

# Thailand Millennium Development Goals Report 2004



The ants on the cover symbolize hard work, team spirit  
and the responsibility of each member of society.  
All crucial for meeting the Millennium Development Goals.

# Thailand Millennium Development Goals Report 2004

**Office of the National Economic and Social Development Board  
United Nations Country Team in Thailand**

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ISBN: 974-92198-3-X

# Foreword



## ***His Excellency Thaksin Shinawatra***

*Prime Minister of Thailand*

In September 2000, the Government and people of Thailand joined the international community in pledging their support for the Millennium Declaration that sets out a global agenda for human development. Emerging from the Declaration, the Millennium Development Goals are a set of time-bound targets against which governments and the international community will be assessed. The leadership of the United Nations in this initiative is welcome and valuable. The commitment of Member States to work towards a common shared vision is courageous and inspiring.

The *Thailand Millennium Development Goals Report 2004* is both for our own use as well as for our friends in the region and the rest of the world.

This first Millennium Development Goals (MDG) report for Thailand is a timely contribution to policy-making and dialogue. In line with our results-oriented approach to development, the concept of MDG Plus is introduced, a set of targets and indicators that go well beyond those agreed at the international level. Achieving these more ambitious goals and targets requires the commitment of all. It will require building partnerships, focusing on the areas of greatest need, and implementing effective action. Given the substantial progress thus far I have no hesitation that Thailand will meet with further success.

This report provides a powerful account of how Thailand has achieved most of the internationally agreed Millennium Development Goals. I am confident that our experience can make a significant contribution to international efforts to meet development goals and targets. In this regard, Thailand emerges as an important contributor to the global partnership for development called for in the eighth Millennium Development Goal. Based on our lessons learnt, we are an important partner for other developing countries, offering development cooperation, opening up our markets and providing much needed foreign direct investment.

The Government acknowledges the active involvement of the United Nations Country Team in Thailand and appreciates the leading roles played by the United Nations Development Programme and the World Bank in supporting the production of the report. We look forward to strengthening and expanding our development partnership in the future.

**(Thaksin Shinawatra)**  
Prime Minister of Thailand

# Preface

World leaders at the United Nations Millennium Summit in September 2000 agreed on a set of time-bound and measurable goals for combating poverty, hunger, illiteracy, disease, discrimination against women and environmental degradation. Embodied in the Millennium Development Goals (MDGs) is the spirit and principle of shared responsibility between advanced economies and developing countries, civil society organizations, the United Nations and other international development agencies.

The *Thailand Millennium Development Goals Report 2004* is a story of achievement and progress. The results-based approach to development has been a particularly successful formula for Thailand. Consequently, the Government has taken the bold step of not only reporting on the MDGs but extending and developing more challenging development targets. The report also outlines how Thailand will reach out to other developing countries through technical cooperation, trade and investment to help them achieve the MDGs.

Thailand has set an exemplary model in terms of the process of preparing the MDG Report. From the beginning, the designated focal point, the Office of the National Economic and Social Development Board (NESDB), has displayed leadership and commitment. Along with the United Nations and the World Bank/ASEM Trust Fund, the team has facilitated and coordinated a vast array of contributions from key national and international agencies, academics, NGOs and other development practitioners.

The process was enriched by several rounds of debate on issues such as data, methodologies, indicators, trend analyses and policy priorities. As a result the MDGs have gradually become a centrepiece of development dialogue and cooperation in Thailand. The extensive collaboration is producing a number of products including:

- Thailand MDG report
- MDG source book – detailed information and database for future reference
- People's MDG report – for public dissemination
- Provincial MDG reports – initially for two provinces
- Thailand MDG website – containing the latest information
- Thematic MDG report: *Thailand's Response to HIV/AIDS: Progress and Challenges* – presented at XV World Conference on HIV/AIDS in Bangkok in July 2004
- Report on Thailand's contribution to MDG 8 calling for a global partnership for development

The challenge now lies in implementing our pledges – for which there is no alternative but hard work, good partnerships and close collaboration. We extend our gratitude to every individual and organization involved in this process. Your continuous support is crucial as we move forward in addressing Thailand's MDG challenges and monitoring the progress.



**Chakramon Phasukavanich**  
Secretary-General  
National Economic and Social Development Board



**J.K. Robert England**  
UN Resident Coordinator

# Acknowledgements

## MDG Cluster Champions

The *Thailand Millennium Development Goals Report* was produced through a process of national consultations divided into five clusters involving national and international participants: poverty, education, gender, health and environment. MDG Cluster Champions led the process: Kitisak Sinthuvanich (Senior Advisor, NESDB); Chuachan Chongsatityoo (Inspector General, Ministry of Education); Pensri Phijaisanit (President of Women's Health Advocacy Foundation); Viput Phoolcharoen (Director, Health Systems Research Institute); Chalerm Sak Wanichsombat (Deputy Permanent Secretary, Ministry of Natural Resources and Environment)

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# Contents

<b>Foreword</b>	iii
<b>Preface</b>	iv
<b>Acknowledgements</b>	v
<b>Acronyms</b>	ix
<b>Executive Summary</b>	xi
<b>Map of regions and provinces of Thailand</b>	xii
<b>Section 1 Achieving the Millennium Development Goals in Thailand</b>	1
<b>Section 2 Reaching Beyond the Millennium Development Goals</b>	7
<b>Section 3 Report on Millennium Development Goals 1 – 7</b>	11
<i>Goal 1: Eradicate extreme poverty and hunger</i>	
Target 1 Halve, between 1990 and 2015, the proportion of people living in extreme poverty	11
Target 2 Halve, between 1990 and 2015, the proportion of people who suffer from hunger	16
<i>Goal 2: Achieve universal primary education</i>	
Target 3 Ensure that, by 2015, boys and girls alike, will be able to complete a full course of primary schooling	19
<i>Goal 3: Promote gender equality and empower women</i>	
Target 4 Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	23
<i>Goal 4: Reduce child mortality</i>	
Target 5 Reduce by two thirds, between 1990 and 2015, the under-five mortality ratio	27
<i>Goal 5: Improve maternal health</i>	
Target 6 Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	30
<i>Goal 6: Combat HIV/AIDS, malaria and other diseases</i>	
Target 7 Have halted by 2015 and begun to reverse the spread of HIV/AIDS	33
Target 8 Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	38
<i>Goal 7: Ensure environmental sustainability</i>	
Target 9 Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	41
Target 10 Halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation	45
Target 11 By 2020 to have achieved a significant improvement in the lives of slum dwellers (globally)	48
<b>Section 4 Thailand's Contribution to Millennium Development Goal 8</b>	51
<b>Section 5 The Way Forward</b>	57

<b>Annex I</b>	<b>United Nations Millennium Declaration</b>	61
<b>Annex II</b>	<b>Data Tables on MDG and MDG Plus, 1990-2002</b>	69
<b>Annex III</b>	<b>MDG Data Rating Scale</b>	75
<b>Boxes</b>		
Box 1.1	What are MDGs?	2
Box 1.2	Sufficiency Economy	3
Box 3.1	Thailand's poverty profile in 2002	13
Box 4.1	Millennium Development Goal 8	51
<b>Figures</b>		
Figure 2.1	MDG Plus timeline	10
Figure 3.1	Infant mortality, 1964-1996	28
Figure 3.2	New HIV infections, 1985-2002	34
Figure 3.3	HIV infection rates among injecting drug users, 1990-2003	35
Figure 3.4	Heart disease prevalence and deaths, 1990-2002	40
Figure 3.5	Population with access to safe drinking water, 1990 and 2000	46
Figure 3.6	Population with access to sanitation, 1990 and 2000	47
Figure 3.7	Slum dwellers attitudes to eviction and resettlement	49
<b>Tables</b>		
Table 1.1	Selected medium-level Human Development Index countries	1
Table 1.2	Thailand's Scorecard on MDG Targets (Goals 1 through 7)	4
Table 2.1	Thailand's MDG Plus targets and indicators	8
Table 3.1	Poverty indicators, 1990-2002	12
Table 3.2	Malnutrition among highland children, 1997-2001	17
Table 3.3	Enrolments in Thai schools, 1992-2002	20
Table 3.4	Retention rates in primary and secondary school, 1991-2002	20
Table 3.5	Average of students' national test scores, 1996-1999	21
Table 3.6	Schools with computer and Internet access, 2002	22
Table 3.7	Female to male enrolment and graduation ratios in bachelor degrees, 2000	24
Table 3.8	Female to male ratios in selected fields of higher education, 1991 and 2001	24
Table 3.9	Comparison of men's and women's income in the private sector, 2000	25
Table 3.10	Reported crimes against women, 1996 and 2002	26
Table 3.11	Causes of infant death, 1995-1996	28
Table 3.12	MMR and births attended by skilled health personnel, 1990-2002	31
Table 3.13	Causes of maternal death, 1990-2002	31
Table 3.14	Thailand HIV/AIDS, 2003	34
Table 3.15	Sexual behaviour of young people, 1999 and 2002	36
Table 3.16	Malaria prevalence and deaths, 1990-2001	39
Table 3.17	Tuberculosis prevalence and deaths, 1990-2001	39
Table 3.18	Relevant plans and policies on forest conservation and management	42
Table 3.19	Carbon dioxide emissions, 1991-2001	43
Table 3.20	Use of wood and charcoal for fuel, 1990 and 2002	43
Table 3.21	Access to safe drinking water by source, 1990 and 2000	46
Table 3.22	Population with secure tenure, 1990 and 2000	49
Table 4.1	Regional and subregional cooperation initiatives	52

# Acronyms

AFTA	ASEAN Free Trade Area
APEC	Asia Pacific Economic Cooperation
ARV	antiretroviral
ASEAN	Association of Southeast Asian Nations
CFCs	chlorofluorocarbons
DAC	Development Assistance Committee
DOTS	directly observed treatment short course
DPW	Department of Public Welfare
FDI	foreign direct investment
GDP	gross domestic product
GNI	gross national income
HDI	human development index
HIPC	heavily indebted poor countries
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
ICT	Information and communication technology
IMR	infant mortality rate
LDCs	least developed countries
MDG	Millennium Development Goal
MDG+	Millennium Development Goal Plus (set of tailor-made development targets going beyond the international MDG targets)
MMR	maternal mortality ratio
MoPH	Ministry of Public Health
NESDB	National Economic and Social Development Board
NSO	National Statistical Office
ODA	Official Development Assistance
OECD	Organisation for Economic Co-operation and Development
PPP	purchasing power parity
TAO	Tambon Administrative Organization
TB	tuberculosis
U5MR	under-five mortality rate
UNDP	United Nations Development Programme
WHO	World Health Organization
WTO	World Trade Organization



# Executive Summary

In September 2000, 189 nations came together at the United Nations Millennium Summit in New York and endorsed the Millennium Declaration, setting out a global agenda for the start of the 21st Century to promote human development and reduce global inequalities.

The Millennium Development Goals (MDGs) – eight ambitious goals to be achieved by 2015 – are drawn directly from the Millennium Declaration. The eight goals contain 18 targets that are monitored through 48 indicators.

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 3: Promote gender equality and empower women
- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health
- Goal 6: Combat HIV/AIDS, malaria and other diseases
- Goal 7: Ensure environmental sustainability
- Goal 8: Develop a Global Partnership for Development

Thailand's first *Millennium Development Goals Report 2004* is a story of success, ambition, and tough challenges. Thailand has made remarkable progress in meeting most if not all MDGs. The internationally set targets for poverty, hunger, gender, HIV/AIDS, malaria, have been achieved more than fifteen years ahead of schedule. The education goal is likely to be achieved soon. And, progress is being made in reaching the targets of child and maternal health, as well as environmental sustainability.

Not satisfied with these achievements, Thailand commits itself to a set of more ambitious targets – called MDG Plus – that go well beyond the internationally agreed MDGs. For example, having already reached the international MDG poverty target of halving the proportion of people living in poverty between 1990 and 2015, Thailand has set an MDG Plus target of reducing the proportion of poor people to below 4 percent by 2009. If successful, this will represent a stunning four-fifths reduction in the proportion of people living in poverty since 1990, six years ahead of 2015. Thailand has also set ambitious MDG Plus targets for education, health, gender equality, and environment. This bold agenda is a tribute to Thailand's can-do and results-based approach to human development and poverty reduction.

In spite of these impressive achievements, major challenges remain. Persistent disparities among regions and groups within the country, including marginalized and vulnerable groups, need to be addressed. Policies and resources are needed to tackle poverty and below-average health conditions in the Northeast, the remote highland areas of the North, and the three predominantly Muslim southernmost provinces, areas that are lagging behind the rest of the country.

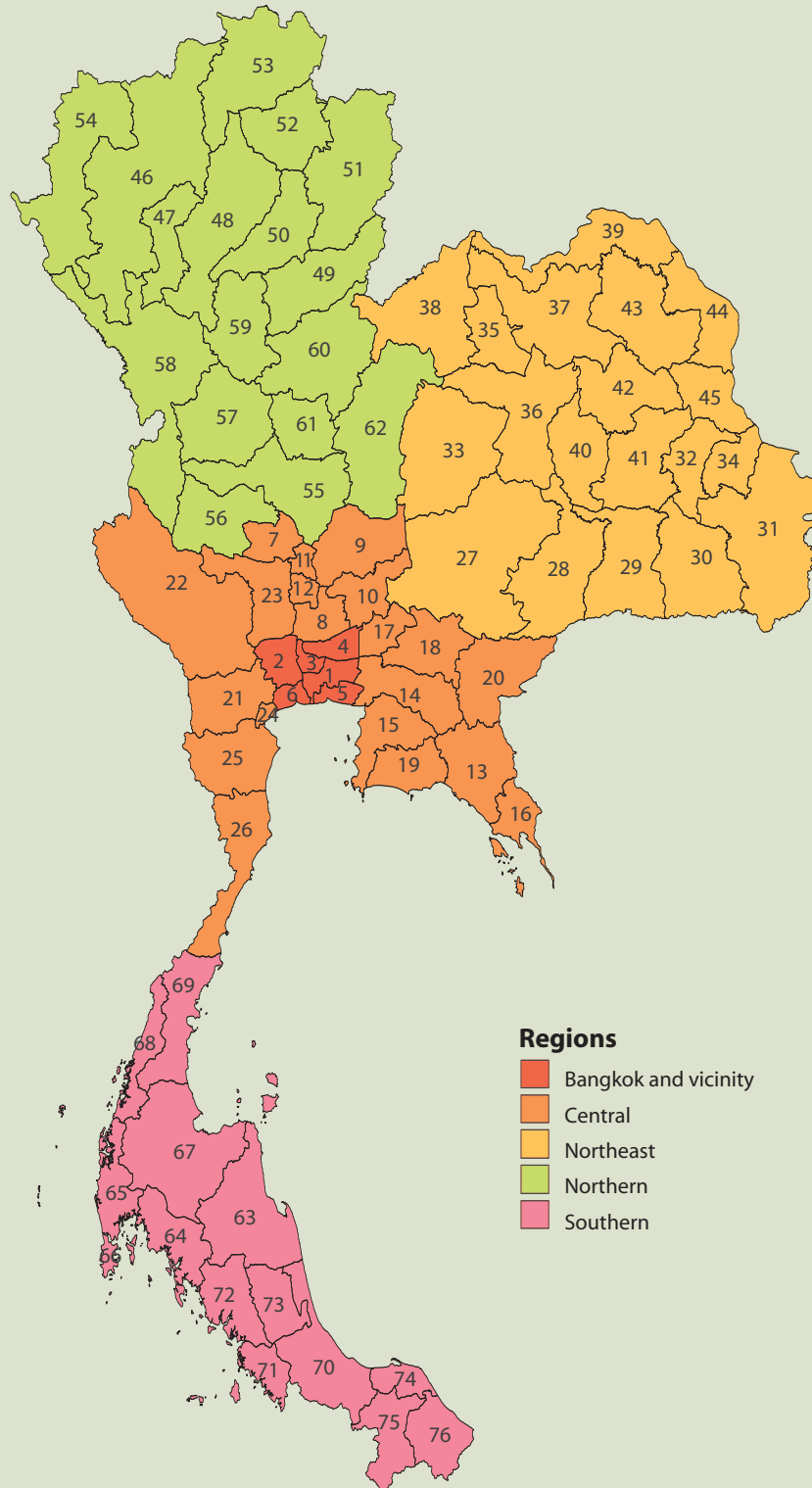
During the past decade, Thailand has been successful in extending the coverage of social services. Now the challenge is to upgrade quality. The education system needs further reform, health services need improvement, especially in the areas of preventive care and health promotion, and the capacity of local government to do their job needs strengthening in the context of Thailand's decentralization efforts.

Finally, the Report is about Thailand reaching out to other countries and contributing to the global partnership for human development called for in MDG 8. As a successful medium human development country, Thailand is becoming an important development partner engaging in technical cooperation and sharing its experience with neighbours and beyond, as well as opening up its expanding markets for other developing countries.

Thailand is firmly committed to meet its obligations to the international community (MDG 8) as well as to its own citizens (MDGs 1 to 7 "Plus").

## Map of regions and provinces of Thailand

1. Bangkok
2. Nakhon Pathom
3. Nonthaburi
4. Pathum Thani
5. Samut Prakan
6. Samut Sakhon
7. Chai Nat
8. Phra Nakhon Si Ayutthaya
9. Lop Buri
10. Saraburi
11. Sing Buri
12. Ang Thong
13. Chanthaburi
14. Chachoengsao
15. Chon Buri
16. Trat
17. Nakhon Nayok
18. Prachin Buri
19. Rayong
20. Sa Kaeo
21. Ratchaburi
22. Kanchanaburi
23. Suphan Buri
24. Samut Songkhram
25. Phetchaburi
26. Prachuap Khiri Khan
27. Nakhon Ratchasima
28. Buri Ram
29. Surin
30. Si Sa Ket
31. Ubon Ratchathani
32. Yasothorn
33. Chaiyaphum
34. Amnat Charoen
35. Nong Bua Lam Phu
36. Khon Kaen
37. Udon Thani
38. Loei
39. Nong Khai
40. Maha Sarakham
41. Roi Et
42. Kalasin
43. Sakon Nakhon
44. Nakhon Phanom
45. Mukdahan
46. Chiang Mai
47. Lamphun
48. Lampang
49. Uttaradit
50. Phrae
51. Nan
52. Phayao
53. Chiang Rai
54. Mae Hong Son
55. Nakhon Sawan
56. Uthai Thani
57. Kamphaeng Phet
58. Tak
59. Sukhothai
60. Phitsanulok
61. Phichit
62. Phetchabun
63. Nakhon Si Thammarat
64. Krabi
65. Phangnga
66. Phuket
67. Surat Thani
68. Ranong
69. Chumphon
70. Songkhla
71. Satun
72. Trang
73. Phatthalung
74. Pattani
75. Yala
76. Narathiwat



### Regions

- Bangkok and vicinity
- Central
- Northeast
- Northern
- Southern

# Achieving the Millennium Development Goals in Thailand

Thailand will achieve most if not all of the Millennium Development Goals well in advance of 2015. Poverty has already been reduced by two thirds since 1990. The proportion of underweight children has fallen by nearly half. Universal access to primary school education is likely to be achieved within a few years. Malaria is no longer a problem in most of the country. Yearly new HIV infections have been reduced by over 80 percent since 1991, the peak of the epidemic. Great strides are being made towards gender equality.

This success can be attributed to a powerful mix of national harmony, astute policy-making, strengthening of democratic governance, industriousness of Thai people, rapid economic expansion, public investment in social services for all, and advantageous historic and geopolitical circumstances.

Between 1990 and 2001, the Human Development Index (HDI) in Thailand rose steadily from 0.705 to 0.768. At present, Thailand belongs to the group of countries with medium-level human development outcomes, with a rank of 74th among 175 countries.

In general, Thailand has proven to be resilient in weathering storms and adept at repositioning itself in a fast-moving world. The financial crisis in the late 1990s eroded, but did not reverse, the remarkable progress in human development. Since then, assiduous macroeconomic and domestic reforms have again poised Thailand for impressive growth, as demonstrated by the 6.7 percent gross domestic product (GDP) growth in 2003.

