 1993	93.39 2005	100 2015	-0.17	0.661	-3.85	Low
secondary education	108.38 1993	108.92 2005	100 2015	0.05	-0.892	-19.82	Low
Reduce child mortality							
Under-five mortality rate /e	61 1993	30 2006	20.33 2015	-2.38	-1.07	0.45	High
Infant mortality rate /e	42 1993	25 2006	14 2015	-1.31	-1.22	0.93	High
Improve maternal health							
Maternal mortality ratio /f	74 1990	52 2005	56.51 2015	-1.47	0.45	-0.31	High
Prevalence of men and women/couples practicing responsible parenthood /g	50.3 1997	58.6 2006	97.25 2015	0.92	4.29	4.66	Low
Combat HIV/AIDS, malaria and other diseases							
HIV prevalence /f	No data						
Malaria morbidity rate /f	73.78 1999	115.03 2005	24 2010	6.88	-18.21	-2.65	Low
Ensure environmental sustainability							
Proportion of households with access to safe drinking water /h							
	56.01 1990	87.9 2004	78.005 2015	2.28	-0.90	-0.39	High
Proportion of households with access to sanitary toilet facility /h							
	85.58 1990	94.8 2004	92.79 2015	0.66	-0.18	-0.28	High

Sources:

a/ NSCB Estimates based on the results of the Family Income and Expenditure Survey of the National Statistics Office (NSO)

b/ National Nutrition Survey of the Food and Nutrition Research Institute

c/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the subnational report -Beginning SY 2002-2003, participation rate was derived based on the age group consisting of 6-11 years old for elementary and 12-15 years old for secondary whereas the previous system used 7-12 and 13-16 years old for elementary and secondary, respectively.

d/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the national target

e/ Baseline data was based on the 1993 National Demographic Survey; current data was based on the 2006 Family Planning Survey

f/ Region II Progress Report on the MDGs

g/ Family Planning Surveys of NSO

h/ Baseline data based on 1990 Census of Population and current data based on 2004 Annual Poverty Indicators Survey of the National Statistics Office

Rate of Progress: Region III

MDG	Baseline (1990 or year closest to 1990)	Current Level	Target by 2015	Average Rate of Progress (a)	Required Rate of Progress (b)	Ratio of Required Rate to Average Rate (1 = b/a)	Probability of Attaining the Targets
Eradicate extreme poverty and hunger							
Proportion of population below							
subsistence threshold /a	13.2	4.1	6.6	-0.76	0.21	-0.27	High
	1991	2003	2015				
poverty threshold /a	35.5	17.5	17.75	-1.50	0.02	-0.01	High
	1991	2003	2015				
Proportion of families below							
subsistence threshold /a	11.1	2.8	5.5	-0.69	0.23	-0.33	High
	1991	2003	2015				
poverty threshold /a	31.1	17.3	15.6	-1.15	-0.14	0.12	High
	1991	2003	2015				
Proportion of underweight children under five years old /b	28	19.7	14	-0.55	-0.57	1.03	High
	1990	2005	2015				
Proportion of households with per capita intake below 100 percent dietary requirement /b	64.9	55.1	32.45	-0.98	-1.89	1.93	Medium
	1993	2003	2015				
Achieve universal primary education							
Elementary participation rate /c							
	93.74	90.77	100	-0.21	0.92	-4.35	Low
	1991	2005	2015				
Elementary cohort survival rate /c							
	80.49	82.01	85	0.11	0.30	2.75	Low
	1991	2005	2015				
Promote gender equality & empower women							
Ratio of girls to 100 boys /d							
elementary education	93.36	93.21	100	-0.01	0.68	-54.32	Low
	1993	2005	2015				
secondary education	100.78	103.22	100	0.20	-0.32	-1.58	Medium
	1993	2005	2015				
Reduce child mortality							
Under-five mortality rate /e							
	36	22	12	-1.08	-1.11	1.03	High
	1993	2006	2015				
Infant mortality rate /e							
	22	19	7.33	-0.23	-1.30	5.62	Low
	1993	2006	2015				
Improve maternal health							
Maternal mortality ratio /f							
	53.94	73.5	13.48	2.45	-3.53	-1.44	High
	1990	1998	2015				
Increase access to reproductive health services							
Prevalence of men and women/couples practicing responsible parenthood /g							
	52	58.9	80/h	0.77	2.34	3.06	Low
	1997	2006	2015				
Halt and begin to reverse the incidence of malaria & other diseases							
HIV prevalence /f	Proxy indicators were used					Proxy indicators were used	
Malaria morbidity rate /f	Proxy indicators were used					Proxy indicators were used	
Ensure environmental sustainability							
Proportion of households with access to safe drinking water /i							
	78.92	96.2	89.46	3.46	-0.61	-0.18	High
	1990	2004	2015				
Proportion of households with access to sanitary toilet facility /i							
	80	96.1	90	3.22	-0.55	-0.17	High
	1990	2004	2015				

Sources:

a/ NSCB Estimates based on the results of the Family Income and Expenditure Survey of the National Statistics Office (NSO)

b/ National Nutrition Survey of the Food and Nutrition Research Institute

c/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the subnational report -Beginning SY 2002-2003, participation rate was derived based on the age group consisting of 6-11 years old for elementary and 12-15 years old for secondary whereas the previous system used 7-12 and 13-16 years old for elementary and secondary, respectively.

d/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the national target

e/ Baseline data was based on the 1993 National Demographic Survey; current data was based on the 2006 Family Planning Survey

f/ Central Luzon Progress Report on the MDGs

g/ Family Planning Surveys, NSO

h/ Based on the national target

i/ Baseline data based on 1990 Census of Population and current data based on the 2004 Annual Poverty Indicators Survey of the National Statistics Office