In retrospect, the most influential development of the 1990s was the democratization of development and strengthening of civil society. The 1997 Constitution opened enormous opportunities for further democratization of and progress in human development especially in health and education. The shift in the institutional approach extends to the 8th and 9th National Economic and Social Development Plans, which embrace the principles of “people-centred development” and “sufficiency economy” (see Box 1.2), providing broad-based strategies for human development, poverty reduction and reducing vulnerabilities to external shocks.

**Table 1.1 Selected medium-level Human Development Index countries**

	1975	1980	1985	1990	1995	2001
Malaysia	0.615	0.658	0.692	0.721	0.759	0.790
<b>Thailand</b>	<b>0.612</b>	<b>0.650</b>	<b>0.673</b>	<b>0.705</b>	<b>0.739</b>	<b>0.768</b>
Philippines	0.647	0.680	0.684	0.713	0.731	0.751
Sri Lanka	0.609	0.644	0.670	0.692	0.715	0.730
Viet Nam	n.a.	n.a.	0.582	0.603	0.646	0.688
Indonesia	0.464	0.526	0.578	0.619	0.659	0.682

Source: UNDP, Human Development Report 2003, pp. 242-243.



## Box 1.1 What are MDGs?

**The United Nations Millennium Declaration** was adopted by 189 nations during the United Nations Millennium Summit in September 2000. The declaration sets forth fundamental and universal values of people-centred and sustainable human development which briefly are as follows (for a full text of the Millennium Declaration see Annex I):

- **Freedom:** Men and women have the right to live their lives and raise their children in dignity, free from hunger and from the fear of violence, oppression or injustice. Democratic and participatory governance based on the will of the people best assures these rights.
- **Equality:** No individual and no nation must be denied the opportunity to benefit from development. The equal rights and opportunities of women and men must be assured.
- **Solidarity:** Global challenges must be managed in a way that distributes the costs and burdens fairly in accordance with basic principles of equity and social justice. Those who suffer or who benefit least deserve help from those who benefit most.
- **Tolerance:** Human beings must respect one another, in all their diversity of belief, culture and language. Differences within and between societies should be neither feared nor repressed, but cherished as a precious asset of humanity. A culture of peace and dialogue among all civilizations should be actively promoted.
- **Respect for nature:** Prudence must be shown in the management of all living species and natural resources, in accordance with the precepts of sustainable development. Only in this way can the immeasurable riches provided to us by nature be preserved and passed on to our descendants.
- **Shared responsibility:** Responsibility for managing worldwide economic and social development, as well as threats to international peace and security, must be shared among the nations of the world and should be exercised multilaterally. As the most universal and most representative organization in the world, the United Nations must play the central role.

**The Millennium Development Goals (MDGs)** – eight ambitious goals to be achieved by 2015 – are drawn directly from the actions and targets contained in the Millennium Declaration. The eight MDGs contain 18 targets that are monitored through 48 indicators.

- Goal 1:** Eradicate extreme poverty and hunger
- Goal 2:** Achieve universal primary education
- Goal 3:** Promote gender equality and empower women
- Goal 4:** Reduce child mortality
- Goal 5:** Improve maternal health
- Goal 6:** Combat HIV/AIDS, malaria and other diseases
- Goal 7:** Ensure environmental sustainability
- Goal 8:** Develop a global partnership for development

### **The MDGs are not business as usual:**

- The MDGs constitute an accountability framework, against which all actors – governments, donors, international agencies, private sector organizations and NGOs – are assessed.
- They are a globally agreed framework for monitoring of human development and the achievement of time-bound and measurable targets, providing an opportunity to improve data and statistics at both national and international levels.
- They are pro-poor because they focus on the most disadvantaged with the largest obstacles to overcome.
- They help promote a broad-based and people-centred perspective of human development – that focuses not only on improving incomes and economic growth, but also addresses priorities for health, education, gender equality and the environment.
- They provide a universal set of goals, agreed on by all, that can be used as a rallying point for people and civil society organizations and as a basis for advocating change and fostering partnerships.
- They bring together, in Goal 8, the responsibilities of developed countries with those of developing countries, founded on a global partnership endorsed at the International Conference on Financing for Development in Monterrey (Mexico) in 2002, and again at the Johannesburg World Summit on Sustainable Development in August 2003.

## Box 1.2 Sufficiency Economy

The philosophy of “sufficiency economy” stresses the middle path as an overriding principle for appropriate conduct by the populace at all levels. This applies to conduct starting from the level of the families, communities, as well as the level of nation in development and administration so as to modernize in line with the forces of globalization. “Sufficiency” means moderation, reasonableness, and the need of self-immunity for sufficient protection from impact arising from internal and external changes. To achieve this, an application of knowledge with due consideration and prudence is essential. In particular great care is needed in the utilization of theories and methodologies for planning and implementation in every step. At the same time, it is essential to strengthen the moral fibre of the nation so that everyone, particularly public officials, academics and businesspeople at all levels, adheres first and foremost to the principle of honesty and integrity. In addition, a way of life based on patience, perseverance, diligence, wisdom and prudence is indispensable to create balance and to develop the capacity to cope appropriately with critical challenges arising from extensive and rapid socioeconomic, environmental, and cultural changes in the world.

*Unofficial translation.* A working definition compiled from remarks made by His Majesty The King on various occasions and approved by His Majesty and sent by His Majesty’s Principal Private Secretary to the NESDB on 29 November 1999.

## Achievements and challenges

Thailand’s Millennium Development Goal scorecard is impressive. As Table 1.2 shows the targets for poverty, hunger, gender, HIV/AIDS, malaria and access to water have already been achieved, more than ten years ahead of schedule, and it is likely that the education goal will be achieved soon. Targets that are likely or have the potential to be reached include reversing the spread of tuberculosis, improving the lives of slum dwellers, integrating principles of sustainable development into national policies and reversing the loss of environmental resources.

### Poverty, hunger, safe drinking water, sanitation and housing security

Several decades of extensive rural development programmes undertaken by various government and non-government agencies in Thailand have resulted in overall achievement in reducing poverty, improving nutrition, and meeting basic human needs of the entire population. There are several on-going government programmes, for example, debt reduction schemes, the Village Fund, micro-credit schemes, low-cost housing and the universal health care scheme, contributing further to this success.

The next challenge lies in targeting people in very remote areas and reaching out to elusive or difficult-to-reach population groups such as the elderly, people with disabilities, homeless people, people living with HIV/AIDS, and migrants. Another challenge is to enhance the cost-effectiveness of intervention

programmes, and to decentralize service delivery to local authorities and non-governmental organizations while maintaining high standards of quality.

### Education

In due course, Thailand’s mandatory education of nine years, required by the National Education Act, will be expanded to twelve years, as envisioned by the Constitution. Having achieved near-universal primary education, Thailand is focusing on expanding secondary enrolment and upgrading the quality of education, both of which are instrumental not only for deepening human development, but also for enhancing national competitiveness.

The greatest challenge lies in improving quality. The prevailing situation indicates weakness in both skills (e.g. mathematics, science and English) and creative and critical thinking, which are the basis for meaningful “learning” for people of all ages. It is important to focus education reform on the curriculum, learning process and teacher development to achieve interactive and student-centred education. Information and communication technology (ICT) is expected to bridge the urban-rural gap and help prepare Thai students and the community to participate in a knowledge-based society. Finally, expanding learning opportunities outside the classroom and life skills development add to the quality agenda.

**Table 1.2 Thailand's Scorecard on MDG Targets (Goals 1 through 7)**

Target	Scorecard	Remarks
1. Halve, between 1990 and 2015, the proportion of people living in extreme poverty	<b>Already achieved</b>	Poverty incidence reduced from 27.2% in 1990 to 9.8% in 2002.
2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger	<b>Already achieved</b>	Proportion of population under food poverty line dropped from 6.9% to 2.2% between 1990-2002, and the prevalence of underweight children under five dropped from 18.6% to 8.5% between 1990-2000.
3. Ensure that by 2015, boys and girls alike, will be able to complete a full course of primary schooling	<b>Highly likely</b>	Gross enrolment ratio and the retention rate indicate that it is likely that Thailand will achieve universal primary education well ahead of 2015.
4. Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	<b>Already achieved</b>	Thai girls and boys have had equal education opportunity. There is a small gender gap at the primary level. Girls are outnumbering boys in higher education.
5. Reduce by two thirds, between 1990 and 2015, the under-five mortality ratio	<b>Not applicable</b>	Given the low starting point in 1990, this target is considered not feasible and therefore not applicable.
6. Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	<b>Not applicable</b>	Given the low starting point in 1990, this target is considered not feasible and therefore not applicable.
7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS	<b>Already achieved</b>	Yearly new infections have dropped by over 80% since 1991. HIV continues to spread among some groups. Young people continue to be vulnerable.
8. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	<b>Already achieved for malaria</b>	Achieved for malaria. The disease is an area-specific problem, and has been effectively managed.
9. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	<b>Potentially</b>	Principles of sustainable development, partnership and public participation have been integrated into country policies and programmes. But reversing the loss of environmental resources is still Thailand's greatest challenge.
10. Halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation	<b>Already achieved</b>	Very close to universal access.
11. By 2020 to have achieved a significant improvement in the lives of at least 100 million slum dwellers (globally)	<b>Likely</b>	Most Thai people, including slum dwellers, have secure tenure. Various measures have been implemented and more are underway to improve the slum livelihood.

## Gender

Thailand has mixed experience with gender equality. Thai girls and boys have equal educational opportunities. Although there is a small gender gap at the primary level, the situation is reversed at tertiary level. Girls also perform better in school, and even better in higher education. The labour market is open, and Thai women participate actively in both the agricultural and non-agricultural sectors.

However, women have fewer opportunities for career advancement, in part due to their dual role and excessive responsibility at home, where they both provide family care and share financial responsibility. Also, little progress has been made with regard to women's participation in electoral politics at national and local levels. To rectify this, the National Women Development Plan sets ambitious targets and places strong emphasis on gender education and the empowerment of women.

Widespread abuse and domestic violence constitutes a horrific violation of the rights and dignity of women. This problem requires renewed and urgent action.

## Child and maternal health

Thailand has made steady progress in child and maternal health. In general, child and maternal health care, for example vaccination and pre-natal care, is universal. Lack of adequate health care is evident primarily in the remote and mountainous northern provinces and in the southernmost provinces. Improving the overall quality of service is another policy priority. This calls for upgrading the expertise of health personnel and elevating mother-and-child health from a "woman's" or "family's" matter to part of the community development agenda.

## HIV/AIDS, malaria and other diseases

Through strong and sustained political action, Thailand mobilized a broad-based response to the HIV/AIDS epidemic. The result is a significant slowing of the spread of HIV/AIDS in Thailand. However, HIV/AIDS remains a major challenge. HIV is a moving target in terms of geography, and is

spreading unchecked among some groups, including injecting drug users, men who have sex with men and informal commercial sex workers. New vulnerability has been recognized in industrial hubs, border areas, youth, and mobile population groups such as migrants, seafarers and construction workers. In response, Thailand is revitalizing its multisectoral response, and shifting the focus of prevention towards young people in general and specific vulnerable groups. In addition, as antiretroviral (ARV) drugs become more affordable, Thailand is committed to expanding access to these drugs to improve the health and well-being of those living with HIV/AIDS.

Like most developed and urbanized societies, Thailand's major health risks have shifted from communicable to non-communicable diseases. Malaria has been effectively contained within the border areas and is no longer a life-threatening disease. Tuberculosis is also no longer life threatening, with an exception of HIV/AIDS co-infection. Cancer and heart disease are major causes of death. In response to these new challenges, Thailand's health strategy has shifted to preventive care and health promotion that emphasizes multi-sectoral collaboration at national and community levels.

## Environment

Balancing economic growth with environment is one of Thailand's greatest challenges. Thailand is party to key international treaties, has enacted important national environmental laws, and has integrated environmental concerns into national policies and programmes. Although there have been encouraging signs that the rate of forest degradation, water contamination, air pollution and other instances of environmental damage have slowed, this improvement is still inadequate to offset the accelerating rate of growth and resource depletion. A policy package is needed to promote sustainable development, including a shift from a natural resource and production-based economy to a knowledge-based economy; a better environmental governance system based on a well-informed public; and more stringent enforcement of existing environment laws.



# Reaching Beyond the Millennium Development Goals

Building on the achievement of reaching most of the MDGs, Thailand has introduced the concept of “MDG Plus”, a set of tailor-made and ambitious development targets going well beyond the international MDG targets.

## MDG Plus targets

MDG Plus sets out more ambitious targets than the international MDG targets. For example, already by the year 2000 Thailand reached the international MDG poverty target of halving, between 1990 and 2015, the proportion of people living in poverty. In response, Thailand is now setting an MDG Plus target of reducing the proportion of poor people to below 4 percent by 2009. If successful, this will represent a stunning four-fifths reduction in the proportion of people living in poverty since 1990, six years in advance of 2015.

Also, given the likely achievement of universal primary education, Thailand has set an MDG Plus target of universal secondary education by 2015. Having made great strides in achieving gender equality in education, Thailand sets a more appropriate gender target of doubling the proportion of women in the national parliament, local government bodies and executive positions in the civil service by 2006.

The MDG Plus framework is a tribute to Thailand’s can-do and results-based approach to human development. Most of the MDG Plus targets are taken from already agreed national plans and strategies. For example, targets pertaining to child and maternal health, HIV/AIDS, malaria and lower secondary education are set for 2006, the end point of the 9th National Economic and Development Plan. Others targets have been set by recent government decisions or sector-specific strategies, such as the reduction of poverty and the increase in the share of renewable energy. Finally, a few targets, such as region-specific reductions in maternal and child health, have been agreed on in the context of this MDG report.<sup>1</sup> Table 2.1 provides a full account of all MDG Plus targets.

The MDG Plus targets make this Report a valuable tool for policy dialogue, agenda-setting, advocacy and monitoring of human development in Thailand. It brings together all current human development-related targets and adds new ones, into one consolidated framework. The Report further strengthens Thailand’s results-based and target-oriented approach to development, creating a broad accountability framework against which performance of the Government and its partners will be assessed.

## MDG Plus indicators

The MDG Plus framework also includes an expanded set of indicators for the monitoring of human development in Thailand. The MDG Plus framework improves on the original MDG indicators in three important ways. First, it ensures that the indicators take into account quality information for more advanced monitoring that may be missing from the original MDG indicators. Second, it ensures that the scope of monitoring progress is expanded to measure the benefits to all members of Thai society. Third, it accounts for differences in geographic coverage, as aggregated national indicators may cover up serious regional and ethnic disparities. The MDG Plus indicators provide an important tool for consolidated and broad-based monitoring of human development in Thailand, at both national and sub-national levels.

The expanded set of indicators have been developed and agreed on through a long and detailed consultative process among line ministries, the Office of the National Economic and Social Development Board, the National Statistical Office, academic institutions and civil society organizations. This process provided an invaluable opportunity to discuss data deficiency and gaps, conflicting data sets, and the need for improvements in collection and analysis.

<sup>1</sup> In three cases – hunger, safe drinking water and sanitation, and secure tenure – no MDG Plus targets are set.

**Table 2.1 Thailand's MDG and MDG Plus targets and indicators**

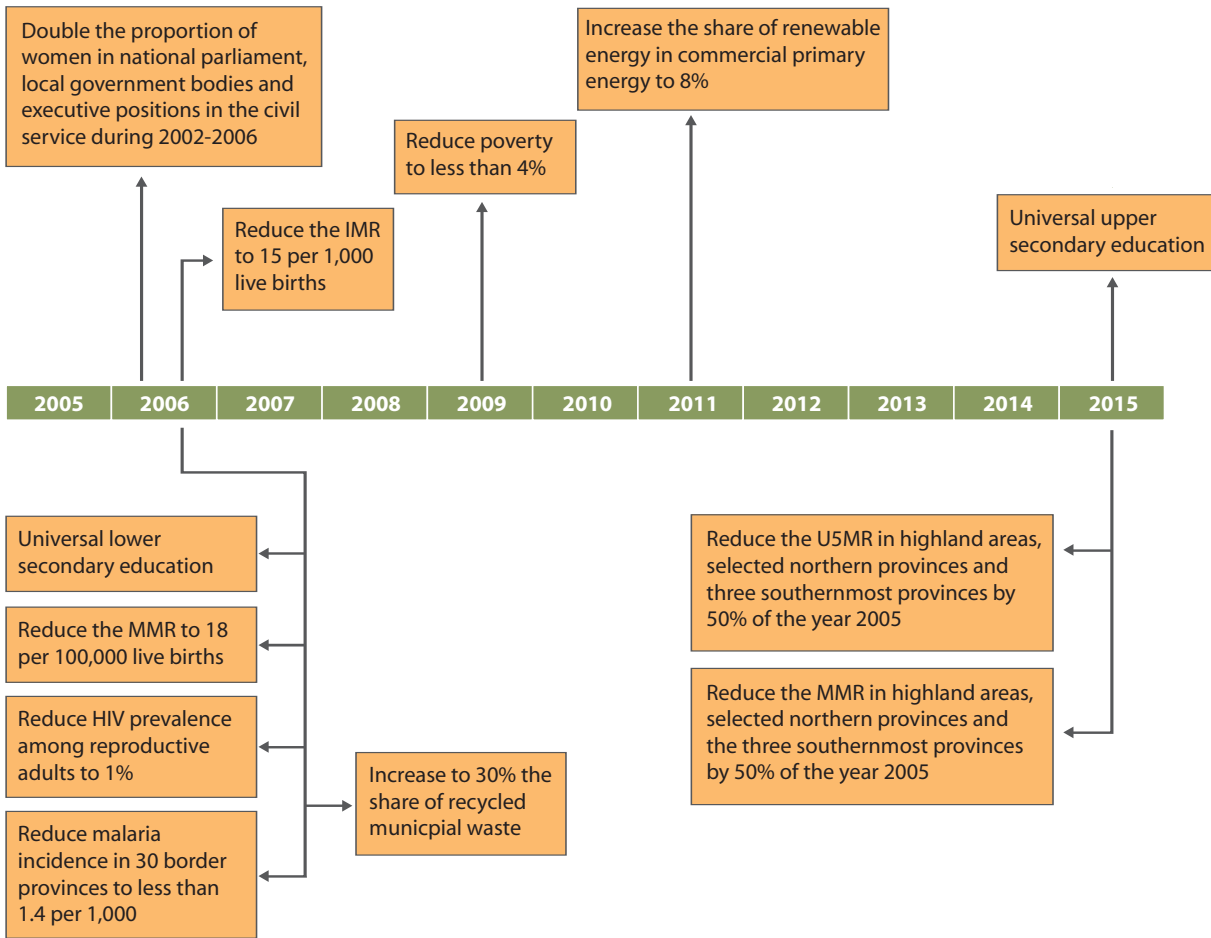
Goal		Target	Indicator
<b>Poverty</b>	MDG	Halve the proportion of people living in extreme poverty between 1990 and 2015	<ul style="list-style-type: none"> <li>• Proportion of population below national poverty line</li> <li>• Poverty gap ratio</li> <li>• Share of poorest quintile in individual household income</li> </ul>
	MDG+	Reduce poverty to less than 4 percent by 2009	<ul style="list-style-type: none"> <li>• Proportion of population below poverty line in the northeast and three southernmost provinces</li> <li>• Poverty severity</li> </ul>
<b>Hunger</b>	MDG	Halve the proportion of people who suffer from hunger between 1990 and 2015	<ul style="list-style-type: none"> <li>• Prevalence of underweight children (under five years of age)</li> <li>• Proportion of population below minimum level of dietary energy consumption</li> </ul>
	MDG+		<ul style="list-style-type: none"> <li>• Prevalence of underweight highland children</li> <li>• Prevalence of micro-nutrient deficiency (iodine, iron and vitamin A) among school-aged children</li> <li>• Proportion of population aged older than 20 years of age below minimum level of dietary energy consumption</li> </ul>
<b>Education</b>	MDG	Ensure that by 2015, boys and girls alike, will be able to complete a full course of primary schooling	<ul style="list-style-type: none"> <li>• Net and gross enrolment ratio in primary education</li> <li>• Proportion of pupils starting grade 1 who reach grade 5 (retention rate)</li> <li>• Literacy rate of 15-year-olds</li> </ul>
	MDG+	Universal lower secondary education by 2006  Universal upper secondary education by 2015	<ul style="list-style-type: none"> <li>• Net and gross enrolment ratio in lower and upper secondary education</li> <li>• Retention rate in lower and upper secondary education</li> <li>• National test scores of primary, lower and upper secondary students</li> <li>• IT literacy of 15- to 24-year-olds</li> </ul>
<b>Gender</b>	MDG	Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	<ul style="list-style-type: none"> <li>• Ratio of girls to boys in primary, secondary and tertiary education</li> <li>• Ratio of literate women to men of 15- to 24-year-olds</li> <li>• Share of women in waged employment in non-agricultural sector</li> <li>• Proportion of seats held by women in national parliament</li> </ul>
	MDG+	Double the proportion of women in the national parliament, Tambon Administrative Organizations, and executive positions in the civil service by 2006	<ul style="list-style-type: none"> <li>• Ratios of girls to boys in selected fields in tertiary education</li> <li>• Ratio of literate women to men over 40 years old</li> <li>• Proportion of women's income to men's in waged employment in non-agricultural sector</li> <li>• Proportion of women in Tambon Administrative Organizations and executive positions in the civil service</li> </ul>
<b>Child health</b>	MDG	Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	<ul style="list-style-type: none"> <li>• Under-five mortality rate (U5MR)</li> <li>• Infant mortality rate (IMR)</li> <li>• Proportion of 1-year-old children immunized against measles</li> </ul>
	MDG+	Reduce IMR to 15 per 1,000 live births by 2006  Reduce by half, between 2005 and 2015, the U5MR in highland areas, selected northern provinces and three southernmost provinces	<ul style="list-style-type: none"> <li>• IMR in highland areas, northern provinces and three southernmost provinces</li> <li>• U5MR in highland areas, selected northern provinces and the three southernmost provinces</li> </ul>



**Table 2.1 Thailand's MDG and MDG Plus targets and indicators (continued)**

Goal		Target	Indicator
<b>Maternal health</b>	MDG	Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	<ul style="list-style-type: none"> <li>• Maternal mortality ratio (MMR)</li> <li>• Proportion of births attended by skilled health personnel</li> </ul>
	MDG+	<p>Reduce maternal mortality ratio to 18 per 100,000 live births by 2006</p> <p>Reduce by half, between 2005 and 2015, the maternal mortality ratio in highland areas, selected northern provinces and the three southernmost provinces</p>	<ul style="list-style-type: none"> <li>• Maternal mortality ratio in highland areas, northern provinces and the three southernmost provinces</li> </ul>
<b>HIV/AIDS</b>	MDG	Have halted by 2015 and begun to reverse the spread of HIV/AIDS	<ul style="list-style-type: none"> <li>• HIV prevalence among pregnant women</li> <li>• Rates of constant condom use of secondary school male students</li> <li>• Number of children orphaned by AIDS</li> </ul>
	MDG+	Reduce HIV prevalence among reproductive adults to 1 percent by 2006	<ul style="list-style-type: none"> <li>• HIV prevalence among reproductive adults</li> <li>• HIV prevalence among injecting drug users</li> </ul>
<b>Malaria, tuberculosis and heart disease</b>	MDG	Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	<ul style="list-style-type: none"> <li>• Incidence and death rates associated with malaria</li> <li>• Prevalence and death rates associated with tuberculosis</li> <li>• Proportion of tuberculosis cases cured under DOTS</li> </ul>
	MDG+	Reduce malaria incidence in 30 border provinces to less than 1.4 per 1,000 by 2006	<ul style="list-style-type: none"> <li>• Malaria incidence in 30 border provinces</li> <li>• Prevalence and death rates associated with heart disease</li> </ul>
<b>Sustainable development</b>	MDG	Integrate the principles of sustainable development into country policies and programmes and reverse the losses of environmental resources	<ul style="list-style-type: none"> <li>• Proportion of land area covered by forest</li> <li>• Ratio of area protected to maintain biological diversity to surface area</li> <li>• Energy use per 1,000 Baht of GDP</li> <li>• Carbon dioxide emission and consumption of ozone-depleting CFCs</li> <li>• Proportion of population using solid fuel (i.e. fuel wood, charcoal)</li> </ul>
	MDG+	<p>Increase the share of renewable energy to 8 percent of the commercial primary energy by 2011</p> <p>Increase the share of municipal waste recycled to 30 percent by 2006</p>	<ul style="list-style-type: none"> <li>• Mangrove forest area</li> <li>• Share of renewable energy in commercial primary energy</li> <li>• Proportion of major rivers that do not meet DO, BOD and TCB standard</li> <li>• Proportion of municipal waste recycled</li> </ul>
<b>Safe drinking water and sanitation</b>	MDG	Halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation	<ul style="list-style-type: none"> <li>• Proportion of urban and rural population with sustainable access to an improved water source</li> <li>• Proportion of urban and rural population with access to improved sanitation</li> </ul>
<b>Secure tenure</b>	MDG	By 2020 to have achieved a significant improvement in the lives of at least 100 million slum dwellers (globally)	<ul style="list-style-type: none"> <li>• Proportion of households with access to secure tenure (owned, leased or rented)</li> </ul>

**Figure 2.1 MDG Plus timeline**



# Report on Millennium Development Goals 1-7

## GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

**TARGET 1: Halve, between 1990 and 2015, the proportion of people living in extreme poverty**

### Scorecard

**TARGET ALREADY ACHIEVED**

Indicators	1990	1995	2000	2002	2015 MDG target
Proportion of population below national poverty line (%) <sup>a</sup>	27.2	16.3 (1994)	14.2	9.8	13.6 <sup>b</sup>

### Data Rating

Data quality, reliability	Data continuity	Data analysis and use in policy-making
★ ★ ★ ★	★ ★ ★ ★	★ ★ ★ ★

See Annex III for definitions of the data rating scale.

### MDG Plus

Target	Indicators
Reduce poverty to less than 4 percent by 2009	<ul style="list-style-type: none"> <li>Proportion of population below poverty line in the Northeast and three southernmost provinces</li> <li>Poverty severity</li> </ul>

<sup>a</sup> All poverty indicators are based on Thailand's national poverty line to be aligned with the national poverty monitoring system, which increases the difficulty of the MDG challenge, since Thailand's national poverty line is higher than the official MDG 1 US\$ PPP/day benchmark.<sup>2</sup>

<sup>b</sup> Since both the national and MDG targets have been met, Thailand has adopted a more challenging MDG+ target of reducing poverty to less than 4 percent by 2009.

<sup>2</sup> Thailand's national poverty line is based on food and non-food requirements for different regions, population groups, consumption patterns, and consumer price indices in urban and rural areas. Those who have monetary and in-kind income of less than the minimum level of daily subsistence are considered to be "poor." The national poverty line is due for revision in 2004 in response to changing patterns of consumption.

## THE REPORT

Remarkable progress has been made in reducing poverty in Thailand. There has been dramatic decline on all the key poverty indicators. The quality of life of the poor (as discussed in other MDGs on education, health, water and sanitation and slum conditions) has also improved. There are, however, significant disparities across regions, between groups and in the levels of income.

### Dramatic reductions in the number and proportion of people in poverty

Between 1990 and 2002 a steep decline in poverty occurred both in terms of the rate and absolute number of poor. The incidence of poverty dropped from 27.2 percent to 9.8 percent and the number of poor dropped from 15.3 million to 6.2 million over this period. This is even more remarkable given the impact of the financial crisis in the late 1990s.

Measured by 1 US\$ PPP/day benchmark (the international measurement for the Millennium Development Goals) the proportion of the poor in Thailand declined from 12.5 percent to 5.2 percent over the decade 1990 to 2000.

Thailand has thus already reached its MDG poverty target. In addition, the Government's 9th National Economic and Social Development Plan target of poverty incidence under 12 percent has been met. Both targets were achieved ahead of time.

### Poverty down in all regions

Between 1990 and 2002 the incidence of

poverty decreased sharply across most of the country. Bangkok and its immediate vicinities reduced poverty from 3.3 percent to 0.5 percent; the Central from 20.5 percent to 4.3 percent; the Northeast from 43.1 percent to 17.7 percent; the North from 23.2 percent to 9.8 percent; and in the South from 27.6 percent to 8.7 percent. The pace of poverty reduction was slower in the second half of the decade due to the economic crisis, while more recent economic recovery reaccelerated poverty reduction across the regions.

### Distribution of resources to the regions

Since the early 1980s, the Government has adopted an area-based poverty-targeting approach. In 2002 for example, 23 percent of villages were targeted for poverty alleviation; 40 percent in the Northeast; 35 percent in the North; 18 percent in the Central region; and 7 percent in the South.<sup>3</sup>

Poverty alleviation efforts in the past were characterized by adequate budgets but often mismatched allocation. From 2000 to 2003, the share of poverty-alleviation programmes in the national budget increased from 10.4 percent to 13.4 percent.<sup>4</sup> Although total funding was adequate, allocation was lop-sided and sometimes ineffective. For example, the Northeast received a poverty alleviation budget 3.7 times less than the national average (per capita of the poor). Also, farmers constitute about 60 percent of the poor but only 18 percent of the budget addressed the rural problems in the regions. Education and job opportunities, the effective instruments for reducing poverty in the more remote regions were not directly tackled.

**Table 3.1 Poverty indicators, 1990-2002**

Poverty indicators	1990	1992	1994	1996	1998	2000	2002
National poverty line (month/person/Baht)	522	600	636	737	878	822	922
Poverty incidence (%)	27.2	23.2	16.3	11.4	13.0	14.2	9.8
Number of poor (in millions)	15.3	13.5	9.7	6.8	7.9	8.9	6.2

<sup>3</sup> NESDB, *Two Years of National Economic and Social Development*, 2003, p.79 (in Thai).

<sup>4</sup> NESDB, *Report on an Analysis of Poverty Alleviation Budget (Fiscal Years 2000-2003)*, December 2002 (in Thai), presents an analysis of the 2003 budget. According to the World Bank, the share of anti-poverty programmes in the national budget expanded from 1.1 percent to 4.2 percent during 1993-1999. The calculation was, however, based on a different definition of "anti-poverty programmes". For example, health services expenditure was not included, World Bank, *Thailand Social Monitor: Poverty and Public Policy*, November 2001, pp.72-73.

## Northeast and the southern provinces are the priority

The North and Northeast regions have the vast majority of Thailand's poor and the significant reductions in poverty in these areas over the last decade were particularly welcome. The Northeast still has the highest rate of poverty (17.7 percent in 2002) and the greatest number of poor (three fifths of the total). There is still wide regional disparity. For example, one out of five people living in the Northeast were poor as compared with one in a hundred people living in Bangkok and its immediate vicinity. Focusing on poverty alleviation in the Northeast will significantly reduce the absolute number of poor in Thailand.

Priority is also needed for the three southern-most provinces. Poverty level has fallen since 1990, but the proportion of people in poverty in Yala (27 percent), Pattani (20 percent) and Narathiwat (37 percent) remains two to three times higher than the national average of 9.8 percent in 2002.

*People's Bank:* offers micro-finance to vendors, personal service providers and other micro-businesses that generally lack access to formal credit facility through the Government savings bank.

*One Tambon-One Product:*<sup>5</sup> a Government-community partnership that promotes, improves and markets the Tambon (sub-district) community's most promising product with the aim of expanding production through development of small- and medium-sized enterprises.

*Asset Capitalization:* legally secure land is a valuable asset that enables and empowers the poor to use it as collateral for loans and other commercial transactions – the Government aims to issue land title documents, covering 30.7 million rai, over the 2003-2005 period.

## Targeting the ultra poor and the disadvantaged

A total of 6.2 million people were classified as poor in 2002. Of these, 3 million are

### Box 3.1 Thailand's poverty profile in 2002

Poverty is a complex and multidimensional concept. There are many factors and situations to consider. The following are some key facts on Thailand to help guide poverty alleviation policies.

- 5.4 million people (or 86 percent of the total poor) live in rural areas
- Three fifths of the poor live in the Northeast
- 70 percent of the poor households are farmers or rural labourers
- 60 percent of the poor farm households work on their own land; 12 percent work on rented farms; 27 percent are landless; two thirds of poor farm households own less than five rai<sup>3</sup>
- The poor people have an average of four years of schooling
- 89 percent of poor households have large families – more than the average of four persons per household
- 36 percent of the poor are children, and 11 percent are the elderly

<sup>3</sup> 1 rai is approximately 0.16 hectare.  
Source: NESDB.

## Policies introduced

A number of policies aimed mostly at rural areas have been introduced by the Government since 2001 and are likely to make a significant contribution to poverty alleviation. They include:

*Farmers Debt Moratorium:* granted three-year debt suspension to farmers who borrowed from the Government agricultural bank.

*Village fund:* allocated 1 million baht to each village, managed by a local committee, for use as credit facility by members of the village.

“marginal poor” and 3.2 million “ultra poor”.<sup>6</sup> The marginal poor generally have a better chance of escaping the poverty trap. The ultra poor are often not reached by government programmes, and are excluded from benefiting from economic opportunities.

There are subgroups within the ultra poor classification including orphans, homeless people, street children, the elderly, persons with disabilities and ethnic minorities. Understanding their situations and targeting them appropriately will be essential to further poverty alleviation.

<sup>5</sup> A tambon is equivalent to a sub-district.

<sup>6</sup> Ultra poor are those who are below (per capita income) 80 percent of the poverty line. The marginal poor are those who are between (per capita income) 80 percent and 100 percent of the poverty line.

*Orphans:* In 1999, out of a total of 8 million children younger than 15 years of age, there were approximately 290,000 orphans, 200,000 deserted children, and 1.2 million children not living with a mother or a father.<sup>7</sup> Most of them lived in poor households headed by their grandparents, who had no or little education. These children had to help make ends meet and were likely to enter the labour market prematurely.

*The Elderly:* In 2002, 9.4 percent of the Thai population, or almost 6 million people, were older than 60 years of age. Most of them (91 percent) had only four years or less of schooling. One third are the bread-winner of the family. Although almost all the elderly reported having some source of income, nearly 2 million did not have sufficient income to make ends meet. Also, 6.3 percent of the elderly lived alone, a noticeable increase from 1984.<sup>8</sup> At present, 400,000 of the elderly poor (16 percent) receive 300 Baht per month assistance, which accounts for a very small part of their cost of living.<sup>9</sup>

*Persons with Disabilities:* In 2001, persons with disabilities comprised 1.8 percent of the population or 1.1 million people. Approximately three quarters of people with disabilities either had no or less than a primary education. Less than half the number of people with disabilities were employed, and they received on average only two thirds of the income earned by other workers. People who are registered with disabilities (357,753 in 2003) are entitled to some state assistance.<sup>10</sup> Persons who are severely disabled and cannot work receive a 500 Baht per month allowance.<sup>11</sup>

*Ethnic Minorities:* In 2002, there were 900,000 ethnic minority people living in 1,600 villages in Thailand. Ethnic minorities, particularly highland peoples in Northern Thailand, have traditionally been one of the poorest groups. About half of the total number of people from ethnic minority groups are located in remote areas – often beyond the Government's outreach assistance programmes.<sup>12</sup>

## Learning from the past – sustaining economic growth and improving safety nets

The financial crisis pushed 3 million people under the poverty line. As a consequence the 8th National Economic and Social Development Plan poverty target of less than 10 percent by 2001 could not be met. The 9th National Economic and Social Development Plan set the target to keeping poverty below 12 percent through to 2006. The experience of the financial crisis illustrated how vulnerable people are to falling into poverty.

The continued strong economic performance will see further achievements in poverty reduction. To avoid future experiences like that of the financial crisis, it is important to provide broader and better safety nets. Only a total of 12.6 percent of the population has access to social security and only 20 percent of the total labour force is covered. For example, there is no social security coverage for farm workers or people working in the informal sector. In addition, there are estimated to be at least 600,000 people engaged in home-based work who have irregular income and no protection during economic downturns.<sup>13</sup>

There are some encouraging signs for social protection. In 1999, there were 51,667 community financial groups with over 7 million members and assets worth almost 17 billion Baht. These community financial groups, particularly in rural areas, have strengthened resilience to external shocks.

## Focusing on income inequality

There has been very little change in the overall structure of income distribution. The share of the poorest quintile has remained stagnant at 4 percent over the past decade. At present, there are few studies on the distributional impact of overall development and specific policies. More studies are needed to guide redistribution policies. Income distribution is a fundamental indicator of relative poverty and will need to be a priority in future planning in Thailand.

<sup>7</sup> Department of Public Welfare (DPW), *Survey of Social Welfare at Household Level*, 1999.

<sup>8</sup> NSO, *Survey of the Elderly in Thailand*, 2002.

<sup>9</sup> NESDB, *Two Years of Economic and Social Development*, 2003, p.89 (in Thai).

<sup>10</sup> Registration is complicated which explains the relatively high number who are not formally registered. See [www.oppd.opp.go.th/regist/stat\\_regist.htm](http://www.oppd.opp.go.th/regist/stat_regist.htm) (22 December 2003).

<sup>11</sup> NSO, *Health and Welfare Survey*, 2001.

<sup>12</sup> [www.dsdw.go.th/service/t\\_mountain.html](http://www.dsdw.go.th/service/t_mountain.html) (22 January 2004).

<sup>13</sup> In 2002, about 400,000 households or 600,000 people older than age 15 were engaged in home-based work (NSO, *Home Work Survey*, 2002). An informal source believes that actual number was close to 900,000 (Homenet Thailand, *Impact of the Economic Crisis on Home Workers in Thailand*, 2002).

## THE CHALLENGE

The achievement of existing targets and the improved economic outlook prompted the Government to set the more challenging target of reducing poverty to less than 4 percent by 2009. Continued progress will be needed in order to meet the target and the priorities include:

### 1. Targeted budget allocation.

More effectively targeted budget allocation for poverty reduction measures are required, especially in the Northeast and the three southernmost provinces. This should include earmarked funds to expand access and opportunities for small-land holding and landless farmers, especially those with large families. Earmarking certain percentages of the poverty reduction budget to service disadvantaged groups will ensure they are targeted appropriately.

### 2. Expand social safety nets.

Expand the social security system, in particular reaching out to the informal sector. Support community self-help, social protection and safety nets, such as savings groups and credit unions, to become a nation-wide social protection service. Undertake additional studies on broadbased redistribution policies and measures. The challenge is to develop

options that are suitable to different groups and deliver efficient and effective services.

### 3. Decentralize implementation.

Enhance the capacity to monitor, analyse, and develop poverty strategies at the provincial and sub-district level. Combine technical expertise with a community-based, participatory approach to produce a poverty-targeting and monitoring tool that fits specific locations. Transfer responsibility for identifying, servicing and empowering disadvantaged groups to local communities and non-governmental organizations to ensure service delivery. Ensure transparency of funding and service delivery performance.

### 4. Employ analytical tools to improve targeting.

A number of tools are required including a poverty map of all regions (with attention to the Northeast and the three southernmost provinces) and a more thorough poverty profile of disadvantaged groups that will illustrate areas of most need in a systemic and continuous manner. The Government's poverty registration will also help to establish and maintain a list of the poor in every province.



## TARGET 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

### Scorecard

#### TARGET ALREADY ACHIEVED

Indicators	1990	1995	2000	2002	2015 MDG target
Proportion of population below national food poverty line (%)	27.2	3.6 (1994)	4.2	2.2	3.4
Prevalence of underweight children under five years of age (%)	18.6	11.8	8.5	8.6 <sup>a</sup>	9.3

### Data Rating

Data quality, reliability	Data continuity	Data analysis and use in policy-making
★ ★ ★	★ ★ ★	★ ★ ★ ★

See Annex III for definitions of the data rating scale.