Rate of Progress: Region IV-A ^{1/}

MDG	Baseline (1990 or year closest to 1990)	Current Level	Target by 2015	Average Rate of Progress (a)	Required Rate of Progress (b)	Ratio of Required Rate to Average Rate (1 = b/a)	Probability of Attaining the Targets
Eradicate extreme poverty and hunger							
Proportion of population below							
subsistence threshold /a	6.5	4.7	3.25	-0.6	-0.121	0.20	High
	2000	2003	2015				
poverty threshold /a	19.1	18.4	9.55	-0.23	-0.74	3.16	Low
	2000	2003	2015				
Proportion of families below							
subsistence threshold /a	5.1	3.5	2.55	-0.53	-0.08	0.15	High
	2000	2003	2015				
poverty threshold /a	15.2	14.5	7.6	-0.23	-0.58	2.46	Low
	2000	2003	2015				
Prevalence of malnutrition among 0-5 year-old children (%underweight) - Int'l Reference Standards /b							
	22.4	20.5	11.2	-0.95	-0.93	0.98	High
	2003	2005	2015				
Proportion of households with per capita intake below 100 percent dietary energy requirement /2							
	67.8 /b	60.8 /b	33.9	-0.58	-2.69	4.61	Low
	1993	2005	2015				
Achieve universal primary education							
Elementary participation rate /2							
	89.44 /c	92.87 /c	100	0.25	0.71	2.91	Low
	1991	2005	2015				
Elementary cohort survival rate /2							
	76.1 /c	78.23 /c	84.67	0.15	0.64	4.23	Low
	1991	2005	2015				
Promote gender equality and empower women							
Ratio of girls to 100 boys /2							
Elementary education /d	95.1	93.84	100	-0.10	0.62	-5.87	Low
	1993	2005	2015				
Secondary education /d	100.46	103.69	100	0.27	-3.69	-13.71	Low
	1993	2005	2015				
Reduce child mortality							
Under 5-mortality rate /e							
	31	24	10.33	-2.33	-1.52	0.65	High
	2003	2006	2015				
Infant mortality rate /e							
	25	19	8.33	-2.00	-1.19	0.59	High
	2003	2006	2015				
Improve maternal health							
Maternal mortality ratio /f							
	0.46	0.34	0.115	-0.02	-0.02	1.31	High
	1998	2005	2015				
Prevalence of men and women/couples practicing responsible parenthood /2							
	49.5 /g	53.5 /g	80/h	0.44	2.94	6.63	Low
	1997	2006	2015				
Halt and begun to reverse the the incidence of malaria and other diseases							
HIV prevalence /f	Proxy indicators were used					Proxy indicators were used	
Malaria morbidity rate /f	Proxy indicators were used					Proxy indicators were used	
Ensure environmental sustainability							
Proportion of households with access to safe drinking water /2							
	73.27	87.1	86.64	0.99	-0.04	-0.04	High
	1990	2004	2015				
Proportion of households with access to sanitary toilet facility /2							
	65.74	93.1	82.87	1.95	-0.93	-0.48	High
	1990	2004	2015				

Sources:

1/ formerly Southern Tagalog Region

2/ Baseline data reflects data of Southern Luzon from the 1990 Census of Population and Housing; current data reflects data of CALABARZON (Region IV-A) from the Annual Poverty Indicator Survey, NSO

a/ NSCB Estimates based on the results of the Family Income and Expenditure Survey of the National Statistics Office

b/ National Nutrition Survey of the Food and Nutrition Research Institute

c/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the subnational report -Beginning SY 2002-2003, participation rate was derived based on the age group consisting of 6-11 years old for elementary and 12-15 years old for secondary whereas the previous system used 7-12 and 13-16 years old for elementary and secondary, respectively.

d/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the national target

e/ Baseline data was based on the 2003 National Demographic and Health Survey; current data was based on the 2006 Family Planning Survey

f/ CALABARZON Progress Report on the MDGs

g/ Family Planning Survey, NSO

h/ Based on the national target

Rate of Progress: Region IV-B ^{1/}

MDG	Baseline (1990 or year closest to 1990)	Current Level	Target by 2015	Average Rate of Progress	Required Rate of Progress	Ratio of Required Rate to Average Rate (l = b/a)	Probability of Attaining the Targets
			1/	(a)	(b)		
Eradicate extreme poverty and hunger							
Proportion of population below							
subsistence threshold /a	24.1	23.8	12.05	-0.1	-0.98	9.79	Low
	2000	2003	2015				
poverty threshold /a	45.3	48.1	22.65	0.93	-2.12	-2.27	Low
	2000	2003	2015				
Proportion of families below							
subsistence threshold /a	17.4	17.7	8.7	0.1	-0.75	-7.5	Low
	2000	2003	2015				
poverty threshold /a	36.4	39.9	18.2	1.17	-1.81	-1.55	Medium
	2000	2003	2015				
Prevalence of malnutrition among 0-5 year-old children (%underweight) /b							
	34.2	35.8	17.1	0.80	-1.87	-2.34	Low
	2003	2005	2015				
Proportion of households with per capita intake below 100 percent dietary energy requirement /2							
	67.8 /b	47.3 /b	33.9	-2.05	-1.12	0.54	High
	1993	2003	2015				
Achieve universal primary education							
Elementary participation rate /2							
	89.44 /c	84.39 /c	100	0.36	1.56	4.33	Low
	1991	2005	2015				
Elementary cohort survival rate /2							
	76.10 /c	69.61 /c	84.67	-0.46	1.51	-3.25	Low
	1991	2005	2015				
Promote gender equality and empower women							
Ratio of girls to 100 boys /2							
Elementary education /d	95.1	93.36	100	-0.15	0.66	-4.58	Low
	1993	2005	2015				
Secondary education /d	100.46	108	100	0.63	-0.8	-1.27	High
	1993	2005	2015				
Reduce child mortality							
Under 5-mortality rate /e							
	68	45	22.67	-7.67	-2.48	0.32	High
	2003	2006	2015				
Infant mortality rate /e							
	44	34	14.67	-3.33	-2.15	0.64	High
	2003	2006	2015				
Improve maternal health							
Maternal mortality ratio /f							
	86	104	21.5	1.2	-8.25	-6.88	Low
	1990	2005	2015				
Prevalence rate of men and women/couples practicing responsible parenthood /2							
	49.5 /g	49.8 /g	80 /h	0.03	3.36	100.67	Low
	1997	2006	2015				
Halt and begun to reverse the the incidence of malaria and other diseases							
HIV prevalence /f							
	No data						No data
Malaria morbidity rate /f							
	Proxy indicators were used					Proxy indicators were used	
Ensure environmental sustainability							
Proportion of households with access to safe drinking water /2							
	73.27	73	86.64	-0.02	1.24	-64.27	Low
	1990	2004	2015				
Proportion of households with access to sanitary toilet facility /2							
	65.74	79.7	82.87	1.00	0.29	0.29	High
	1990	2004	2015				