### MDG Plus

#### Indicators

- Prevalence of underweight highland children<sup>b</sup>
- Prevalence of micro-nutrient deficiency (iodine, iron, vitamin A) among school-aged children<sup>c</sup>
- Proportion of population aged over 20 below minimum level of dietary energy consumption

<sup>a</sup> excluding Bangkok

<sup>b</sup> MDG+ indicator reflects special attention to highland children, who have higher rates of malnutrition.

<sup>c</sup> MDG+ indicator reflects a shift in approach from macro-nutrient deficiency (protein and calorie), which has become a lesser problem, to micro-nutrient deficiency (iodine, iron and vitamin A).

## THE REPORT

The MDG target of halving the proportion of people who suffer from hunger has been achieved. Adult and child nutrition rates have improved steadily over the last decade. There are steady improvements in micro-nutrients (iodine deficiency and anaemia levels). Obesity, especially among urban children, is a growing concern.

### Undernourishment negligible

With the exception of the crisis years, the proportion of undernourished people in Thailand declined steadily from 6.9 percent in 1990 to 4.2 percent in 2000.<sup>14</sup> In 2002, undernourishment hit an all-time low at 2.5 percent. Importantly, evidence also suggests that the main cause of protein-energy malnutrition of Thai people is not poverty or deprivation, but the lack of knowledge and nutritional education.

According to nutritional surveillance the proportion of children under five with protein and calorie deficiency dropped from 18.6 percent in 1990 to 8.6 percent in 2002,<sup>15</sup> falling slightly short of the target of 7 percent set by the Ministry of Public Health (MoPH).

A National Nutrition Survey in 1995 indicated that second- and third-degree malnutrition in Thailand is negligible but first-degree malnutrition (weight for age) has been high in the general population.

### Highland children: targeting proves successful

There is no discernible regional or urban-rural difference in rates of child growth. However, highland children in the North have traditionally lagged behind the rest of the country. Since 1997 the situation has improved due to close surveillance and specific interventions such as nutrition education and school lunch programmes.

### Improvement in all regions

The Northeast region of the country witnessed steady improvement in nutrition rates over the last decade. The proportion of population below the food poverty line was halved from 9.8 percent to 4.4 percent. However, the Northeast remains the lowest in terms of nutrition rates compared to other regions. The National Nutrition Survey confirms continuous improvement, but shows that 25 percent of the population remains underweight. The survey further suggests that the pattern of disparity among regions, with the Northeast lagging slightly behind at 27 percent, followed by the North and the South.<sup>16</sup>

### Turning to micro-nutrient deficiency

As macro-nutrient deficiency has become less of a problem, attention has focused more on micro-nutrient deficiency, especially iodine, iron and vitamin A. The micro-nutrient situation has steadily improved overall. The Ministry of Public Health set two targets relating to micro-nutrients. The first is a target of not greater than 5 percent of school-aged children to have iodine deficiency. The second is not greater than 10 percent of school-aged children to have anaemia due to iron deficiency.

**Table 3.2 Malnutrition among highland children, 1997-2001**

Year	1 <sup>st</sup> degree malnutrition (%)	2 <sup>nd</sup> and 3 <sup>rd</sup> degree malnutrition (%)	National average (1 <sup>st</sup> +2 <sup>nd</sup> +3 <sup>rd</sup> degree) (%)
1997	30.3	10.6	9.6
1998	18.9	2.8	8.5
1999	23.2	2.5	8.2
2000	17.2	2.5	9.2
2001	14.0	3.0	9.4

Source: MoPH, *Thailand Health Profile 1999-2000*, 2002, p. 193, citing DOH, and Health and Bureau of Health Policy and Plan, MoPH.

<sup>14</sup> There are a number of data sources and methodologies to assess the state of nutrition. For the purposes of the MDG report the food poverty line is used which is based on the assumption that food accounts for 60 percent of the necessary expenditure to sustain a living. Those having income less than 60 percent of the national poverty line are therefore living below the food poverty line and lacking sufficient nutrition.

<sup>15</sup> Food balance sheet is a macro-level assessment of the availability of food, distribution patterns, and nutrition requirements. Nutrition or dietary survey monitors input or food intake. This survey is highly sophisticated and costly, and is therefore conducted sparingly. It generally covers only selected types of households in which the inhabitants are suspected vulnerable groups. Nutritional surveillance monitors outcome, as shown by body mass index (BMI), weight for age, weight for height, etc.

<sup>16</sup> It should be noted that the sample population was very poor, and the sample size in this category was 5,791.

Thailand has been successful in reducing iodine deficiency. School-aged children having iodine deficiency dropped from 3.3 percent in 1997 to 2 percent in 2001. The North and the Northeast had higher rates, 2.9 percent and 2.6 percent respectively. Progress has been impressive. In fifteen of the Northern and Northeastern provinces iodine deficiency rates dropped from 18.8 percent to 2.8 percent over the decade 1990 to 2000. These results can be attributed to the introduction of iodized salt and iodized water.<sup>17</sup>

Iron deficiency across Thailand also dropped from 12.5 percent to 8.1 percent between 1997 and 2000. Most regions managed to halve the proportion of children having iron deficiency except for the North where no improvement was made; the iron deficiency rate in the North remained at 11 percent.

### Thais are becoming overweight

An emerging nutrition concern is excess weight. The 1995 National Nutritional Survey first revealed this concern when one-quarter of Thai adults (over 20 years old) were estimated to be overweight. The third and fourth National Nutrition Surveys showed that the proportion of overweight children increased from 1.7 percent to 5.4 percent between 1972 and 1995. The problem is found especially among urban children.

## THE CHALLENGE

The MDG target of eradicating hunger has been met. Nonetheless, further action is needed to better monitor trends and implement targeted education campaigns accordingly. Priorities include:

- 1. Establish and maintain nation-wide nutrition data, including a nutrition surveillance system for vulnerable groups.**

There is a need to conduct the National Nutrition Survey regularly to establish an accurate view of Thai nutrition and provide continuous monitoring. In addition, a special monitoring mechanism for highland children and children in the Northeast and other remote provinces is necessary to deploy appropriate interventions in a timely manner.

- 2. Undertake analysis to formulate an approach to the emerging nutrition concerns.**

A multi-partite review of the nutritional situation of the Thai people can be undertaken to investigate data gaps and emerging nutrition concerns such as obesity and micro-nutrient deficiency. It is important that the Bangkok Metropolitan Administration and municipalities participate as important stakeholders.

- 3. Integrate nutrition education into schools and lifelong learning programmes.**

An integrated approach is needed to improve the nutrition status of the Thai population in general, and children in particular. A large-scale and continuous public education on proper nutrition for better health will benefit the general population.

- 4. Expand and enhance the effectiveness and efficiency of school lunch programmes.**

Such programmes ensure adequate and proper nutrition for all school-aged children, especially at-risk groups. Thailand will undertake a review the cost-effectiveness of all key intervention programmes.

<sup>17</sup> Data on iodine, iron and vitamin A deficiency is from Department of Health, *Report on the Nutritional Situation in Thailand during the 9th National Economic and Social Development Plan, 1997-2001*, (in Thai).

## GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

**TARGET 3: Ensure that, by 2015, boys and girls alike, will be able to complete a full course of primary schooling**

### Scorecard

**TARGET HIGHLY LIKELY**

Indicators	1990	1995	2000	2002	2015 MDG target
Primary net enrolment ratio (%)	70 (1992)	77 (1996)	n.a.	n.a.	100
Primary gross enrolment ratio (%)	99 (1992)	103	103	105	100
Primary retention (%) <sup>a</sup>	n.a.	86 (1996)	n.a.	n.a.	100

n.a.= not available

### Data Rating

Data quality, reliability	Data continuity	Data analysis and use in policy-making
★ ★ ★	★ ★ ★ ★	★ ★ ★

See Annex III for definitions of the data rating scale.

### MDG Plus

Target	Indicators <sup>b</sup>
Universal lower secondary education by 2006 Universal upper secondary education by 2015	<ul style="list-style-type: none"> <li>• Net and gross enrolment ratio in lower and upper secondary education</li> <li>• Retention rate in lower and upper secondary education</li> <li>• National test scores of primary, lower and upper secondary students</li> <li>• IT literacy of 15- to 24-year-olds</li> </ul>

<sup>a</sup> Retention rate is localized to grades 1-6, in line with Thailand's education system.<sup>18</sup>

<sup>b</sup> The first two MDG+ indicators expand the scope to lower and upper secondary education, in line with the compulsory education mandated by the National Education Act 1999 and the Constitution, respectively. The third MDG+ indicator measures quality of education and the last, youth's IT literacy, indicates the nation's preparation for the future as a knowledge-based society.

<sup>18</sup> Retention rate for primary education is the proportion of students entering grade one that remain in school until grade six.

## THE REPORT

Thailand has made significant progress in education and meeting the MDG target is highly likely. Thailand has set more ambitious MDG Plus targets. Retention rates and quality of education remain areas for further improvement.

### Enrolment is high

Since the early 1990s, gross enrolment at the primary level has been over 100 percent, reflecting both increases in target student populations and other factors such as over-age students (due to late enrolment) and class repetition. Net enrolment ratios have not been calculated on a regular basis. When they are available, the gap between gross and net ratios is noticeably large.<sup>19</sup>

The enrolment of late achiever students reflects progress towards the universality and continuity of education. But high over-age

student enrolment figures also indicate missed learning opportunities. Encouraging retention in all school years is particularly important as the capacity to learn is highest at a younger age.

### Retaining students to the end of school

Significant progress has been made on overall student retention. Although net enrolment data is not available, gross enrolment in upper secondary has more than doubled from 27 percent to 55 percent over the decade 1992 to 2002.<sup>20</sup> One area of concern is the retention rate at each successive level of schooling. Recent figures show that 86 percent of students that enrolled in first grade stayed on until sixth grade, while 63 percent and 42 percent stayed on until ninth grade and twelfth grade respectively. The result is that less than half of the students complete the full twelve years of schooling.

**Table 3.3 Enrolments in Thai schools, 1992-2002**

Year	Primary		Lower secondary	
	Net enrolment	Gross enrolment	Net enrolment	Gross enrolment
1992	70.1	99.2	31.3 <sup>a</sup>	50.6
1994	70.8	93.8	35.9	63.4
1996	77.1	103.0	48.1 <sup>b</sup>	78.2
1998	80.4	102.6	48.4 <sup>b</sup>	83.4
2000	n.a	103.2	n.a	82.8
2002	n.a	104.8	n.a	82.2

<sup>a</sup> excluding schools under the National Primary Education Commission and the Private Education Commission

<sup>b</sup> excluding schools under the Private Education Commission

Sources: Ministry of Education, *Education for All Report 2000*, for net enrolment. Office of the National Education Commission for gross enrolment.

**Table 3.4 Retention rates in primary and secondary school, 1991-2002**

Level	Academic year	Number of students	Retention rate
Grade 1	1991	1,235,297	100
Grade 6 (primary)	1996	1,061,670	85.9
Grade 9 (lower secondary)	1999	774,625	62.7
Grade 12 (upper secondary)	2002	522,415	42.3

Source: Office of the National Education Commission (ONEC).

<sup>19</sup> Primary education *gross enrolment ratio* is the number of primary school students regardless of their ages, divided by number of children aged 6-11. Primary education *net enrolment ratio* is the number of primary school students aged 6-11, divided by number of children aged 6-11. Age group for lower secondary level is 12-14, and upper secondary level is 15-17.

<sup>20</sup> Office of the National Education Commission.

## Quality of education

The quality of education is a growing concern in Thailand. Test results undertaken by the Ministry of Education to assess students' academic achievement at different education levels revealed very low scores across regions. Mathematics and science subjects were especially weak. While test results should not be the only basis for guiding good policy, they do indicate a problem in the quality of education.

The National Education Act 1999 laid the foundation for student-centred and life-long continuing education. An important part of pressing ahead with quality education is investing in teachers and curriculum. The recently established Office of National Education Standards and Quality Assessment will be responsible for establishing a more rigorous quality assurance system.

aged 12 to 17 did not enrol in lower or upper secondary school.<sup>21</sup> Student lunches and transportation currently comprise most (average of 70 percent) of the parental financial costs of schooling children and it is these areas that could be further examined to increase access to school.

The right of all children, including children with disabilities, to access education was reaffirmed by the 1999 National Education Act. The total number of children with special needs was 125,433 in 2001.<sup>22</sup> Efforts are being made to adapt facilities and provide an inclusive and welcoming environment for children with disabilities. Children with special gifts also require attention. A lack of training has resulted in teachers mistakenly identifying children with special gifts as having learning difficulties.

**Table 3.5 Average of students' national test scores, 1996-1999**

Topics								
Education level	Thai	English	Math	Science	Thai	English	Math	Science
<b>Primary</b>	<b>1996</b>				<b>1998</b>			
National average score(%)	62.1	67.7	53.5	57.1	57.8	56.2	46.5	48.8
<b>Lower secondary</b>	<b>1995</b>				<b>1997</b>			
National average score(%)	57.8	34.7	33.6	45.3	60.0	47.4	39.2	44.7
<b>Upper secondary</b>	<b>1997</b>				<b>1999</b>			
National average score(%)	45.0	32.3	27.6	34.6	56.5	34.3	35.1	43.0

Source: NESDB, *Well-Being of Thai People*, 2002, citing Department of Curriculum and Instruction Development, Ministry of Education.

## Access to education for low income earners and disadvantaged groups

In 2001, an extensive survey by the National Primary Education Commission identified 140,000 school-aged children, the majority of them highland children, as having difficulties enrolling and staying in school. Other groups experiencing these difficulties included children of seafarers, homeless children, migrant and stateless children, and children affected by AIDS.

Although the Constitution mandates free schooling for at least twelve years, the costs involved other than school fees can still be prohibitive for poor people. A 1999 survey on the demand for education identified financial constraints as the main reason why children

## Promoting information technology in schools

With nearly 100 percent literacy, particularly among the youth, Thailand is looking toward information technology as a new frontier of building a knowledge-based society.

A survey in 2002 found that 43 percent of Thai youth have computer skills and 60 percent have access to information technology (IT) at school.<sup>23</sup> These high levels of IT literacy can be traced back to 1995 when the National Electronics and Computer Technology Center piloted a School Net project to bring ICT to Thai schools. By 2003, this project connected almost 5,000 schools to the Internet. Many schools are also linked to the Internet independently or through other schemes.

<sup>21</sup> NSO, *Survey of Education Demand of Children and Youth*, 1999, cited in NESDB, *Two Years of National Economic and Social Development*, 2003, pp.48-49 (in Thai).

<sup>22</sup> [www.moe.go.th/main2/article/article\\_rangsun/educationForDisabledChildren.htm](http://www.moe.go.th/main2/article/article_rangsun/educationForDisabledChildren.htm) (7 February, 2003).

<sup>23</sup> NSO, *Youth and Welfare Survey*, 2002 (survey of children and youth 11 to 24-year-olds).

**Table 3.6 Schools with computer and Internet access, 2002**

	Number of schools	Number with computer access	Number with internet access
<b>Primary schools</b>	30,228	6,353	1,815
<b>Secondary schools</b>	2,669	2,596	1,998
<b>Private schools</b>	7,458	3,887	2,927
<b>Non-formal educations</b>	2,114	1,005	1,007
<b>Total</b>	<b>43,010</b>	<b>14,382</b>	<b>8,138</b>

Source: Ministry of Education (MoE), 2003.

The ratio of computers to students in 2002 was 1:120 at the primary level and 1:53 at the secondary level with an overall ratio average of 1:103.<sup>24</sup> One of the issues in improving this ratio is that basic infrastructure is required, for example 1,119 schools did not have fixed electricity and 21,591 did not have fixed telephone lines in 2002. The Ministry of Education plans to consolidate and expand infrastructure and also have 200,000 computers installed. By 2005, over 43,000 schools all over the country would be connected to the internet through a national education network.

Access to information technology can enhance the quality of education and expand the range of educational services to people who are isolated by geographic or social barriers. With strong emphasis on secondary enrolment, education reform and the creation of national educational information networks, Thai youth are expected to attain a high level of IT literacy in the near future. Therefore, it is necessary to develop IT literacy assessment tools and other capacities that are necessary to support the development of ICT for education.

## THE CHALLENGE

The MDG target of universal primary education is highly likely to be met. In order to reach the MDG Plus targets of (i) achieving universal lower secondary education by 2006, and (ii) universal higher secondary education by 2015, priority needs to be given to:

### 1. Further reducing the costs of education.

To enhance education opportunities for poor children and to ensure that they can continue their education without placing additional financial burden on their families, the Government plans to expand the programmes that provide lunch, scholarships and transportation subsidies.

Mobile units and self-learning can also be promoted to reach children in remote areas.

### 2. Improving quality and relevance of the education curriculum.

The Government plans to hasten the progress on teacher training and curriculum development to improve the quality of education. Teachers and schools should be encouraged to collaborate with private organizations and the community to ensure that the education the children will receive is relevant to the needs of each community. Also, the Government plans to develop curriculum to international standards to ensure that Thai children receive adequate knowledge and life skills to lead a quality life in the globalized world.

### 3. Improving monitoring capacity.

To be able to monitor the progress on a continuous basis, the Ministry of Education will overhaul the Education Management Information System to ensure regular, timely and verifiable data. Related to this measure is an attempt to issue an e-card for every student which would provide more comprehensive and timely data. The Ministry of Information and Communication Technology as well as the Ministry of Education will be responsible for developing an IT literacy assessment capacity.

### 4. Leveraging ICT to improve learning outcomes.

ICT is expected to improve both the coverage and quality of education. To achieve this, changes in both the curriculum and teaching style are needed to ensure that ICT is instrumental to students' overall learning. Quality electronic courseware at all levels will need to be produced and teachers trained to use a variety of electronic media to provide interactive classrooms and independent learning.

<sup>24</sup> Ministry of Education (MoE), 2003.

## GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

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

### Scorecard

**TARGET ALREADY ACHIEVED**

Indicators	1990	1995	2000	2002	2015 MDG target
Ratio of girls to boys in primary education	0.95 (1991)	0.94 (1996)	0.93	n.a.	1
Ratio of girls to boys in secondary education	0.97 (1991)	1.02 (1996)	1.01	n.a.	1
Ratio of girls to boys in tertiary education	1 (1991)	1	1.12	1.15 (2001)	1

n.a. = not available

### Data Rating

Data quality, reliability	Data continuity	Data analysis and use in policy-making
★ ★ ★	★ ★ ★	★ ★

See Annex III for definitions of the data rating scale.

### MDG Plus

Target	Indicators
Double the proportion of women in the national parliament, Tambon Administrative Organizations, and executive positions in the civil service by 2006	<ul style="list-style-type: none"> <li>• Ratios of girls to boys in selected fields in tertiary education</li> <li>• Ratio of literate women to men over 40 years old</li> <li>• Proportion of women's income to men's in waged employment in non-agricultural sector</li> <li>• Proportion of women in Tambon Administrative Organizations and executive positions in the civil service</li> </ul>



## THE REPORT

Thailand has made great strides towards gender equity in education and the MDG target has been achieved. A MDG Plus target with new indicators has been set to improve political representation of women and reduce gender disparities.

### Female enrolments in education are strong

Thai girls and boys have equal educational opportunities. This includes the Muslim-predominant provinces in the South and also the poorer Northern provinces. There is a small gender gap at the primary level. Girls tend to perform better in school. In tertiary education, at the universities women outnumber men.<sup>25</sup>

### Older women: lower literacy rates

Over the past decade the youth literacy rates for both sexes has remained high. In 2000, the literacy rate for 15- to 24-year-olds was 98 percent for men and 97.8 percent for women. In the same year, the illiteracy level among older people (aged 40-59) was 9.9 percent for women and 5.3 percent for men. Women over 60 were the most disadvantaged. One in three elderly females remains illiterate compared with one in five for elderly males.

Empowering women over 40 years of age with education and literacy is not only important for improving their own quality of life but also for their families and

**Table 3.7 Female to male enrolment and graduation ratios in bachelor degrees, 2000**

Bachelor degree	Public universities	Private universities
<b>Enrolment</b>	1.1 (2001)	1.5 (2001)
<b>Graduation</b>	1.3 (2000)	1.7 (2000)

Source: Ministry of University Affairs, 2003.

### Gender disparities still apparent by field of study

Men still dominant enrolment at universities in the fields of engineering, architecture, law, mathematics and computer science. However, there are signs of change, for example with female to male enrolment in mathematics and computer science ratios increasing from 0.6 to 0.8 over the decade 1991 to 2001. At the same time women continue to dominate in the field of health services (nursing in particular), with the female to male enrolment ratio increasing from 2.2 to 2.4 over the same period.

communities – especially as many in this age group are responsible for the family (this includes child-rearing, health care and financial and household management) and are also active in community affairs.

### Continuing education closes the gender gap

Thailand's Constitution and laws, especially in education, are helping women. For example, the mandate of twelve years of free basic education outlined in the 1997 Constitution has laid the foundation for equal rights and

**Table 3.8 Female to male ratios in selected fields of higher education, 1991 and 2001**

	1991	2001
<b>Mathematics and computer science</b>	0.6	0.8
<b>Medical and health services (including nursing)</b>	2.2	2.4
<b>Engineering</b>	0.1	0.2
<b>Architecture</b>	0.4	0.4
<b>Law</b>	0.2	0.4

Source: Ministry of University Affairs.

<sup>25</sup> No consolidated gender-disaggregated data yet exists for other tertiary educational institutions, such as vocational and teachers' colleges, which are managed under various administrative systems.

opportunities. The National Education Act of 1999 also requires that “parents or guardians shall arrange for their children or those under their care to receive compulsory education.” Credit should be given to parents who value education for children of both sexes. Investment in a daughter’s education not only gives her of a better quality life but is also a form of future insurance – especially as daughters tend to be the main carers of parents in their old age.

### Women behind in wages and conditions

Like most agricultural societies, many Thai women are family workers in home-based non-paying work. In the last decade, women accounted for 44 to 46 percent of the non-agricultural wage. Women are also disproportionately represented in economically vulnerable work, including home-based work, which is characterized by job insecurity, long working hours, low and late payment, and lack of social security.<sup>26</sup>

Women therefore often find themselves with lower pay, worse working conditions and with limited promotion opportunities compared to men. There has been some improvement. The proportion of women’s income compared to men increased from 65.4 percent to 80.8 percent over the decade 1990-2000. But, when employers, self-employed workers and family workers are excluded improvement was much less impressive, rising from 78.9 percent in 1990 to 81.8 percent in 2001. As women move into higher positions the disparities become more pronounced. For example, in the private sector in 2000, income of women was 92 percent of a man’s income level at the lower office level, and only 79 percent at the higher/director level.

**Table 3.9 Comparison of men’s and women’s income in the private sector, 2000**

Position/level	Female income as a % of male income
Director	79%
Department manager	86%
Supervisor	88%
Officer	92%

Source: Calculated from Pawadee Tonguthai, *Gender Equality and Decent Work in Thailand*, Working paper #1, A Country Report for ILO/ADB RETA Project 5887, 2002, (2002), citing NSO and Office of the Civil Service Commission (OCSC), Survey of Compensation in the Private Sector, 2000.

### Political representation remains low

In Thailand, women and men earned the right to vote at the same time but only a small number of women run for election. Of special concern is that few women run for leader of the local Tambon Administrative Organizations (TAOs), which are becoming the locus of decentralized power. The proportion of women in the national elections in 2001 was only 9.6 percent. At the local elections it was even lower at 8.9 percent. Women have higher representation in high-level, non-elective posts in local governments and make up a large proportion (ranging from 22 percent to 48 percent) of provincial, municipal and TAO clerks.

### Glass ceiling in the bureaucracy – no breakthrough in sight

Thai women have made successful inroads into many professions but high level positions in the Government are not one of them. It is still predominantly male territory. While women represent 59 percent of all civil service positions, they only hold 14 percent of high-level executive positions.

Despite improving legal and institutional frameworks for gender equality, there has been no significant improvement in the proportion of women on national committees. A survey of 322 national committees where representational appointments are made by the government revealed that only 16 percent were allocated to women.<sup>27</sup> Representation also tends to be with organizations related to women’s and children’s affairs. Indeed, apart from the National Human Rights Commission (that requires equal gender representation), there is very low representation of women in decision-making positions in the newly established agencies mandated by the 1997 Constitution. Attempts to set any kind of gender quota for elective or appointed positions have also failed to get necessary endorsement.

### Crime against women continues to rise

Rape, prostitution and trafficking are the most extreme forms of exploitation and crimes against women. As seen in the following table the number of reported cases of crime against women is generally growing. The known data and statistics is also only the tip of the iceberg. The problem has also become increasingly complicated with trans-boundary trafficking and cyber crimes.

<sup>26</sup> The NSO Home Work Survey 2002 indicated 78 percent of home-based workers were women; 75 percent lived in rural areas; and 84 percent had no more than a primary school education.

<sup>27</sup> Survey by the Office of Women’s Affairs and Family Development.

**Table 3.10 Reported crimes against women, 1996 and 2002**

Type	1996		2002	
	Reported	Apprehended	Reported	Apprehended
Rape	3,569	2,566	4,435	2,548
Rape and murder	21	17	10	8
	Cases	Persons	Cases	Persons
Prostitution	5,784	6,085	19,756	20,151 <sup>28</sup>
Pornography	1,506	1,516	2,505	2,576

Source: www.police.go.th (10 November, 2003).

### Hidden domestic abuse

Many women face abuse and violence at home and within the family. Today, Thai society is more aware and open about domestic violence. The extent of domestic abuse in Thailand is not known though a study covering 2,818 reported that 41 percent of the women surveyed in Bangkok and 47 percent of the women surveyed in Nakhon Sawan province in the North had experienced some kind of physical or sexual violence inflicted by their spouse.<sup>29</sup>

Due to limited resources, women's support centres are only located in Bangkok and the immediate vicinity. Nonetheless these services report some worrying trends. For example, the Emergency Shelter of the Association for the Promotion of the Status of Women assisted 12,000 women between 1982 and 1997; the Hotline Foundation counselled 891 women on domestic violence and 131 on rape for January to June 2000; and, in 2001, the Friends of Women Foundation counselled 869 women on domestic and sexual violence.

## THE CHALLENGE

The MDG target for gender has been met. Consequently, Thailand sets a more relevant MDG Plus target to double the proportion of women in the national parliament, Tambon Administrative Organizations and executive positions in the civil service by 2006. Priorities, as also outlined in the National Women Development Plan, include:

### 1. Close the remaining gender gaps in education.

Non-formal life-long education and independent studies are the most important means to empowering all women. Attention needs to be given to illiterate women over age 40.

### 2. Increase opportunities for women in decision-making

There is a need to actively support women in electoral politics and other high-level representation and decision-making positions. This includes developing action plans to encourage and enlarge women's role in public, private and civil society organizations, and periodically monitor tangible measures of progress.

### 3. Reduce violence against women.

Protecting women who are victims of rape, sex trade, human trafficking and domestic violence is a human rights issue of the highest concern. Support is required for a national network of provincial centres to provide protection and support to women whose human rights have been violated by violence and negligence.

### 4. Promote knowledge of gender issues and women's rights.

It is important that both men and women are more knowledgeable about women's rights and able to effectively exercise them – and that society understands and supports a system of equal rights, roles, and responsibilities between women and men. This includes the introduction of some gender-specific measures, such as gender education and women's studies, to further develop a gender-sensitive perspective across society.

### 5. Improve collection, analysis and use of gender-disaggregated data.

More systematic and gender disaggregated data is needed for effective monitoring and further development. The Government is planning to coordinate a comprehensive review of national, provincial and local information systems to identify areas in which gender disaggregated data are needed and prepare an action plan toward a better gender-in-development data and monitoring system.

<sup>28</sup> According to Department of Communicable Disease Control Survey in 2001, there were 75,049 sex workers, of which 15,010 were children.

<sup>29</sup> Kritaya Archavanujakul et al., *Family Violence and Women's Health*, Population and Social Research Institute, Mahidol University, 2003 (in Thai).

## GOAL 4: REDUCE CHILD MORTALITY

### TARGET 5: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

#### Scorecard

TARGET NOT APPLICABLE

Indicators	1990	1995	2000	2015 MDG target
Under-five mortality rate (per 1,000 live births) <sup>a</sup>	12.8	11.6	16.9 <sup>a</sup> (1998)	4.3 <sup>b</sup>

#### Data Rating

Data quality, reliability	Data continuity	Data analysis and use in policy-making
★ ★ ★	★ ★ ★	★ ★ ★

See Annex III for definitions of the data rating scale.

#### MDG Plus

Target	Indicators <sup>c</sup>
Reduce by half, between 2005-2015, the U5MR in highland areas and selected northern and three southernmost provinces	<ul style="list-style-type: none"> <li>U5MR in highland areas, selected northern provinces and three southern provinces</li> <li>IMR in highland areas, northern provinces and three southernmost provinces</li> </ul>
Reduce IMR to 15 per 1,000 live births by 2006	

<sup>a</sup> The apparent increase in U5MR to 16.9 per 1,000 live births is a result of technical changes in the method of data collection rather than a real increase.

<sup>b</sup> Because of Thailand's low initial U5MR, two-thirds reduction (to 4.3 per 1,000 live births) is considered not feasible. It is therefore being proposed that Thailand adopts the OECD U5MR as a target in 2000 (7 per 1,000 live births).

<sup>c</sup> For MDG+ indicators, Thailand will monitor infant mortality rates in selected highland areas, northern provinces and the three southernmost provinces where the rates are higher than the rest of the country.

## THE REPORT

Although trend data for under-five mortality is not available for the period from 1990 to 2002 (due to changes in data methodologies), indications are that Thailand has made great progress in reducing child mortality since 1990.

### Steady progress in improving infant and child health

Between 1989 and 1995-1996, the infant mortality rate (IMR) declined from 38.8 to 26 per 1,000 live births representing a drop of about one third. Progress was slightly more rapid in urban areas. At the beginning of 2001 the IMR was estimated at 22 and the Ministry of Public Health plan is aiming to reduce this to 15 by 2006.

The under-five mortality rate (U5MR) dropped as a result of better health care and improving socio-economic situations. Although trend data cannot be analyzed due to a switch from a manual to an on-line registration system during 1996-97, comparable data collected between 1990-1995 show that the U5MR dropped from 12.8 to 11.6 per 1,000 live births over that period. The apparent increase of the U5MR to 16.9 per 1,000 live births in 1998 is believed to be the result of technical change in the method of data collection rather than a real increase.

Most infant deaths occur in the perinatal period, the time from late pregnancy up until the first seven days of life. In this period, the health of an infant is largely determined by that of the mother, especially maternal nutrition. Therefore, progress on reducing infant mortality is closely tied to maternal health and other development concerns including poverty and hunger.

The conditions of pregnancy and childbirth continue to effect infants who survive the first days of life. Most deaths during the

neonatal period, or the first month of life, were related to pregnancy, childbirth, congenital diseases and chromosome irregularities. After that the first month, parasitic infection and AIDS were the primary causes of infant death, making both child-care practices and progress on HIV/AIDS and other major diseases, important factors in infant health.<sup>30</sup>

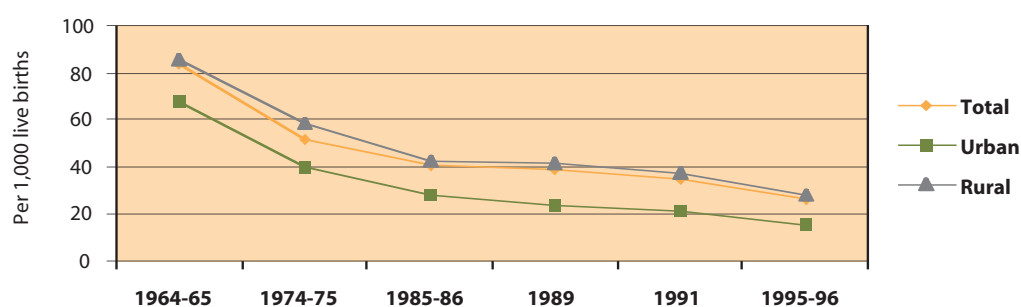
**Table 3.11 Causes of infant death, 1995-1996**

Causes	%
Birth asphyxia	22.3
Prematurity	15.6
Disease of heart and blood	9.7
Other infection	8.5
Pneumonia	8.3
Congenital malformation	3.8
Specific conditions	3.2
Accidents, poisoning, and violence	2.6
Other	24.1
Unknown	1.9
<b>Total (N=2,216)</b>	<b>100</b>

Source: Department of Health (DoH), Study of Infant Mortality Rate 1995-1996.

When children get older, other causes of death become significant. These include drowning, traffic accidents and other types diseases such as AIDS, dengue fever, parasitic infections, congenital diseases, chromosome irregularities and malnutrition.

**Figure 3.1 Infant mortality, 1964-1996**



Source: NSO, Population Change Surveys.

<sup>30</sup> Chanpen Chuprapawan et al., *Verbal Autopsy Study on Causes of Death in Thailand, 2000* (Data year 1 July 1997- 30 June 1998) (in Thai).

## Measles is no longer a threat to most Thai children

The introduction of a measles vaccine in 1984 has meant substantial reduction in the threat posed by this disease. The vaccine reached 78 percent of children in 1990 and 94 percent in 2002. As a result measles incidences decreased from 94 per 100,000 in 1984 to only 7 per 100,000 in 2000.

Thai children receive two doses of measles vaccines. The first dose is given within their ninth to twelfth month. The second dose is given during the first grade of school. The extensive and rigorous vaccination programme provides an effective shield for the majority of Thai children. Some groups such as orphans, homeless children and migrant children are still hard to reach.

## Northern and the three southernmost provinces: lagging behind

Regional and provincial data are incomplete and fluctuate widely, but it is generally acknowledged that infants are born smaller, and the IMR is higher, especially in the highland areas in the North. In the three southernmost provinces the problem is complex with gender, culture, religion and language impacting on the provision of and access to primary health care services. One solution being promoted by the Ministry of Public Health is to upgrade the quality of services provided by local midwives.

## THE CHALLENGE

Given the low baseline of 12.8 per 1,000 live births in 1990, the reduction in child mortality by two thirds by 2015 to 4.3 per 1,000 live births was not feasible. MDG Plus targets have been set to reduce IMR to 15 per 1,000 live births by 2006, and to reduce by half, between 2005-2015, the U5MR in

highland areas, selected Northern provinces and the southernmost provinces. In order to meet these targets, priority needs to be given to the following:

### 1. Greater investment in training for health personnel.

Health personnel need to be given additional training to be able to diagnose and report the causes of death accurately. With proper training, they should be able to detect signs of a problem early on, e.g. to diagnose if a newborn baby is small for gestational age. Enhancing the role and capacity of health personnel in preventing the transfer of HIV from mother to children and providing parent-hood education are other priority concerns.

### 2. Proactively involve families and their communities.

Improving children's well-being requires an integrated strategy and pro-active intervention at both the community and family levels. The Government is preparing an integrated family-centred strategy to fully engage every family in harnessing their energy to improve the quality of life for children and adults. A strong emphasis on gender sensitivity is crucial for the strategy to be successful.

### 3. Further improve monitoring capacity.

Thailand has taken the important first step to fill data gaps regarding births and deaths, in order to understand the threats to people of all age groups. A team of health and civil registration experts are collaborating to overhaul the birth and death diagnosis and the registration system. In addition to this broad-based effort, the Ministry of Public Health is building the capacity to monitor the situations of high-risk groups, i.e. highland children, children in the northern and southern provinces.

## GOAL 5: IMPROVE MATERNAL HEALTH

**TARGET 6: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio**

### Scorecard

**TARGET NOT APPLICABLE**

Indicators	1990	1995	2000	2002	2015 MDG target
Maternal mortality ratio (per 100,000 live births)	36.2	16.8	14.2 (1999)	24 <sup>a</sup>	9.05 <sup>b</sup>

### Data Rating

Data quality, reliability	Data continuity	Data analysis and use in policy-making
★ ★ ★	★ ★ ★	★ ★

See Annex III for definitions of the data rating scale.

### MDG Plus

Target	Indicator
Reduce MMR to 18 per 100,000 live births by 2006  Reduce by half, between 2005 and 2015, the MMR in highland areas, selected northern provinces and three southernmost provinces	• MMR in highland areas, northern provinces and three southernmost provinces

<sup>a</sup> The increase is the result of improvement in data collection rather than a real increase.

<sup>b</sup> Because of Thailand's low initial MMR, a three-fourths reduction (to 9.05 per 100,000 live births) is considered not feasible. It is therefore proposed that Thailand adopts the OECD MMR in 2000 as a target (12 per 100,000 live births).



## THE REPORT

Starting from an already relatively low level, maternal mortality continues to fall. More appropriate MDG Plus targets have been set to improve quality and access of health care to further reduce the maternal mortality ratio (MMR).

### Large reduction in maternal mortality

Despite some inconsistency, all data sources support the same trend that maternal mortality rates declined by about two thirds in the decade from 1990 to 2000. The MMR dropped from 36 per 100,000 live births in 1990 to an all-time low of 14 per 100,000 live births in 1999. The increase to 17.6 per 100,000 live births in 2001 and 24 per 100,000 live births in 2002 is a result of an endeavour to expand the coverage and improve the technical aspects of data collection. With this in mind the Ministry of Public Health set a target of 18 per 100,000 live births by 2006, as on MDG Plus target.

The leading causes of maternal death were haemorrhage, hypertension, sepsis and amniotic fluid embolism.<sup>31</sup> Largely due to the Government's Safe Motherhood Programme, the proportion of births attended by health personnel increased from 91 percent in 1990 to almost full attendance in 2001.

### Access to quality maternal health care

Every Thai woman should be able access prenatal and maternity care. Women should make at least four prenatal visits, which is considered sufficient to ensure the well-being of both the mother and the baby. There are difficulties accessing primary health care in the North due to the mountainous terrain. In the southernmost provinces, complexities based on gender, culture, religion and language can make access to or use of primary health care difficult. This explains the higher MMR in these two areas.<sup>32</sup>

There is room for qualitative improvements in maternal health care. An immediate priority is to ensure that pregnant women do not suffer from iron/folate deficiency. Anaemia among pregnant women has steadily dropped from 19 percent in 1990 to 12 percent in 2001.<sup>33</sup> The Ministry of Public Health target is to keep iron/folate deficiency among pregnant women to less than 10 percent by 2006.

Many health personnel do not have the skills to make maternal risk assessments or detect childbearing complications early on. Additional training would ensure that auxiliary health personnel can become more skilful in anticipating and responding to childbearing complications.

**Table 3.12 MMR and births attended by skilled health personnel, 1990-2002**

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
<b>MMR</b>	36.2	n.a.	23	n.a.	n.a.	n.a.	16.8	n.a.	15.8	14.2	n.a.	17.6	24
Births attended by health personnel (%)	90.8	93.2	90.4	91.1	n.a.	94.4	n.a.	n.a.	99	n.a.	n.a.	98	n.a.

n.a. = not available

Source: Department of Health (DoH).

**Table 3.13 Causes of maternal death, 1990-2002**

Causes (%)	1990	1998	2000	2001	2002
Haemorrhage	49.7	30.5	36.8	40.4	34.3
Hypertension	9.5	11.9	8.1	14.1	11.2
Sepsis	8.4	8.5	10.3	9.6	16.4
Amniotic fluid embolism	5	11.9	9.6	9.0	14.0
Direct causes	n.a.	n.a.	6.6	10.3	8.4
Indirect causes	27.4	37.2	28.7	16.7	15.4

n.a. = not available

Source: Bureau of Health Promotion, Safe Motherhood Project.

<sup>31</sup> Department of Health (Safe Motherhood Project).

<sup>32</sup> Although not comparable to national-level statistics due to problems of quality and differences in data collection methodology, provincial-level data show a maternal mortality rate in Narathiwat, Pattani and Yala (the three southernmost provinces) of about double that of the national average of 24 per 100,000 live births.