Sources:

1/ formerly Southern Tagalog Region

2/ Baseline data reflects data of Southern Luzon from the 1990 Census of Population and Housing; current data reflects data of MIMAROPA (Region IV-B) from the Annual Poverty Indicator Survey, NSO

a/ NSCB Estimates based on the results of the Family Income and Expenditure Survey of the National Statistics Office

b/ National Nutrition Survey of the Food and Nutrition Research Institute

c/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the subnational report -Beginning SY 2002-2003, participation rate was derived based on the age group consisting of 6-11 years old for elementary and 12-15 years old for secondary whereas the previous system used 7-12 and 13-16 years old for elementary and secondary, respectively.

d/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the national target

e/ Baseline data was based on the 2003 National Demographic and Health Survey; current data was based on the 2006 Family Planning Survey

f/ MIMAROPA Progress Report on the MDGs

g/ Family Planning Survey, NSO

h/ Based on the national target

Rate of Progress: Region V

MDG	Baseline (1990 or year closest to 1990)	Current Level	Target by 2015	Ave. Rate of Progress (a)	Required Rate of Progress (b)	Ratio of Req. Rate to Ave. Rate	Probability of Achievement
Eradicate extreme poverty and hunger							
Proportion of population below							
subsistence threshold /a	36.8	26.6	18.4	-1.70	-0.68	0.40	High
	1997	2003	2015				
poverty threshold /a	61.3	48.4	30.7	-1.08	-1.48	1.38	High
	1991	2003	2015				
Proportion of families below							
subsistence threshold /a	31.6	20.3	15.8	-0.94	-0.38	0.40	High
	1991	2003	2015				
poverty threshold /a	55	40.6	27.5	-1.20	-1.09	0.91	High
	1991	2003	2015				
Prevalence of malnutrition among 0-5 year old children /b							
	41.3	26.4	20.65	-0.99	-0.58	0.58	High
	1990	2005	2015				
Proportion of households with per capita intake below 100% dietary energy requirement /b							
	68.8	62	34.4	-0.68	-2.30	3.38	Low
	1993	2003	2015				
Achieve universal primary education							
Elementary participation rate /c							
	86.03	85.43	100	-0.04	1.46	-34.00	Low
	1991	2005	2015				
Elementary cohort survival rate /c							
	68.23	73.93	100	0.41	2.61	6.40	Low
	1991	2005	2015				
Promote gender equality							
Ratio of girls to 100 boys /d							
Elementary education							
	93.09	92.86	100	-0.02	0.714	-37.25	Low
	1993	2005	2015				
Secondary education							
	104.07	110.23	100	0.51	-1.02	-1.99	Medium
	1993	2005	2015				
Reduce child mortality							
Under-5 mortality rate /e							
	74	38	24.67	-2.77	-1.48	0.53	High
	1993	2006	2015				
Infant mortality rate /e							
	40	25	13.33	-1.15	-1.30	1.12	High
	1993	2006	2015				
Improve maternal health							
Maternal mortality ratio /f							
	1.22	1.16	0.31	-0.005	-0.08	16.74	Low
	1991	2004	2015				
Prevalence rate of men and women/couples practicing responsible parenthood /g							
	37.1	44	80/h	0.77	4.00	5.22	Low
	1997	2006	2015				
Combat HIV/AIDS, malaria and other diseases							
HIV prevalence /f							
	No data						No data
Malaria morbidity rate /f							
	2.18	0.65	1.1	-0.31	0.05	-0.16	High
	2000	2005	2015				
Ensure environmental sustainability							
Proportion of households with access to safe drinking water /i							
	64.04	74.2	82.02	0.73	0.71	0.98	High
	1990	2004	2015				
Proportion of households with access to sanitary toilet facility /i							
	55.09	77.5	77.55	1.60	0.00	0.00	High
	1990	2004	2015				

Sources:

a/ NSCB Estimates based on the results of the Family Income and Expenditure Survey of the National Statistics Office (NSO)

b/ National Nutrition Survey of the Food and Nutrition Research Institute

c/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the subnational report -Beginning SY 2002-2003, participation rate was derived based on the age group consisting of 6-11 years old for elementary and 12-15 years old for secondary whereas the previous system used 7-12 and 13-16 years old for elementary and secondary, respectively.

d/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the national target

e/ Baseline data was based on the 1993 National Demographic Survey; current data was based on the 2006 Family Planning Survey

f/ Region V Progress Report on the MDGs

g/ Family Planning Surveys, NSO

h/ Based on the national target

i/ Baseline data based on 1990 Census of Population and current data based on the 2004 Annual Poverty Indicators Survey of the National Statistics Office