<sup>33</sup> Ministry of Public Health, *Thailand Health Profile 1999-2000, 2002*, p. 194, citing Department of Health.



## THE CHALLENGE

In order to reach the MDG Plus targets to (i) reduce MMR to 18 per 100,000 live births by 2006 and (ii) reduce the MMR by half, between 2005 and 2015, in highland areas of selected northern provinces and the three southernmost provinces, the following priorities need attention:

**1. Involve both parents and health personnel in improving health outcomes.**

Ensuring that health service personnel have adequate maternity care skills will have an immense impact on the well-being of both the mother and the baby. In addition, maternity care should not be left entirely to health service personnel. It should be a shared responsibility with parents-to-be. Health service personnel must regard maternity and family education as an important part of their work.

**2. Provide healthcare for women.**

Women with lower education levels have higher maternal health risks and should be given special attention. Village health volunteers can play an important role in

ensuring that these women have necessary and timely information and take appropriate actions to protect and improve their health and well-being.

**3. Improve the training of health service personnel to be more effective in detecting and responding to childbirth complications.**

While paramedical personnel cannot substitute for physicians, they can play a vital role in providing and calling for timely assistance.

**4. Analyse existing data to develop targeted strategies.**

A review of the maternal mortality data is to be conducted to examine the causes of death at both the national and regional levels, and in higher risk areas, i.e. the more remote provinces. The review will aim for a better understanding of the situation and help in the planning of appropriate actions suitable to each area/population group.

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

### TARGET 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

#### Scorecard

##### TARGET ALREADY ACHIEVED

Indicators	1990	1995	2000	2002
HIV prevalence among pregnant women (%) <sup>a</sup>	0.0	2.3	1.5	1.4
Rates of constant condom use of secondary school male students (%) <sup>b</sup>	n.a.	21.7	24	27.7

n.a.= not available

#### Data Rating

Data quality, reliability	Data continuity	Data analysis and use in policy-making
★ ★	★ ★ ★	★ ★ ★ ★

There are several sources of data with large inconsistencies. The coverage of HIV/AIDS registration/report data ranges from 5-30 percent.<sup>34</sup> More realistic data are obtained from surveys and estimations. See Annex III for definitions of the data rating scale.

#### MDG Plus

Target	Indicators
Reduce HIV prevalence among reproductive adults to 1 percent by 2006	<ul style="list-style-type: none"> <li>• HIV prevalence among reproductive adults</li> <li>• HIV prevalence among injecting drug users<sup>c</sup></li> </ul>

<sup>a</sup> HIV prevalence among 15-24 year-old pregnant women is localized to include all pregnant women as prevalence is higher in older age groups in Thailand.

<sup>b</sup> The international MDG indicator "condom use rate of contraceptive prevalence rate" in the general population is mainly for family planning purposes and is irrelevant for monitoring HIV/AIDS, and is therefore not used. Condom use in non-regular sexual encounters of secondary school male students is instead selected as a proxy for HIV/AIDS risk behaviour among the Thai youth.

<sup>c</sup> HIV prevalence among injecting drug users (IDUs) is selected as MDG+ since HIV prevalence in this group has remained exceptionally high.

<sup>34</sup> UNDP, *Thailand's Response to HIV/AIDS: Progress and Challenges*, 2004.

## THE REPORT

Thailand had already begun to reverse the spread of HIV/AIDS in the early 1990s and was among the very first countries to meet this MDG target. However, the epidemic still poses a major threat to Thailand.

### Unrivalled success in HIV/AIDS

Thailand has made extraordinary progress in reversing the spread of HIV/AIDS. Yearly new infections have fallen dramatically from an estimated 143,000 in 1991 to about 19,000 in 2003. Thailand therefore has already surpassed MDG Target 7, which calls for halting and beginning to reverse the spread of HIV/AIDS by 2015.

Thailand's success can be attributed to exceptional leadership in the early 1990s that created a supportive political environment for strong action. The country mobilized partners that went well beyond the public health sector, ensured financial support for HIV/AIDS, and promoted openness about safe sex and condoms, all vital elements in responding to the epidemic.

**Table 3.14 Thailand HIV/AIDS, 2003**

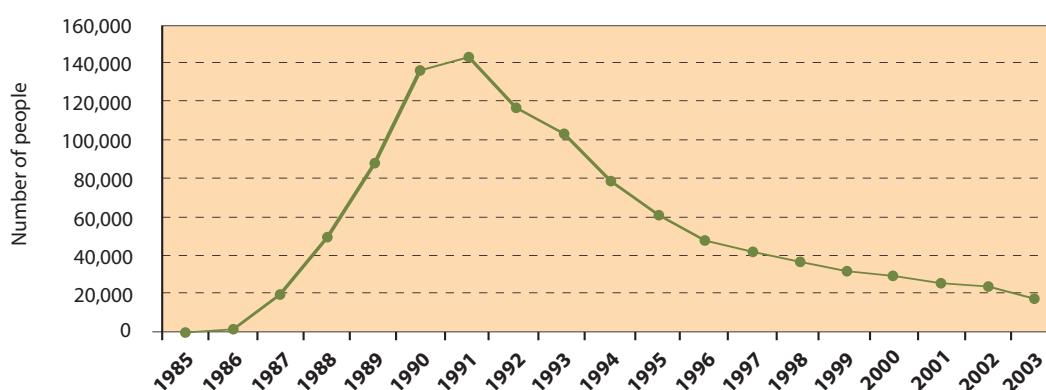
People living with HIV/AIDS in 2003	604,000
Adult prevalence (% 15- to 49-year-olds)	1.54%
Cumulative infection from the beginning of the epidemic to 2003	>1,000,000
Cumulative deaths from the beginning of the epidemic to 2003	460,000
Deaths in 2003	58,000
New HIV infections in 2003	19,000
New AIDS cases in 2003	50,000

Sources: Ministry of Public Health, *Report on HIV/AIDS and STI in Thailand, 2003*.

### HIV/AIDS epidemic: still a major challenge

The challenge now is to ensure that this success does not lead to complacency and inaction. HIV prevalence is still relatively high, and the epidemic is affecting hundreds of thousands of people. Thailand is still vulnerable to a resurgence of the epidemic.

**Figure 3.2 New HIV infections, 1985-2002**



Source: UNAIDS in Thailand, January 2004.

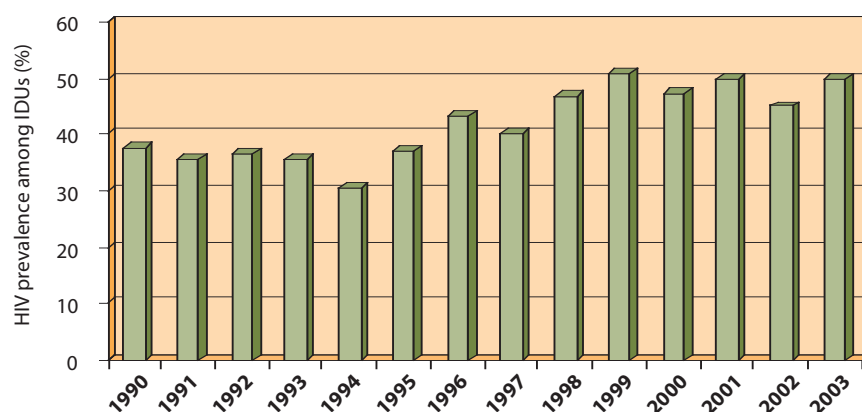
### HIV prevalence has dropped

In the initial phases of the epidemic, HIV infection was predominantly concentrated among commercial sex workers, with a small proportion (about 10 percent) occurring through injecting drug use and sex between men. Thailand started monitoring HIV prevalence among pregnant women in 1989 as a way of gauging the spread of HIV in the general population. In 1990, the survey reported zero HIV prevalence among pregnant women. The prevalence rate subsequently rose and peaked in 1995 at 2.3 percent, after which it slowly dropped to 1.4 percent in 2002.

If Thailand falters in its effort to control the disease, the impact would be far-reaching, dealing a major blow to the global response to HIV/AIDS and to the many countries of the world struggling to follow Thailand's example.

In 2003, an estimated 604,000 Thais are living with HIV/AIDS. Approximately 460,000, mainly young adults, have already died, leaving scores of AIDS-affected children, families and communities behind. Cumulatively an estimated one million people have been infected by HIV since the epidemic began. Estimates in 2003 show that about 19,000 were

**Figure 3.3 HIV infection rates among injecting drug users, 1990-2003**



Source: Bureau of Epidemiology, 2003.

newly infected, with the disease claiming over 50,000 lives. AIDS has caused a drop in the national average of life expectancy resulting in Thailand dropping four places in the 2003 Human Development Index.

According to a 2001 study, HIV/AIDS causes the most years lost due to premature death among men and women.<sup>35</sup> The average age of death of men and women living with AIDS is 36 years.<sup>36</sup>

### A moving target

Surveillance of HIV infection among pregnant women shows geographical shifts in the epidemic. In the early phases of the epidemic, the North of the country had the highest prevalence rates of HIV/AIDS. But by 2002 the situation had changed. Nineteen provinces recorded prevalence rates higher than 2 percent (seven in the Central Region, three in the North, one in the Northeast and eight in the South). The highest rates were found in areas with a high concentration of fishing communities.

### Still spreading among vulnerable groups

Despite the achievements in reversing the epidemic in Thailand, the virus continues to spread among certain groups. Evidence shows that HIV prevalence has reached as high as 17 percent among young gay men (up from 4 percent in 1991); 50 percent among injecting drug users in some areas

(up from 35 percent in 1996); and, up to 6 percent among mobile labourers in some industrial locations. HIV continues to spread among sex workers, with prevalence as high as 20 percent in the North and Central Regions of Thailand.

Seafarers and fishermen are especially at risk for HIV infection since they are difficult to reach with safe sex education services. Adding to their vulnerability is the prevalent use of injecting drugs among this group. It is interesting to note that HIV infection rates among foreign workers in the fishing industry are lower than among the Thai workers.

### Young people at risk!

Young people continue to be vulnerable to HIV infection. Young women are especially at risk. The Ministry of Public Health now estimates that in the 15- to 29-year-old age group, women accounted for 61 percent of new infection in 2003.<sup>37</sup>

Indications are that young people are having sex at earlier ages. Also, one survey suggested that only about 28 percent of young people are using condoms consistently with sexual partners.<sup>38</sup> And, less than 5 percent of young people are now being reached by adequate prevention services.<sup>39</sup> The intensive HIV/AIDS public awareness and education campaigns of the early 1990s have faded into memory.

<sup>35</sup> Bureau of Health Policy and Strategy, *A Study of Causes of Death in Thailand in Nine Provinces and Four Bangkok Districts*, 2001.

<sup>36</sup> Patchara Rumankom, *Premature Mortality due to HIV/AIDS in the Thai Population*. Ph.D. Thesis, Doctor of Philosophy (Demography), Institute for Population and Social Research, Mahidol University, Thailand, 2002 (in Thai).

<sup>37</sup> Charan Trinavuttipong, Director Department of Disease Control, PowerPoint presentation, 7 July 2003.

<sup>38</sup> Department of Epidemiology, *HIV/AIDS Situation in Thailand*, March 2003 (in Thai).

<sup>39</sup> Coverage survey, Futures Group, 2003 and Response survey UNAIDS SEAPICT /ADB 2003 – unpublished.

**Table 3.15 Sexual behaviour of young people, 1999 and 2002**

Grade 11 male students	1999		2002	
	Have sex (%)	Always use condom (%)	Have sex (%)	Always use condom (%)
Any partner	11.3	20.8	13.2	27.7
Have sex with girlfriend	8.6	9.4	8.8	17.5
Have sex with other women	4.4	16.7	4.3	25.7
Have sex with commercial sex worker	2.8	37.5	2.2	50
Have sex with men	2.1	19.7	2.2	15.4

Source: Bureau of Epidemiology, HIV/AIDS Situation in Thailand, March 2003 (in Thai).

### AIDS orphans

The number of children who have lost their parents to AIDS is difficult to estimate and varies considerably. One study in 2001 estimated that as many as 289,000 children had lost their mother to AIDS.

Children living with parents dying from AIDS have fewer educational opportunities. Care giving to AIDS illness, especially in advance stages, is costly, time consuming and difficult. Family members therefore reallocate their time to either take care of the sick or to mobilize work to compensate for the loss of income. Children may be pulled out of school to help take care of the sick or to work. The pressure continues after their parent(s) pass(es) away. Most AIDS orphans live with their impoverished grandparents and are likely to go into the labour market prematurely.<sup>40</sup>

### Treatment – the new frontier

The affordability of antiretroviral (ARV) drugs has been one of the major obstacles limiting HIV/AIDS patients' access to treatment. Initial ARV programmes focused on preventing mother-to-children transmission. In 2003, around 20,000 people had access to ARVs out of an estimated 100,000 who urgently need such treatment. With support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Government has set a target of providing ARVs to an additional 50,000 persons by end of 2004.

### THE CHALLENGE

Thailand has set an MDG Plus target of reducing HIV prevalence among the reproductive age group to 1 percent by 2006. Priorities for reaching this target include:

#### 1. Learning from the past.

The success of reversing the spread of HIV/AIDS in the 1990s needs to influence and inform today's policy-making, as well as be disseminated effectively to other countries grappling with the complexity of the challenges posed by HIV/AIDS.

#### 2. Revitalizing a broad-based response through strong political leadership.

All sectors of Thai society, well beyond the public health sector, need to contribute to AIDS education and prevention efforts. Revitalizing the broad-based mobilization of the early 1990s for HIV/AIDS prevention and care, as well as management of the social and economic impact on households and communities, needs to be reflected in provincial strategies as well as Tambon-level strategic development planning and programmes, especially in areas most affected by the HIV/AIDS epidemic.

#### 3. Shifting the focus of prevention.

While still keeping the pressure on brothel-based HIV transmission, attention must also focus on the vulnerability of young people. Simultaneously, effective prevention efforts must also target specific vulnerable groups such as mobile populations, men who have sex with men, and injecting drug users.

<sup>40</sup> UNDP, *Thailand's Response to HIV/AIDS: Progress and Challenges*, 2004.

**4. Mobilizing the school system.**

The vulnerability of young people must be addressed. Mobilizing the school system to provide HIV/AIDS and sex education is crucial. Life skills programmes and open debates about sexual health, condom promotion and peer education need be introduced in a systematic manner in all schools as part of Thailand's national education strategy.

**5. Achieving universal access to ARV treatment.**

As a country with a well organized health system and the capacity to produce generic ARV drugs at less than USD 300 per patient per year, it is possible for Thailand to become a leader in the global campaign for access to ARVs by going well beyond the WHO target of 50 percent coverage by 2005 set for developing countries.

## TARGET 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

### Scorecard

**TARGET ALREADY ACHIEVED** for malaria  
**TARGET POTENTIALLY ACHIEVABLE** for tuberculosis

Indicators	1990	1995	2000	2002
Malaria incidence per 100,000 <sup>a</sup>	518	150	160	117 (2001)
Malaria death rate per 100,000	n.a.	1.4	1.0	0.7 (2001)
Tuberculosis prevalence per 100,000	35.3 (1992)	37.4	51.8	48.4 (2001)
Tuberculosis death rate per 100,000	6.8	7.0	5.6 (1999)	n.a.
Heart disease prevalence per 100,000 <sup>b</sup>	76 (1991)	129.7	285	458.4
Heart disease death rate per 100,000 <sup>b</sup>	51.3	69.2	32	24.6

n.a.= not available

### Data Rating

Data quality, reliability	Data continuity	Data analysis and use in policy-making
★ ★ ★ ★	★ ★ ★ ★	★ ★ ★

See Annex III for definitions of the data rating scale.

### MDG Plus

Target	Indicators
Reduce malaria incidence in 30 border provinces to less than 1.4 per 1,000 by 2006	<ul style="list-style-type: none"> <li>Malaria incidence and death rates in 30 border provinces <sup>b</sup></li> <li>Prevalence and death rates associated with heart disease <sup>c</sup></li> </ul>

<sup>a</sup> Due to the epidemiological pattern, incidence (not prevalence) is a more appropriate malaria indicator for Thailand.

<sup>b</sup> Heart disease prevalence and death rates are selected as MDG+ as it is a leading, but avoidable cause of morbidity and mortality of Thai people.

<sup>c</sup> Incidence rate associated with malaria in 30 provinces along where malaria is still a health risk are adopted as MDG+ indicators.

## THE REPORT

Thailand has been successful in combating the major diseases of malaria and tuberculosis. In particular, the number incidences and death rates have been kept steadily low. The spread of tuberculosis to people living with HIV/AIDS and the higher incidence of heart disease are emerging concerns.

### Decline in malaria incidences

Thailand has had a long and successful campaign against malaria. The malaria-related mortality rate has continued to drop until the disease is no longer life-threatening for a large part of the population.

### Malaria prevention

A number of malaria prevention efforts have been implemented including the use of insecticide-treated bed nets; DDT residual spraying; thermal fogging; and antilarval measures. These prevention measures were estimated to cover 4 to 5 million people in 2001.

The main problem areas are along the borders. In 2001, 77 percent of the malaria cases were in ten provinces (seven on the Thai-Myanmar border and three on the Thai-Cambodian border). Mae Hong Son, Tak and Kanchanaburi on the Thai-Myanmar border recorded the highest death rates at 6.8, 6.5 and 5.1 per 100,000 respectively. Migrants constitute the highest risk group. Their slide positive rate is 13.6 percent, compared with 1.6 percent among Thais.

### Tuberculosis re-emerging due to HIV/AIDS

After several decades of fighting tuberculosis, Thailand was able to reduce both the prevalence and death rates. But more cases have been reported since the emergence of the AIDS epidemic. It is estimated that there were 80,000 to 100,000 tuberculosis cases in 1997 of which about 30,000 were HIV/AIDS coinfection. The percentage of HIV/AIDS to tuberculosis coinfection rose from 14.5 percent in 1989 to 31.8 percent in 2001, making tuberculosis the number one cause of death among HIV/AIDS patients.<sup>41</sup>

**Table 3.16 Malaria prevalence and deaths, 1990-2001**

Malaria	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	MoPH 2006 target
Incidence per 1,000 (30 border provinces)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4.4	4.34	5.16	3.69	2.82	1.4
Incidence per 1,000 (all Thailand)	5.18	3.74	2.85	2.31	1.87	1.50	1.56	1.78	2.21	2.27	1.60	1.17	0.5
Death rate per 100,000 (all Thailand)	n.a.	n.a.	n.a.	n.a.	n.a.	1.44	1.35	1.23	1.00	1.20	1.01	0.68	0.3

n.a. = not available

**Table 3.17 Tuberculosis prevalence and deaths, 1990-2001**

TB	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Prevalence per 100,000	n.a.	n.a.	35.27	36.15	38.00	37.45	41.58	44.04	46.52	50.47	51.82	48.37
Deaths per 100,000	6.8	6.5	6.3	6.1	5.9	7.0	7.7	6.2	5.8	5.6	n.a.	n.a.

n.a. = not available

Source: Epidemiology Division, MoPH.

<sup>41</sup> Ministry of Public Health (MoPH), *Thailand Health Profile 1999-2000, 2002*, p.243.



## THE CHALLENGE

### Tuberculosis treatment improving

A relatively new and rapid treatment regime for tuberculosis known as directly observed treatment short course (DOTS) was introduced in 1996. The pilot DOTS projects in eight districts in the Northeast were successful with an average treatment success rate of over 80 percent. By 2001, the DOTS was practiced in every province with an estimated median success rate of 73 percent.<sup>42</sup>

### Heart disease is a growing concern

Heart disease is a leading cause of morbidity and mortality among Thais. The prevalence rate for heart disease increased almost sixfold from 76 per 100,000 in 1991 to 458 per 100,000 in 2002. The increase in heart disease can be attributed to unhealthy consumption habits and physical inactivity, which are common in modern urban living.