Rate of Progress: Region VI

MDG	Baseline (1990 or year closest to 1990)	Current Level	Target 2015	Ave. Rate of Progress (a)	Required Rate of Progress (b)	Ratio of Req. Rate to Ave. Rate	Probability of Achievement
Eradicate extreme poverty and hunger							
Proportion of population below subsistence threshold /a	27.6 1991	17.8 2003	13.8 2015	-0.82	-0.33	0.41	High
poverty threshold /a	52.9 1991	39.2 2003	26.45 2015	-1.14	-1.06	0.93	High
Proportion of families below subsistence threshold /a	21.8 1991	12.9 2003	10.9 2015	-0.74	-0.17	0.22	High
poverty threshold /a	45.3 1991	31.4 2003	22.65 2015	-1.16	-0.73	0.63	High
Prevalence of malnutrition among 0-5 year old children /b	46 1990	28.3 2005	23 2015	-1.18	-0.53	0.45	High
Proportion of households with per capita intake below 100% dietary energy requirement /b	74.6 1993	55.5 2003	37.3 2015	-1.91	-1.52	0.79	High
Achieve universal primary education							
Elementary participation rate /c	84.21 1991	77.14 2005	100 2015	-0.51	2.29	-4.53	Low
Elementary cohort survival rate /c	65.03 1991	69.42 2005	100 2015	0.31	3.06	9.75	Low
Promote gender equality							
Ratio of girls to 100 boys /d							
Elementary education	93.38 1993	92.23 2005	100 2015	-0.10	0.78	-8.11	Low
Secondary education	101.78 1993	106.73 2005	100 2015	0.41	-0.67	-1.63	Medium
Reduce child mortality							
Under-5 mortality rate /e	66 1993	25 2006	22.0 2015	-3.15	-0.33	0.11	High
Infant mortality rate /e	46 1993	18 2006	15.3 2015	-2.15	-0.30	0.14	High
Improve maternal health							
Maternal mortality ratio /f	54.43 1995	79.6 2005	13.6 2015	2.52	-6.60	-2.62	Low
Contraceptive prevalence rate /g	48.3 1997	44.4 2006	80 /h 2015	-0.43	3.96	-9.13	Low
Combat HIV/AIDS, malaria and other diseases							
HIV prevalence /f	Proxy indicators were used						Proxy indicators were used
Malaria morbidity rate /f	Proxy indicators were used						Proxy indicators were used
Ensure environmental sustainability							
Proportion of households with access to safe drinking water /i	47.21 1990	73.4 2004	73.61 2015	1.87	0.00	0.00	High
Proportion of households with access to sanitary toilet facility /i	52.17 1990	77 2004	76.09 2015	1.77	-0.08	-0.05	High

Sources:

a/ NSCB Estimates based on the results of the Family Income and Expenditure Survey of the National Statistics Office (NSO)

b/ National Nutrition Survey of the Food and Nutrition Research Institute

c/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the subnational report -Beginning SY 2002-2003, participation rate was derived based on the age group consisting of 6-11 years old for elementary and 12-15 years old for secondary whereas the previous system used 7-12 and 13-16 years old for elementary and secondary, respectively.

d/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the national target

e/ Baseline data was based on the 1993 National Demographic Survey; current data was based on the 2006 Family Planning Survey

f/ Region VI Progress Report on the MDGs

g/ Family Planning Survey, NSO

h/ Based on the national target

i/ Baseline data based on 1990 Census of Population and current data based on the 2004 Annual Poverty Indicators Survey of the National Statistics Office

Rate of Progress: Region VII

MDG	Baseline (1990 or year closest to 1990)	Current Level	Target by 2015	Average Rate of Progress (a)	Required Rate of Progress (b)	Ratio of Required Rate to Average Rate (1 = b/a)	Probability of Attaining the Targets
Eradicate extreme poverty and hunger							
Proportion of population below subsistence threshold /a	27.4	14.5	13.7	-1.075	-0.067	0.062	High
	1991	2003	2015				
poverty threshold /a	46.7	28.3	23.35	-1.53	-0.41	0.27	High
	1991	2003	2015				
Proportion of families below subsistence threshold /a	23.3	11.1	11.65	-1.02	0.05	-0.05	High
	1991	2003	2015				
poverty threshold /a	41.7	23.6	20.85	-1.51	-0.23	0.15	High
	1991	2003	2015				
Prevalence of malnutrition among 0-5 year-old children (%underweight) /b	40.7	27	20.35	-0.91	-0.67	0.73	High
	1990	2005	2015				
Proportion of households with per capita intake below 100 percent dietary energy requirement /b	70.3	64.5	35.15	-0.58	-2.45	4.22	Low
	1993	2003	2015				
Achieve universal primary education							
Elementary participation rate /c	80.23	80.08	100	-0.01	1.99	-185.92	Low
	1991	2005	2015				
Elementary cohort survival rate /c	64.96	73.41	84.67	0.60	1.13	1.87	Medium
	1991	2005	2015				
Promote gender equality and empower women							
Ratio of girls to 100 boys /d							
Elementary education	95.23	93.08	100	-0.18	0.69	-3.86	Low
	1993	2005	2015				
Secondary education	107.39	108.13	100	0.06	-0.81	-13.18	Low
	1993	2005	2015				
Reduce child mortality							
Under 5-mortality rate (per 1,000 live births) /e	55	30	18.3333	-1.92	-1.30	0.67	High
	1993	2006	2015				
Infant mortality rate (per 1,000 live births) /e	34	20	11.33	-1.08	-0.96	0.89	High
	1993	2006	2015				
Improve maternal health							
Maternal mortality ratio /f	184	158	46	-5.20	-5.60	1.00	High
Prevalence rate of men and women/couples practicing responsible parenthood /g	51.3	52.2	80/h	0.10	3.09	30.89	Low
	1997	2006	2015				
Combat HIV/AIDS, malaria and other diseases							
HIV prevalence /f	Proxy indicators were used					Proxy indicators were used	
Malaria morbidity rate (per 100,000 population) /f	No baseline data					No baseline data	
Ensure environmental sustainability							
Proportion of households with access to safe drinking water /i	56.68	74.8	78.34	1.29	0.32	0.25	High
	1990	2004	2015				
Proportion of households with access to sanitary toilet facility /i	47.1	77.3	73.55	2.16	-0.34	-0.16	High
	1990	2004	2015				

Sources:

a/ NSCB Estimates based on the results of the Family Income and Expenditure Survey of the National Statistics Office (NSO)

b/ National Nutrition Survey of the Food and Nutrition Research Institute

c/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the subnational report -Beginning SY 2002-2003, participation rate was derived based on the age group consisting of 6-11 years old for elementary and 12-15 years old for secondary whereas the previous system used 7-12 and 13-16 years old for elementary and secondary, respectively.

d/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the national target

e/ Baseline data was based on the 1993 National Demographic Survey; current data was based on the 2006 Family Planning Survey

f/ Central Visayas Progress Report on the MDGs

g/ Family Planning Survey, NSO

h/ Based on the national target

i/ Baseline data based on 1990 Census of Population and current data based on the 2004 Annual Poverty Indicators Survey of the National Statistics Office

Rate of Progress: Region VIII

MDG	Baseline (1990 or year closest to 1990)	Current Level	Target by 2015	Average Rate of Progress	Required Rate of Progress	Ratio of Required Rate to Average Rate (1 = b/a)	Probability of Attaining the Targets
			1/	(a)	(b)		
Eradicate extreme poverty and hunger							
Proportion of population below							
subsistence threshold /a	32.7 1991	21.3 2003	16.35 2015	-0.95	-0.41	0.43	High
poverty threshold /a	47.1 1991	43 2003	23.55 2015	-0.34	-1.62	4.74	Low
Proportion of families below							
subsistence threshold /a	26.1 1991	15.4 2003	13.05 2015	-0.89	-0.20	0.22	High
poverty threshold /a	40.1 1991	35.3 2003	20.05 2015	-0.40	-1.27	3.18	Low
Prevalence of malnutrition among 0-5 year-old children (%underweight) /b							
	38.1 1990	32.1 2005	19.05 2015	-0.40	-1.31	3.26	Low
Proportion of households with per capita intake below 100 percent dietary energy requirement /b							
	68.4 1993	62.5 2003	34.2 2015	-0.59	-2.36	4.00	Low
Achieve universal primary education							
Elementary participation rate /c	79.54 1991	80.03 2005	100 2015	0.03	2.00	57.06	Low
Elementary cohort survival rate /c	57.13 1991	60.22 2005	84.67 2015	0.22	2.45	11.08	Low
Promote gender equality and empower women							
Ratio of girls to 100 boys /d							
Elementary education	96.63 1993	95.64 2005	100 2015	-0.08	0.436	-5.28	Low
Secondary education	101.61 1993	109.54 2005	100 2015	0.66	-0.954	-1.44	High
Reduce child mortality							
Under 5-mortality rate /e							
	98 1993	43 2006	32.67 2015	-4.23	-1.15	0.27	High
Infant mortality rate /e							
	61 1993	31 2006	20.33 2015	-2.31	-1.19	0.51	High
Improve maternal health							
Maternal mortality ratio /f							
	225.9 1990	199 2002	56.5 2015	-2.24	-10.96	4.89	Low
Increase access to reproductive health services							
Prevalence rate of men and women/couples practicing responsible parenthood /g							
	33.8 1997	49.8 2006	80/h 2015	1.78	3.36	1.89	Medium
Halt and begun to reverse the the incidence of malaria and other diseases							
HIV prevalence /f							
	No data						No data
Malaria morbidity rate /f							
	No data						No data
Ensure environmental sustainability							
Proportion of households with access to safe drinking water /i							
	58.91 1990	79.5 2004	79.46 2015	1.47	0.00	0.00	High
Proportion of households with access to sanitary toilet facility /i							
	51.73 1990	73.9 2004	75.87 2015	1.58	0.18	0.11	High

Sources:

a/ NSCB Estimates based on the results of the Family Income and Expenditure Survey of the National Statistics Office (NSO)

b/ National Nutrition Survey of the Food and Nutrition Research Institute

c/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the subnational report -Beginning SY 2002-2003, participation rate was derived based on the age group consisting of 6-11 years old for elementary and 12-15 years old for secondary whereas the previous system used 7-12 and 13-16 years old for elementary and secondary, respectively.

d/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the national target

e/ Baseline data was based on the 1993 National Demographic Survey; current data was based on the 2006 Family Planning Survey

f/ Region VIII Progress Report on the MDGs

g/ Family Planning Surveys, NSO

/ Based on the national target

i/ Baseline data based on 1990 Census of Population and current data based on the 2004 Annual Poverty Indicators Survey of the National Statistics Office