As a result of better health care and health care facilities, heart disease is less life-threatening. The death rate related to heart disease peaked at 79.5 per 100,000 in 1996 and dropped to 24.6 per 100,000 in 2002. Since 1999, cancer has replaced heart disease as the number one killer of Thai people.<sup>43</sup>

Thailand has set an MDG Plus target to reduce malaria incidence in 30 border provinces to less than 1.4 per 1,000 by 2006. The priorities and strategies in halting malaria and other diseases include:

#### 1. Regional approaches to combating malaria.

The longer term solution to halting malaria, particularly in the border provinces, will require multi-partite collaboration between Thailand and neighbouring countries.

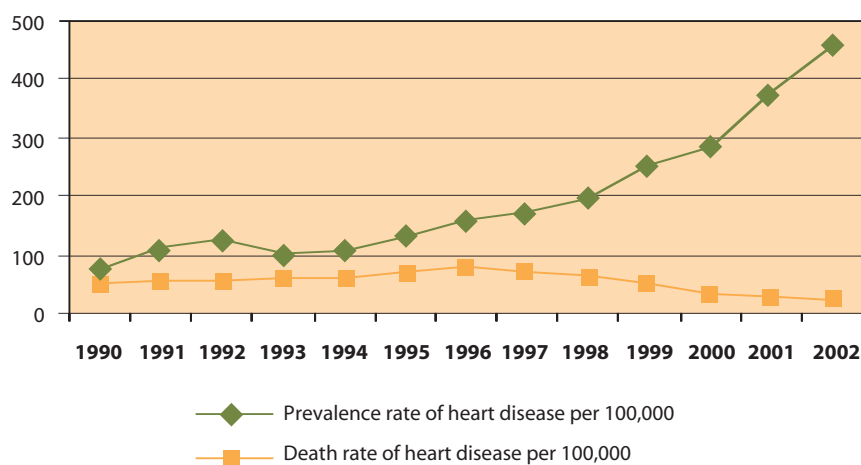
#### 2. Monitor tuberculosis infection among people living with HIV/AIDS.

Tuberculosis is a major health threat among HIV/AIDS patients. Prevention of tuberculosis infection is difficult since it is an airborne disease. Therefore, continued efforts to eradicate tuberculosis and to provide care for the physical and emotional well-being of AIDS patients are needed.

#### 3. Promote awareness and information about heart disease.

Many underlying causes of heart disease are behavioural rather than epidemiological. Therefore the emphasis needs to shift strongly toward preventive care and health promotion. Public education and awareness campaigns are important measures to encourage healthy lifestyles in all age groups.

Figure 3.4 Heart disease prevalence and deaths, 1990-2002



<sup>42</sup> AIDS, STIs and Tuberculosis Division, DDC .

<sup>43</sup> MoPH, *Thailand Health Profile 1999-2000*, 2002, p. 190. Note that data on AIDS were found to be 3.3 times under-reported, according to a study by the Division of Epidemiology.

## GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

**Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources**

### Scorecard

#### TARGET POTENTIALLY ACHIEVABLE

Indicators	1990	1995	2000	2002
Proportion of land area covered by forest (%)	28	25.6	25.3 (1998)	33 (2000)
Ratio of area protected to maintain biological diversity to surface area (%)	12.4	15	17.6	n.a.
Energy use per 1,000 Baht <sup>44</sup> GDP at 1998 price (kg of oil equivalent) <sup>a</sup>	15.7	15.5	15.7	15.9
Carbon dioxide emission (metric tons per capita)	2.4	3.6	2.3	n.a.
Consumption of ozone-depleting CFCs (ODP tons)	7,262	8,314	3,586	n.a.
Proportion of population using solid fuel (i.e., fuel wood, charcoal) (%)	65.5	47.2	36.3	30.5

n.a. = not available

### Data Rating

Data quality, reliability	Data continuity	Data analysis and use in policy-making
★ ★ ★	★ ★ ★ ★	★ ★ ★

See Annex III for definitions of the data rating scale.

### MDG Plus

Target	Indicators <sup>b</sup>
Increase the share of renewable energy to 8 percent of the commercial primary energy by 2011	<ul style="list-style-type: none"> <li>• Mangrove forest area</li> <li>• Share of renewable energy in commercial primary energy</li> <li>• Proportion of major rivers that do not meet dissolved oxygen, biochemical oxygen demand and total coliform bacteria standards</li> <li>• Proportion of municipal waste recycled</li> </ul>
Increase the share of municipal waste recycled to 30 percent by 2006	

<sup>a</sup> All MDG indicators are confirmed except for the energy efficiency measure which will be expressed in 1,000 Baht at 1988 price.

<sup>b</sup> Mangrove forest area, renewable energy, water quality and waste management are selected as MDG+ indicators to reflect the emphasis of Thailand's environmental policy

<sup>44</sup> Baht 1,000 was equivalent to approximately US\$ 40 before 1997 and US\$25 in 2003.

## THE REPORT

Thailand has made some progress in protecting biodiversity and reducing carbon dioxide (CO<sub>2</sub>) emissions as well as ozone depleting substances. More needs to be done on a range of environmental concerns. Balancing the needs of economic growth and environmental sustainability will be Thailand's greatest challenge.

### Loss of forests continue despite increased conservation efforts

Over the past decade, Thailand has been more active in conserving and regenerating forests. As a result deforestation slowed down but total forest coverage still nonetheless dropped from 28 percent to 25.3 percent between 1989 and 1998.<sup>45</sup>

While the percentage of forest coverage is still uncertain, there is no doubt that more forests have been designated as conservation areas. The result is that protected areas, which help maintain biological diversity, increased from 12.4 percent to 17.6 percent of total land area between 1990 and 2001. Another key conservation practice is reforestation. In honour of the Royal Golden Jubilee, 5 million rai of conserved area is being reforested over the period 1994 to 2007.

Mangrove forests, located in 23 coastal provinces, are also a main feature in Thailand. Between 1991 and 1998, mangrove forest area dropped from about a total of 1,700 to 1,500 square kilometres. There is evidence from satellite images to suggest that mangrove forests have increased to 2,400 square kilometres, however, this figure has not been verified by on-land inspection.

There are 42 international wetlands (3 percent of total land area), and 48 national wetlands (4.6 percent of total land area) as well as other smaller wetlands areas national parks, wildlife sanctuaries and non-hunting areas in Thailand. Since 1976, Thailand has designated four biosphere reserves covering about 850 square kilometres.

### Legal protection and better management practices

Legal protection is vital for conservation. For example, a major turning point in forest conservation was in 1989 when following a heavy flood (greatly enhanced by deforestation) the Royal Forest Department announced a nationwide logging ban in terrestrial forest reserves. Other important legal and policy measures related to land conservation include the 1992 Forest Rehabilitation Act; the Cabinet Resolution on River Basin Classification; and, the ratification of the Convention on Biological Diversity in 2003. A Community Forest Bill is awaiting legislative approval.

Another important development is the shift toward a more participatory approach in forest management. Local communities and forest conservation networks now play a much more active and informative role in the management of forest and other natural resources.

### Targeting energy efficiency

The total of Thailand's energy consumption costs were 800 billion Baht or 14 percent of GDP in 2002. Energy consumption is increasing. Between 1990 and 2001 energy consumption per GDP increased from 15.7

**Table 3.18 Relevant plans and policies on forest conservation and management**

Instrument/Target	Total forest Area	Conserved forest	Economic or community forest	Other target
The 9th National Economic and Social Development Plan (2002-2006)	25%			1.25 million rai mangrove
The National Policies, Action Plans on the Conservation and Sustainable Utilization of Biodiversity (2003-2007)	40%	30%	10% Community forest and other uses	
The National Forest Policy	40%	25%	15% economic forest	
The Promotion and Conservation of the Quality of the Environment Policy and Plan (1997-2016)	50%	30%	20% economic forest	

<sup>45</sup> There is more recent data in 2000 suggesting that Thailand had a remarkable improved total of 33 percent forest cover. Though, this figure is under debate, it is unclear whether the increase is due to technical changes in reading and interpreting data from satellite images rather than any real gain in forest cover.

to 15.9 kg oil equivalent per 1,000 Baht (at the 1988 price). Concerns for energy efficiency are reflected in the 9th National Economic and Social Development Plan, which aims to keep the rate of energy consumption growth lower than that of economic growth. The national energy strategy launched in November 2003 also aims to reduce energy elasticity from 1.4:1 to 1:1 by 2007. The strategy will focus on reducing energy rates in two of the most energy-intensive sectors – transportation and industry.<sup>46</sup>

### Focusing on renewable energy

Renewable energy promotes environmental sustainability and saves foreign exchange. The 2003 national energy strategy aims to increase the share of renewable energy in the commercial primary energy from 0.5 percent in 2002 to 8 percent by 2011.

Biomass is still a relatively untapped energy source. In 2000, biomass accounted for only 0.7 percent of total electricity capacity. Biomass energy is being promoted as a means to improve efficiency of domestic energy resources. The economic benefits from biomass energy can also be shared with local agricultural communities.

### Carbon dioxide emissions remain stable

Thailand signed the United Nations Convention on Climate Change in 1992, and ratified the convention in 1994. The Kyoto Protocol was signed by Thailand in 1999. The first Thai national CO<sub>2</sub> emission data was submitted to the International Panel on Climate Change in 2000. Preparation is underway for Thailand to access the Clean Development Mechanism – an internationally supported measure to assist countries to reduce CO<sub>2</sub> emissions.

Estimates indicate that CO<sub>2</sub> emission in Thailand has averaged about 2.4 metric tons per capita between 1990 and 2001.<sup>47</sup> Electricity production, transport and industry sectors

emit about 92 percent of total CO<sub>2</sub> while the remainder is from residential, commercial, agriculture and construction activities.

### Big reductions in use of ozone depleting chemicals

Thailand signed the Vienna Convention (ozone protection treaty) and Montreal Protocol in 1989. Thailand has achieved significant reductions in use of chlorofluorocarbons (CFCs) – a drop from 0.1 kilogram to 0.06 kilogram per capita between 1990 and 2000.

**Table 3.20 Use of wood and charcoal for fuel, 1990 and 2002**

Population cooking with fuel wood and charcoal	1990 (%)	2002 (%)
All Thailand	65.5	30.5
North	80.1	36.3
Central	64.0	15.7
Northeast	91.9	59.4
South	54.9	10.8

Source: NSO, Household Socio-economic Survey, 1990, 2002

### Wood and charcoal fuel use halved

Cooking with solid fuel such as charcoal and wood is a cause of pollution. The proportion of the population cooking with charcoal and fuel wood dropped from 66 percent to 31 percent between 1990 and 2002. Electric and gas stove cooking increased proportionally. Many households in the Northeast still use wood and charcoal fuel because it is more accessible and affordable than other sources of energy. Wood and charcoal fuel can be made more sustainable with use of appropriate technology and sound replanting programmes.

**Table 3.19 Carbon dioxide emissions, 1991-2001**

	1991	1995	1997	1998	1999	2000	2001
CO <sub>2</sub> emissions (metric tons per capita)	2.4	3.6	2.4	2.3	2.4	2.3	2.5

Source: NSO, "Environment Statistics of Thailand", citing Department of Energy Development Promotion data.

<sup>46</sup> Ministry of Energy 'The Energy Strategy: Energy Strategy for Thailand's Competitiveness', November 2003.

<sup>47</sup> The internationally recognized and standardized figure for CO<sub>2</sub> emission is the 3.4 metric tones per capita in 1994 which was submitted in the National Communication in 2000 in Thailand. At present, Thailand does not have a commitment to report on green house gas inventory (as an Annex I country), and data on CO<sub>2</sub> emission have not been regularly calculated based on the agreed international standards of the International Panel on Climate Change (IPCC). The National Environment Board through the Sub-committee on Climate Change has considered the importance of the issue, with recognition that strengthening data collection capacity of all the economic sectors involved would be highly costly.

### River water quality

Rivers and canals are the centre of rural Thai livelihoods. An increasing number of major rivers were monitored for water quality, and there were signs of improvement. In 2002, only 4 percent of selected major rivers had dissolved oxygen levels lower than 2.0 mg/l, compared with 37 percent in 1990. The proportion of inspected rivers that had biochemical oxygen demand higher than 4.0 mg/l and total coliform bacteria higher than 4000 mpn/100ml remained approximately the same. The 9th National Economic and Social Development Plan aims to maintain the quality of all major rivers above the national standard all year round (min 2.0 mg/l of DO). New efforts are also required for river basin management, local participation and promotion of cleaner technologies.

### Municipal waste still a problem

Municipal and industrial waste management has become an environmental problem in Thailand. The reuse/recycle rate has increased from 5 percent to 16 percent between 1990 and 2001, but this is still much lower than the 9th National Economic and Social Development Plan target of 30 percent which is now reinstated as a MDG Plus target.

## THE CHALLENGE

Many principles of sustainable development, partnership and public participation at the local level have begun to be integrated into Thailand's policies and programmes. Nevertheless there is a lot of work to do on a range of environmental concerns. Thailand has introduced two MDG Plus targets: (i) to

increase the proportion of municipal waste reused and recycled to 30 percent by 2006 and (ii) to increase the share of renewable energy to 8 percent of the commercial primary energy by 2011. There is also more work planned for integrating renewable resource management to help balance economic growth and environmental sustainability. Key priorities include:

#### 1. Monitor closely all action plans.

Some of the plans and actions for reducing environmental degradation have not been adequately met. More attention to the details, improved data collection and monitoring of plans will be crucial in meeting environmental targets.

#### 2. Develop policy-making tools.

Integrating and balancing environmental concerns with development considerations requires new and more innovative policies. Tools such as the river basin ecology management and strategic assessments of sustainable development need to be implemented and promoted more widely.

#### 3. Create an active high-level policy forum.

There is a clear need to regularly discuss and promote the principles and practices of sustainable development across many sectors at both the national and provincial levels.

#### 4. Strengthen the capacity of provincial and local administrative organizations.

As further administrative decentralization takes place there will be increasing pressure for effective environmental planning and management. This provincial and local level environmental management requires further support.

## Target 10: Halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation

### Scorecard

#### TARGET ALREADY ACHIEVED

Indicators	1990	2000	2015 MDG target
Proportion of urban population with sustainable access to an improved water source (%)	96.5	97	98.2
Proportion of rural population with sustainable access to an improved water source (%)	76.4	91	88.2
Proportion of urban population with access to improved sanitation (%)	99	99.5	99.5
Proportion of rural population with access to improved sanitation (%)	83.1	97	91.5

### Data Rating

Data quality, reliability	Data continuity	Data analysis and use in policy-making
★ ★ ★ ★ ★	★ ★ ★ ★ ★	★ ★ ★ ★

See Annex III for definitions of the data rating scale.

## THE REPORT

Thailand has high levels of access to safe drinking water as well as sanitation facilities. The MDG targets have been achieved. The quality of water and facilities still requires attention.

### Access to safe drinking water

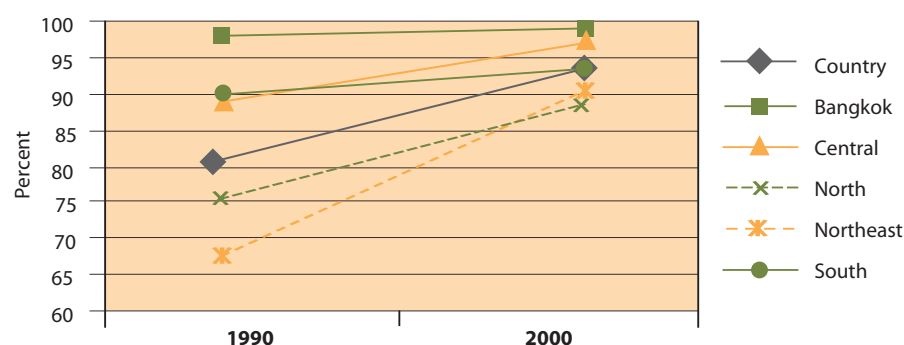
The proportion of population having access to safe drinking water increased from 80 percent to 93 percent from 1990 to 2000. Improvement was made in both urban and rural areas. The increase in access to safe drinking water was more prominent in rural areas rising 76 percent to 91 percent over the decade. The regional disparities that previously existed have been effectively closed.

It should be noted that only a small proportion of the population (particularly among rural dwellers) have access to piped water, which means they must rely on nature (rain water) and improved water storage. The proportion of households using bottled water also increased significantly from 5 percent to 19 percent between 1990 and 2000 – a result of higher income and prosperity.<sup>48</sup>

### Quality of drinking water

Surveys show that piped water in Bangkok meets official quality standards. However, those living in rural areas have slightly lower quality drinking water. For example, in the provinces 68 percent of piped water met physical standards and 87 percent met bacterial standards.<sup>49</sup>

**Figure 3.5 Population with access to safe drinking water, 1990 and 2000**



**Table 3.21 Access to safe drinking water by source, 1990 and 2000**

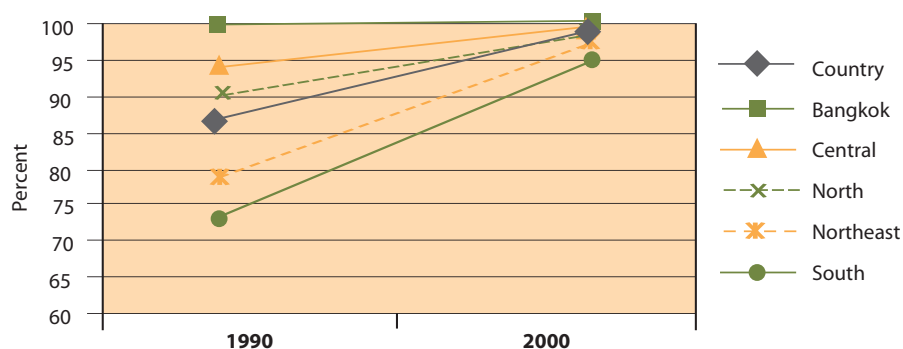
Sources of drinking water	1990 (%)		2000 (%)	
	Urban	Rural	Urban	Rural
Total safe drinking water	11.3	20.8	13.2	27.7
Piped water	8.6	9.4	8.8	17.5
Rain water	4.4	16.7	4.3	25.7
Bottled water	2.8	37.5	2.2	50
Protected wells	2.1	19.7	2.2	15.4

Source: NSO, Population and Housing Census, 1990, 2000.

<sup>48</sup> Note that the census asks about the sources of drinking water, not the accessibility to certain sources. Hence the result reflects the combination of the people's preference, affordability and accessibility.

<sup>49</sup> Department of Health (DoH), Water Supply and Sanitation Assessment in Thailand 2002.

**Figure 3.6 Population with access to sanitation, 1990 and 2000**



### Almost all have access to sanitation

Between 1990 and 2000, the proportion of households using a sanitary latrine increased from 86 percent to 98 percent. In rural areas, access to quality sanitation increased from 83 percent to 97 percent. Regional gaps have been closed, except for a small proportion in the Southern provinces. In urban areas, access to latrines increased from 99 percent to 99.5 percent. Slum communities have also achieved 99 percent access, except for those in some southern provinces where the rate remained at 94 percent.<sup>50</sup>

### THE CHALLENGE

In general, Thai people have excellent access to safe drinking water and sanitation. There is room for improving the quality of water

and sanitation facilities. In order to maintain standards and improve quality the following strategies are suggested or are in the process of implementation:

#### 1. Improve quality of drinking water at the local level.

In the future, local administrative organizations will have primary responsibility for the quality of drinking water and will need technical assistance and other support from relevant agencies.

#### 2. Better access to piped water.

Each local administrative organization and relevant national agency needs to develop a plan to increase the accessibility of piped water to meet the drinking and consumption needs of their population.

<sup>50</sup> National Statistics Office (NSO), Population and Social Survey of Congested Areas in Bangkok 1994 and 1998, and Population and Social Survey of Congested Areas in Selected Provinces, 1998.



## Target 11: By 2020 to have achieved a significant improvement in the lives of at least 100 million slum dwellers (globally)

### Scorecard

TARGET LIKELY

Indicators	1990	2000
Proportion of population having secure tenure (urban and rural) (%)	94.4	93.6
Proportion of urban population having secure tenure (%)	87.8	91.2
Proportion of rural population having secure tenure (%)	96.0	94.8

### Data Rating

Data quality, reliability	Data continuity	Data analysis and use in policy-making
★ ★ ★ ★	★ ★ ★	★ ★ ★ ★

See Annex III for definitions of the data rating scale.