Rate of Progress: Region IX ¹

MDG	Baseline (1990 or year closest to 1990)	Current Level	Target by 2015	Average Rate of Progress	Required Rate of Progress	Ratio of Required Rate to Average Rate (l =b/a)	Probability of Attaining the Targets
			1/	(a)	(b)		
Eradicate extreme poverty and hunger							
Proportion of population below							
subsistence threshold /a	32.2	32.7	16.1	0.04	-1.38	-33.20	Low
	1991	2003	2015				
poverty threshold /a	54.4	49.2	27.2	-0.43	-1.83	4.23	Low
	1991	2003	2015				
Proportion of families below							
subsistence threshold /a	28	27.8	14	-0.017	-1.15	69	Low
	1991	2003	2015				
poverty threshold /a	49.7	44	24.85	-0.48	-1.60	3.36	Low
	1991	2003	2015				
Prevalence of malnutrition among 0-5 year-old children (%underweight) /b							
	34.4	33.9	17.2	-0.07	-1.67	23.38	Low
	1998	2005	2015				
Proportion of households with per capita intake below 100 percent dietary energy requirement /b							
	73.6	63.8	36.8	-0.98	-2.25	2.30	Low
	1993	2003	2015				
Achieve universal primary education							
Elementary participation rate /c							
	77.03	79.14	100	0.15	2.09	13.84	Low
	1991	2005	2015				
Elementary cohort survival rate /c							
	51.86	55.69	84.67	0.27	2.90	10.59	Low
	1991	2005	2015				
Promote gender equality and empower women							
Ratio of girls to 100 boys /d							
Elementary education	96.72	95.3	100	-0.12	0.47	-3.97	Low
	1993	2005	2015				
Secondary education	110.42	113.07	100	0.22	-1.31	-5.92	Low
	1993	2005	2015				
Reduce child mortality							
Under 5-mortality rate /e							
	85	44	28.3333	-3.15	-1.74	0.55	High
	1993	2006	2015				
Infant mortality rate /e							
	52	32	17.33	-1.54	-1.63	1.06	High
	1993	2006	2015				
Improve maternal health							
Maternal mortality ratio /f							
	110	117	27.5	0.64	-8.95	-14.06	Low
	1994	2005	2015				
Prevalence rate of men and women/couples practicing responsible parenthood /g							
	36.3	48.3	80/h	1.33	3.52	2.64	Low
	1997	2006	2015				
Combat HIV/AIDS, malaria and other diseases							
HIV prevalence /f							
	Proxy indicators were used					Proxy indicators were used	
Malaria morbidity rate /f							
	Proxy indicators were used					Proxy indicators were used	
Ensure environmental sustainability							
Proportion of households with access to safe drinking water /i							
	38.39	59.7	69.195	1.52	0.86	0.57	High
	1990	2004	2015				
Proportion of households with access to sanitary toilet facility /i							
	47.31	66.1	73.66	1.34	0.69	0.51	High
	1990	2004	2015				

Sources:

a/ NSCB Estimates based on the results of the Family Income and Expenditure Survey of the National Statistics Office (NSO)

b/ National Nutrition Survey of the Food and Nutrition Research Institute

c/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the subnational report -Beginning SY 2002-2003, participation rate was derived based on the age group consisting of 6-11 years old for elementary and 12-15 years old for secondary whereas the previous system used 7-12 and 13-16 years old for elementary and secondary, respectively.

d/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the national target

e/ Baseline data was based on the 1993 National Demographic Survey; current data was based on the 2006 Family Planning Survey

f/ Region VIII Progress Report on the MDGs

g/ Family Planning Surveys, NSO

/ Based on the national target

i/ Baseline data based on 1990 Census of Population and current data based on the 2004 Annual Poverty Indicators Survey of the National Statistics Office

Rate of Progress: Region X

MDG	Baseline (1990 or year closest to 1990)	Current Level	Target by 2015	Average Rate of Progress	Required Rate of Progress	Ratio of Required Rate to Average Rate (I =b/a)	Probability of Attaining the Targets
			1/	(a)	(b)		
Eradicate extreme poverty and hunger							
Proportion of population below subsistence threshold /a	38.4 1991	25.5 2003	19.2 2015	-1.08	-0.53	0.49	High
poverty threshold /a	57.4 1991	44 2003	22.65 2015	-1.12	-1.78	1.59	Medium
Proportion of families below subsistence threshold /a	33.6 1991	19.5 2003	16.8 2015	-1.175	-0.23	0.19	High
poverty threshold /a	53 1991	37.7 2003	26.5 2015	-1.28	-0.93	0.73	High
Prevalence of malnutrition among 0-5 year-old children (%underweight) /b	72.9 1993	62.1 2003	36.45 2015	-1.08	-2.14	1.98	Medium
Proportion of households with per capita intake below 100 percent dietary energy requirement /b	72.9 1993	62.1 2003	36.45 2015	-1.08	-2.14	1.98	Medium
Achieve universal primary education							
Elementary participation rate /c	78.15 1991	80.2 2005	100 2015	0.15	1.98	13.52	Low
Elementary cohort survival rate /c	61.74 1991	61.68 2005	84.67 2015	0.00	2.30	-536.43	Low
Promote gender equality and empower women							
Ratio of girls to 100 boys /d							
Elementary education	95.78 1993	93.95 2005	100 2015	-0.15	0.61	-3.97	Low
Secondary education	110.02 1993	110.13 2005	100 2015	0.01	-1.01	-110.51	Low
Reduce child mortality							
Under 5-mortality rate /e	85 1993	29 2006	28.33333 2015	-4.31	-0.07	0.02	High
Infant mortality rate /e	37 1993	22 2006	12.33 2015	-1.15	-1.07	0.93	High
Improve maternal health							
Maternal mortality ratio /f	239 1990	225 1995	52.2 2015	-2.80	-8.64	3.09	Low
Prevalence rate of men and women/couples practicing responsible parenthood /g	59.8 1997	55.4 2006	80/h 2015	-0.49	2.73	-5.59	Low
Combat HIV/AIDS, malaria and other diseases							
HIV prevalence /f	No data						No data
Malaria morbidity rate /f	71.09 1991	11.56 2003	24 2015	-4.96	1.04	-0.21	High
Ensure environmental sustainability							
Proportion of households with access to safe drinking water /i	59.8 1990	79.8 2004	79.9 2015	1.43	0.01	0.01	High
Proportion of households with access to sanitary toilet facility /i	67.49 1990	87 2004	83.745 2015	1.39	-0.30	-0.21	High

Sources:

a/ NSCB Estimates based on the results of the Family Income and Expenditure Survey of the National Statistics Office (NSO)

b/ National Nutrition Survey of the Food and Nutrition Research Institute

c/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the subnational report -Beginning SY 2002-2003, participation rate was derived based on the age group consisting of 6-11 years old for elementary and 12-15 years old for secondary whereas the previous system used 7-12 and 13-16 years old for elementary and secondary, respectively.

d/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the national target

e/ Baseline data was based on the 1993 National Demographic Survey; current data was based on the 2006 Family Planning Survey

f/ Northern Mindanao Progress Report on the MDGs

g/ Family Planning Surveys, NSO

h/ Based on the national target

i/ Baseline data based on 1990 Census of Population and current data based on the 2004 Annual Poverty Indicators Survey of the National Statistics Office

Rate of Progress: Region XI

MDG	Baseline (1990 or year closest to 1990)	Current Level	Target by 2015	Average Rate of Progress	Required Rate of Progress	Ratio of Required Rate to Average Rate (l = b/a)	Probability of Attaining the Targets
			1/	(a)	(b)		
Eradicate extreme poverty and hunger							
Proportion of population below							
subsistence threshold /a	30.1	18	15.05	-1.01	-0.25	0.24	High
	1991	2003	2015				
poverty threshold /a	51.6	34.7	25.8	-1.41	-0.74	0.53	High
	1991	2003	2015				
Proportion of families below							
subsistence threshold /a	26.2	13.9	13.1	-1.03	-0.07	0.07	High
	1991	2003	2015				
poverty threshold /a	46.2	28.5	23.1	-1.475	-0.45	0.31	High
	1991	2003	2015				
Prevalence of malnutrition among 0-5 year-old children (%underweight) /b	32.9	23.1	16.45	-1.40	-0.67	0.48	High
	1998	2005	2015				
Proportion of households with per capita intake below 100 percent dietary energy requirement /b	74.6	48.4	37.3	-2.62	-0.93	0.35	High
	1993	2003	2015				
Achieve universal primary education							
Elementary participation rate /c	78.56	79.01	100	0.03	2.10	65.30	Low
	1991	2005	2015				
Elementary cohort survival rate /c	62.67	57.78	84.67	-0.35	2.69	-7.70	Low
	1991	2005	2015				
Promote gender equality and empower women							
Ratio of girls to 100 boys /d							
Elementary education	96	95.15	100	-0.07	0.48	-6.85	Low
	1993	2005	2015				
Secondary education	111.19	112.12	100	0.08	-1.21	-15.64	Low
	1993	2005	2015				
Reduce child mortality							
Under 5-mortality rate /e	79	33	26.33	-3.54	-0.74	0.21	High
	1993	2006	2015				
Infant mortality rate /e	43	26	14.3333	-1.31	-1.30	0.99	High
	1993	2006	2015				
Improve maternal health							
Maternal mortality ratio /f	84.4	110	27.8	8.53	-8.22	-0.96	High
	2002	2005	2015				
Prevalence rate of men and women/couples practicing responsible parenthood /g	59.9	57.2	80/h	-0.30	2.53	-8.44	Low
	1997	2006	2015				
Combat HIV/AIDS, malaria and other diseases							
HIV prevalence /f	No baseline data						No baseline data
Malaria morbidity rate /f	140	40	0	-14.29	-4	0.28	High
	1998	2005	2015				
Ensure environmental sustainability							
Proportion of households with access to safe drinking water/i	57.72	69.9	78.86	0.87	0.81	0.94	High
	1990	2004	2015				
Proportion of households with access to sanitary toilet facility /i	69.22	87.7	84.61	1.32	-0.28	-0.21	High
	1990	2004	2015				

Sources:

a/ NSCB Estimates based on the results of the Family Income and Expenditure Survey of the National Statistics Office (NSO)

b/ National Nutrition Survey of the Food and Nutrition Research Institute

c/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the subnational report -Beginning SY 2002-2003, participation rate was derived based on the age group consisting of 6-11 years old for elementary and 12-15 years old for secondary whereas the previous system used 7-12 and 13-16 years old for elementary and secondary, respectively.

d/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the national target

e/ Baseline data was based on the 1993 National Demographic Survey; current data was based on the 2006 Family Planning Survey

f/ Region 11 Progress Report on the MDGs

g/ Family Planning Survey, NSO

h/ Based on the national target

i/ Baseline data based on 1990 Census of Population and current data based on the 2004 Annual Poverty Indicators Survey of the National Statistics Office

Rate of Progress: Region XII ¹

MDG	Baseline (1990 or year closest to 1990)	Current Level	Target by 2015	Average rate of progress [a]	Required rate of progress [b]	Ratio of required rate to average rate [=b/a]	Probability of achievement
Eradicate extreme poverty and hunger							
Proportion of population below							
subsistence threshold /a	40.3	18.4	20.15	-1.83	0.15	-0.08	High
	1991	2003	2015				
poverty threshold /a	63.1	38.4	31.55	-2.06	-0.57	0.28	High
	1991	2003	2015				
Proportion of families below							
subsistence threshold /a	34.3	14	17.15	-1.69	0.26	-0.16	High
	1991	2003	2015				
poverty threshold /a	57	32.1	28.5	-2.08	-0.30	0.14	High
	1991	2003	2015				
Prevalence of malnutrition among 0 -5 year - old children /b							
	32.4	27.8	16.2	-0.66	-1.16	1.77	Medium
	1998	2005	2015				
Proportion of households with per capita intake below 100 percent dietary requirement /b							
	70.8	59.9	37.3	-1.09	-1.88	1.73	Medium
	1993	2003	2015				
Achieve universal primary education							
Elementary participation rate /c							
	71.5	77.43	100	0.42	2.26	5.33	Low
	1991	2005	2015				
Elementary cohort survival rate /c							
	61.16	60.65	100	-0.04	3.94	-108.02	Low
	1991	2005	2015				
Promote gender equality							
Ratio of girls to 100 boys /d							
Elementary education	95.93	96.82	100.00	0.07	0.32	4.29	Low
	1993	2005	2015				
Secondary education	96.95	108.69	100.00	0.98	-0.87	-0.89	High
	1993	2005	2015				
Reduce child mortality							
Under - 5 mortality rate /e							
	87	33	29.00	-4.15	-0.44	0.11	High
	1993	2006	2015				
Infant mortality rate /e							
	49	21	16.33	-2.15	-0.52	0.24	High
	1993	2006	2015				
Improve maternal health							
Maternal mortality ratio /f							
	205.00	188.00	51.25	-4.25	-6.84	1.61	Medium
	1991	1995	2015				
Prevalence of men and women/couples practicing responsible parenthood /g							
	43.9	50.3	80/h	0.7	3.3	4.6	Low
	1997	2006	2015				
Combat HIV/AIDS, malaria and other diseases							
HIV prevalence /f	Proxy indicators were used					Proxy indicators were used	
Malaria morbidity rate /f	No baseline data					No baseline data	
Ensure environmental sustainability							
Proportion of households with access to safe drinking water /i							
	36.82	74.3	68.41	2.68	-0.54	-0.20	High
	1990	2004	2015				
Proportion of households with access to sanitary toilet facility /i							
	48.99	83.2	74.50	2.44	-0.79	-0.32	High
	1990	2004	2015				

Sources:

1/ formerly Central Mindanao

a/ NSCB Estimates based on the results of the Family Income and Expenditure Survey of the National Statistics Office (NSO)

b/ National Nutrition Survey of the Food and Nutrition Research Institute

c/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the subnational report -Beginning SY 2002-2003, participation rate was derived based on the age group consisting of 6-11 years old for elementary and 12-15 years old for secondary whereas the previous system used 7-12 and 13-16 years old for elementary and secondary, respectively.

d/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the national target

e/ Baseline data was based on the 1993 National Demographic Survey; current data was based on the 2006 Family Planning Survey

f/ Region XII Progress Report on the MDGs

g/ Family Planning Survey, NSO

h/ Based on the national target

i/ Baseline data based on 1990 Census of Population and current data based on the 2004 Annual Poverty Indicators Survey of the National Statistics Office

Rate of Progress: ARMM

MDG	Baseline (1990 or year closest to 1990)	Current Level	Target by 2015	Average rate of progress [a]	Required rate of progress [b]	Ratio of required rate to average rate [l=b/a]	Probability of achievement
Eradicate extreme poverty and hunger							
Proportion of population below subsistence threshold /a	30.5	23.6	15.25	-0.58	-0.70	1.21	High
	1991	2003	2015				
poverty threshold /a	56	52.8	28	-0.27	-2.07	7.75	Low
	1991	2003	2015				
Proportion of families below subsistence threshold /a	26.7	18.2	13.35	-0.71	-0.40	0.57	High
	1991	2003	2015				
poverty threshold /a	50.7	45.4	25.35	-0.44	-1.67	3.78	Low
	1991	2003	2015				
Prevalence of malnutrition among 0 -5 year - old children /b	31.3	38	15.65	0.45	-2.24	-5.00	Low
	1990	2005	2015				
Proportion of households with per capita intake below 100 percent dietary requirement /b	62.4	64.2	31.2	0.18	-2.75	-15.28	Low
	1993	2003	2015				
Achieve universal primary education							
Elementary participation rate /c	77.09	87.26	100	0.73	1.27	1.75	Medium
	1991	2005	2015				
Elementary cohort survival rate /c	37.81	36.2	100	-0.12	6.38	-55.48	Low
	1991	2005	2015				
Promote gender equality							
Ratio of girls to 100 boys /d							
Elementary education	104.06	105.75	100	0.14	-0.58	-4.08	Low
	1993	2005	2015				
Secondary education	103.23	121.63	100	1.53	-2.16	-1.41	High
	1993	2005	2015				
Reduce child mortality							
Under - 5 mortality rate /e	83	45	27.67	-4.75	-1.93	0.41	High
	1998	2006	2015				
Infant mortality rate /e	55	33	18.33	-2.75	-1.63	0.59	High
	1998	2006	2015				
Improve maternal health							
Maternal mortality ratio /f	365.50	320.28	91.38	-11.31	-11.45	1.01	High
	1991	1995	2015				
Prevalence rate of men and women/couples practicing responsible parenthood /g	13	20	80/h	1	7	9	Low
	1997	2006	2015				
Combat HIV/AIDS, malaria and other diseases							
HIV prevalence /f	No data						No data
Malaria morbidity rate /f							No data
Ensure environmental sustainability							
Proportion of households with access to safe drinking water	No baseline data						No baseline data
Proportion of households with access to sanitary toilet facility	No baseline data						No baseline data

Sources:

a/ NSCB Estimates based on the results of the Family Income and Expenditure Survey of the National Statistics Office (NSO) b/ National Nutrition Survey of the Food and Nutrition Research Institute c/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the subnational report

- Beginning SY 2002-2003, participation rate was derived based on the age group consisting of 6-11 years old for elementary and 12-15 years old for secondary whereas the previous system used 7-12 and 13-16 years old for elementary and secondary, respectively.

d/ Baseline data based on DECS Statistical Bulletin and current data based on Basic Education Information System of DepEd; target based on the national target e/ Baseline data was based on the 1998 National Demographic and Health Survey; current data was based on the 2006 Family Planning Survey

f/ ARMM Progress Report on the MDGs

g/ Family Planning Surveys of the NSO

h/ Based on the national target

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