## THE REPORT

There has been substantial improvement in the lives of slum dwellers over the last decade with increased tenure and better living conditions. More emphasis could be placed on targeting and evoking participatory practices in urban renewal.

### Tenure rates are high

The majority of both urban and rural dwellers have secure tenure in Thailand. Since 1990, over 90 percent of Thais own, lease or rent their homes. With the exception of Bangkok and its vicinity, and industrial areas that serve as temporary residences for education and employment, most Thais own their own home. In 2000, one third of Bangkok residents rented their houses, as did 16 percent of people in the Central region, Thailand's industrial hub. Housing structures are in good condition with only 7 percent of the population living in houses built with non-permanent materials.<sup>51</sup>

**Table 3.22 Population with secure tenure, 1990 and 2000**

	1990 (%)	2000 (%)
Owned	86.3	81.5
Lease purchased	1	1.7
Rented	7.1	10.4
Secure tenure	94.4	93.6

Source: NSO, Population and Housing Census, 1990, 2000

### Many live in congested areas

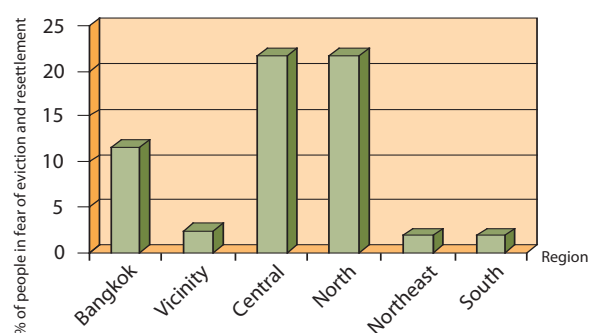
One of the most comprehensive surveys on slum dwellers was undertaken by the National Housing Authority in 2000. According to the survey, 4,860 low-income communities (that is 1.37 million households or 6.8 million inhabitants) lived in congested areas. This represents 27 percent of urban population.<sup>52</sup> About one third were located in Bangkok and immediate vicinity.

In general, slum dwellers have secure housing tenure, but many do not have secure land tenure. The National Housing Authority estimates that about two thirds of slum households in Bangkok and its vicinity have an income over 9,000 Baht per month and therefore may have capacity to find housing solutions outside slum areas.

### Improved quality of life for slum dwellers

According to the Population and Social Surveys in Congested Areas conducted in 1994 and 1998, slum dwellers had different levels of insecurity. In general the surveys indicate a higher level of insecurity in the cities of the Central and North regions than in Bangkok. Some effort has recently gone into including slum communities as partners in urban development. Authorities have adopted several initiatives including land sharing, improving living conditions and securing land tenure for slum dwellers.

**Figure 3.7 Slum dweller attitudes to eviction and resettlement**



### Accelerated housing projects

Housing security is among the Ten Standards for the Quality of Life of Thai People endorsed by the Cabinet in 2003. The Government has recently launched several housing projects for low-income earners, including one that aims to build one million units. Another project, "Secure Home," was specifically designed for slum dwellers.

## THE CHALLENGE

In order to improve the lives of slum dwellers the following strategies are being developed or are in the process of being implemented:

### 1 Target urban development and housing schemes appropriately.

Slum dwellers, although sharing some common needs and constraints, have different needs. Urban renewal plans need to target appropriately.

### 2. Incorporate participatory processes.

The best practice in finding solutions is including slum dwellers in decision-making and developing options that best suit the community.

<sup>51</sup> NSO, Population and Housing Census, 2000.

<sup>52</sup> National Housing Authority, Survey of Low-income Communities, 2000.



# Thailand's Contribution to Millennium Development Goal 8

This Report is a tribute to Thailand's achievements in translating economic growth into impressive strides in poverty reduction, rural development, health care, education, and gender equality. By sharing with other countries its experiences and knowledge of what it takes to achieve the Millennium Development Goals, Thailand is making a valuable contribution to the global partnership for development called for in Goal 8.<sup>53</sup>

In addition, Thailand continues to explore, with its partners, potential areas of cooperation including trade and investment, tourism, human resource development, transport, and telecommunications. Thailand continues to open up its markets for imports from developing countries and promote foreign direct investment (FDI) in countries in the region and beyond.

## BOX 4.1 Millennium Development Goal 8

The eighth and final Millennium Development Goal calls for a global partnership for development, action on the part of the international community and in particular the OECD countries to support and enable the achievement of the other seven goals in developing countries. Action is needed in the following areas:

- Increase official development assistance and its effectiveness
- Develop further an open trading and financial system, by removing obstacles to free market access of goods and services from developing countries
- Address the least developed countries' special needs, and those of the landlocked and small island developing countries
- Deal comprehensively with developing countries' debt problems
- Ensure access for developing countries to modern technology, with special focus on narrowing the digital divide
- Ensure access to affordable essential drugs in developing countries

As a successful medium human development country, Thailand is well-positioned to contribute to Goal 8 by engaging in South-South development cooperation, opening up its markets and taking part in subregional and regional cooperation initiatives.

Through its foreign policy of "forward engagement", Thailand is reaching out to other developing countries in support of development and poverty reduction. This policy aims at forging cooperative ties with Thailand's immediate neighbours and regional partners, encouraging people-to-people contacts, and striving for mutual prosperity. Thailand is aiming to increase multi-tiered dialogue and cooperation at the bilateral, subregional and regional levels.

## A development partner

Thailand has for many years been a valuable development partner, sharing its experiences, providing technical assistance and learning services, and supporting development efforts in other countries.

Moving into the 21st Century, Thailand's development cooperation has evolved from traditional economic collaboration in the areas of banking, finance, and the expansion of trade and investment to a broader focus on sustainable human development concerns. The country's development cooperation has become more aligned with the spirit of the Millennium Declaration and the Millennium Development Goals. Current priorities for

<sup>53</sup> A full report on Thailand's contribution to the global partnership for development called for in MDG 8 will be published separately.

development cooperation include education, health care, rural development, and science and technology, in addition to areas of economic cooperation, trade and investment.

The modalities for Thai development cooperation are also evolving. Over the years, much of Thailand's support to other countries has been in the form of classroom-based training in Thailand for government officials from other countries, often funded or subsidized by OECD donor budgets and United Nations agencies, in an arrangement called "trilateral cooperation". Thailand is now increasingly offering expertise and technical advice, tailor-made training in beneficiary countries, policy dialogue, and sharing of lessons learnt and best practices. This cooperation is

becoming demand-driven, implemented in the spirit of partnerships and supportive of the priorities and needs of beneficiary countries.

Thailand is also launching a new initiative called "Friends from Thailand", a volunteer programme that dispatches Thai development experts and personnel to other countries in the region to share knowledge and expertise.

### Regional and subregional cooperation in support of MDGs

Thailand is playing a leading role in a wide range of regional and subregional cooperation initiatives with a common aim of promoting economic cooperation and human development, and ultimately achieving the MDGs (See Table 4.1).

**Table 4.1 Regional and subregional cooperation initiatives**

Regional and subregional initiatives	Description
<b>The Association of Southeast Asian Nations (ASEAN)</b>	The Association of Southeast Asian Nations (ASEAN) was established on 8 August 1967 in Bangkok by five original member countries, Indonesia, Malaysia, Philippines, Singapore and Thailand, and has expanded to a present membership of 10 countries, including Brunei Darussalam, Viet Nam, Lao PDR, Myanmar and Cambodia. ASEAN aims to move towards an ASEAN Community with three pillars: political and security cooperation; economic cooperation; and sociocultural cooperation, closely intertwined and mutually reinforced for the purpose of ensuring durable peace, stability, shared prosperity, and sustainable development in the region.
<b>Asia-Pacific Economic Cooperation (APEC)</b>	APEC was established in 1989 as an economic grouping now consisting of 21 members across the Asia-Pacific region with the highest expansion in economic growth and approximately half of the world trade. APEC promotes the principle of economic cooperation to facilitate economic prosperity, trade and investment. This forum is a leading example of an intergovernmental forum that operates on the basis of voluntarism, consensus, and open regionalism. In 2003, under the chairmanship of Prime Minister Thaksin Shinawatra, Thailand hosted a series of over 23 APEC-related meetings, culminating in the Bangkok APEC Economic Leaders' Meeting in October 2003, with the theme "A World of Differences: Partnership for the Future".
<b>The Greater Mekong Subregion (GMS)</b>	GMS was established in 1992, and includes Cambodia, Lao PDR, Myanmar, Thailand, Viet Nam and Yunan Province of the People's Republic of China (PRC). It focuses on economic cooperation that aims to promote their development through closer linkages. The GMS Programme involves the implementation of high priority subregional projects in transport, energy, telecommunications, human resource development, tourism, environment and natural resources management, and trade and investment. Leading areas of cooperation are transport linkages (East-West Economic Corridor, North-South Economic Corridor, Southern Economic Corridor and facilitating cross-border trade and investment), energy (Regional Power Interconnection and Trading Arrangements), telecommunications (telecommunications backbone), and tourism (GMS Tourism Development Programme).
<b>Indonesia–Malaysia–Thailand Growth Triangle (IMT-GT)</b>	IMT-GT was established in 1993 with an aim of promoting a growth area under a new trilateral scheme of subregional economic cooperation. Its focus is on investment, technology transfer, production cooperation and use of natural resources in southern Thailand, northern Malaysia and most of Indonesia's Sumatra Island. It also seeks to promote development of infrastructures and transportation linkages in the triangular area. The leading area of cooperation is the Seamless Songkhla-Penang-Medan Economic Corridor.

**Table 4.1 Regional and subregional cooperation initiatives (continued)**

Regional and subregional initiatives	Description
<p><b>Bangladesh, India, Myanmar, Sri Lanka, Thailand Economic Cooperation (BIMST-EC)</b></p>	<p>BIMST-EC was established in Bangkok in June 1997 with five original members, Bangladesh, India, Myanmar, Sri Lanka, and Thailand, and was later joined by Bhutan and Nepal in September 2003. It aims to create an enabling environment for rapid economic development, accelerate social progress in the sub-region, promote active collaboration and mutual assistance on matters of common interest, provide assistance to each other in the form of training and research facilities, cooperate more effectively in joint efforts that are supportive of, and complementary to, national development plans of member states, maintain close and beneficial cooperation with existing international and regional organizations, and cooperate in projects that can be dealt with most productively on a subregional basis, which makes best use of available synergies. Leading areas of cooperation are trade and investment facilitation (BIMST-EC FTA framework), and transport linkages (India–Myanmar–Thailand Trilateral Highway Project).</p>
<p><b>The Mekong-Ganga Cooperation (MGC)</b></p>	<p>The MGC was established on 10 November 2000 and is a cooperation scheme among six neighbouring countries: Cambodia, India, Lao PDR, Myanmar, Thailand and Viet Nam. As envisaged in the Hanoi Programme of Action, it emphasizes four areas of cooperation: tourism, culture, education, and transport and communication. At present, the leading area of cooperation is transport linkages.</p>
<p><b>Asia Cooperation Dialogue (ACD)</b></p>	<p>Prime Minister Thaksin Shinawatra initiated ACD in 2002. It currently comprises 22 member countries from East to West Asia. The objectives of the ACD are to promote cooperation to reduce poverty and improve the quality of life of Asian people, whilst developing a knowledge-based society within Asia and enhancing community and people empowerment. It also aims to expand trade and the financial market within Asia and enhance Asia's economic competitiveness in the global market. A number of ACD countries have expressed interest and volunteered to become prime movers in the areas of cooperation that best match their expertise and interests. For practical reasons, project cooperation will proceed on a voluntary basis and need not require a consensus from all ACD countries. At present, many countries have proposed to be prime movers in various areas, such as Thailand, Cambodia, Myanmar and Pakistan in the area of tourism; Thailand in the area of financial cooperation; Singapore in the area of SMEs cooperation; Republic of Korea in the area of IT development; and India in the area of transportation linkages and biotechnology.</p>
<p><b>The Ayeyawady-Chao Phraya-Mekong Economic Cooperation Strategy (ACMECS)</b></p>	<p>This cooperation framework amongst Cambodia, Lao PDR, Myanmar and Thailand towards balanced development in the subregion was initiated by Prime Minister Thaksin Shinawatra in April 2003. The ACMECS aims to increase the competitiveness of Cambodia, Lao PDR, Myanmar and Thailand; generate growth along the borders; facilitate relocation of agricultural and manufacturing industries to areas with comparative advantages; create employment opportunities; reduce income disparity in the four countries, and; enhance peace, stability and shared prosperity in a sustainable manner. Leading areas of cooperation are trade and investment facilitation (along the borders), industry and agriculture (establishment of industrial parks and special border economic zones, contract farming in border areas and zero-tariff imports into Thailand of certain agricultural products from neighbouring countries), transport linkages (most complementary transport linkage projects under GMS), tourism (ACMECS joint visa, ACMECS "4 countries 1 destination" package tour), human resource development (training courses and scholarships for ACMECS member countries) and energy (most complementary projects linked to the GMS Regional Power Interconnection and Trading Arrangements, projects on natural gas production and hydropower generation among ACMECS member countries).</p>

Source: Ministry of Foreign Affairs.

Subregional and regional development cooperation is recognized as a building block for sustainable human development in the region as a whole. However, some of the countries still face challenges due to their landlocked location, lack of access to world markets, small domestic markets, and the need to rationalize the use of their resource endowments such as water and energy.

To promote economic growth and raise living standards in the region, Thailand has been working with its neighbouring countries in seeking financial support for infrastructure projects and improving the policy environment for cross-border activities in the areas of transport, trade, and energy. This reflects three underlying strategic priorities: first to promote economic development of the region in a sustainable manner; second to maximize resources at the subregional level by encouraging trading on energy based on market principles and rehabilitating existing infrastructures; and third to encourage a policy environment favourable to trade and travel within the region.

### Reaching beyond its neighbours

Thailand is increasingly reaching beyond its immediate neighbours and is giving priority to supporting development in post-conflicted countries. Thailand successfully participated in peacekeeping operations in Timor-Leste and is now providing support in the areas of agricultural processing, rural development and strengthening democratic governance. Thailand is also supporting Sri Lanka's recovery from years of civil strife in the areas of fisheries, agriculture, health and de-mining. Thailand has joined the international community's humanitarian efforts to rebuild Afghanistan and Iraq by sending a team of army engineers to support infrastructure projects and medical personnel to provide services to the peoples of these two countries.

Outside Asia, Thailand is now developing partnerships with African countries in support of the New Partnership for African Development, building on a strong commitment to the Tokyo International Conference on African Development. Thailand's policy of strengthening its partnership with Africa will focus on promoting human security, human development and poverty eradication in four key dimensions: (i) enhancing economic linkages, (ii) providing technical cooperation, (iii) exchanging of experiences and best practices, and (iv) cooperating

in addressing global challenges.<sup>54</sup> Initial consultations are taking place with African countries, for example with Madagascar and Mozambique in the area of primary health care and HIV/AIDS.

### Trading for MDGs

Another key dimension of the global partnership for human development called for in Goal 8 is trade and investment. Through its trade with other developing countries, especially least developed countries, Thailand is contributing to economic growth and investment essential for the achievement of the Millennium Development Goals in those countries. In particular, Thailand provides a rapidly expanding market for its neighbours. For example, combined imports from Cambodia, Lao PDR, and Viet Nam rose from less than 500 million in 1993 to over USD 2 billion in 2002.<sup>55</sup>

Thailand continues to improve access to its markets for other developing countries. Thailand has implemented its WTO commitment effectively, bearing in mind the specific challenges faced by many developing countries including Thailand. Thailand has also made good progress on the collective and individual action plans for trade liberalization and facilitation in APEC, as well as its commitment in AFTA. Recently it has initiated several bilateral free trade negotiations with a number of developed and developing countries, including India and China, thus supporting mutual benefit that leads to further economic growth and achievement of MDGs.

Thailand has already unilaterally reduced tariffs on a large number of raw materials, machinery and intermediate products. Moreover, it has granted Generalized System of Preferences privileges for various products from its neighbours.

### Investing for MDGs

While Thailand has benefited greatly from foreign direct investment and other forms of capital inflows, it is now a growing source of FDI for other developing countries, especially ASEAN members including Cambodia, Lao PDR, Myanmar and Viet Nam. Thailand's FDI to these countries rose spectacularly in the first half of the 1990s and then dropped sharply due to the Asian financial crisis in 1997. But Thailand's FDI now contributes significantly to capital formation and development, accounting

<sup>54</sup> Keynote Address by His Excellency Dr. Surakiart Sathirathai, Minister of Foreign Affairs of Thailand, Opening Ceremony of the Seminar on the New Partnership for Africa's Development, 27 February 2004.

<sup>55</sup> Asian Development Bank, *Annual Report*, various years.

for almost 20 percent of total FDI in Cambodia in 2000, around 6 percent in Myanmar and about 30 percent in Lao PDR during 1995-2001.<sup>56</sup>

Thailand's FDI is diverse. Its investment in Myanmar is mainly in the areas of petroleum, real estate, mining and quarrying. In Cambodia, Thailand's FDI focuses on the primary sector, especially the food and beverage industry. Investments in communication, finance and insurance sectors are rising. In Lao PDR the main sectors are electricity generation and telecommunication.

In order to promote better circulation of local money within the region and funnel it into Asian public and private sector bonds, Thailand and its partners in ASEAN, plus Japan, China and South Korea, have launched the Asian Bond Market Initiative. This initiative will enable better utilization of Asian savings for Asian investments, important for economic and human development in the region.

Efforts are being made to maximize the benefit of Thai investment in terms of employment and livelihood generation and protection of the environment in the recipient countries, thus contributing to poverty reduction and the achievement of the MDGs.

### **A player in global multilateral cooperation**

Thailand is playing an active role in multilateral global cooperation. At the pinnacle of its commitment to global human development, Thailand endorsed along with 189 other countries the Millennium Declaration at the United Nations Millennium Summit in 2000, out of which the MDGs emerged.

Thailand is a strong supporter of the United Nations. It was a member of the Commission of Human Rights from 2001 to 2003 and the President of UNCTAD X in 2000. A Thai national, Mr. Supachai Panitchpakdi, is

currently serving as Director General of the World Trade Organization. Former Prime Minister Anand Panyarachun is heading the prestigious High Level Panel on Threats, Challenges and Change, appointed by the United Nations Secretary-General to recommend United Nations reforms in the areas of peace and security.

Thailand has made an important contribution to United Nations peacekeeping operations by sending military observers to join the United Nations Iraq-Kuwait Observation Mission and civilian policemen to the United Nations Mission in Bosnia-Herzegovina. Thailand also made an important contribution to the peacekeeping operations in Timor-Leste, and sent military observers to the United Nations Mission in Sierra Leone from 1997 to 2003.

Thailand has ratified a range of UN human rights, labour, and environment conventions and treaties. In 2003, Thailand hosted the Fifth Meeting of the State Parties to the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on Their Destruction. As the President of Fifth Meeting of the State Parties, Thailand pursues its efforts in promoting both the implementation and universalization of the Convention.

Thailand has become a regional and global hub for meetings and conferences on development issues. Thailand is hosting the XV International AIDS Conference in Bangkok 11-16 July 2004, focusing on efforts to reach MDG 6 of reversing the spread of HIV/AIDS.

Thailand has emerged as a pioneer and contributor to international efforts to promote economic cooperation, human development, peace and security. It plays an important role in promoting a global partnership for the achievement of the MDGs. Thailand is thereby committed to meeting its obligations to MDG 8 while delivering on its promise to its own citizens on MDGs 1 to 7 and beyond.

<sup>56</sup> Wisarn Puppavesa, *MDG 8 on Partnerships*, 2004, unpublished.





# The Way Forward

The MDG process commenced at the time when Thailand is entering a new era of opportunities to share progress evenly among parts of the region and different groups of society, especially the vulnerable and the disadvantaged.

Thailand pledges strong support to the Millennium Declaration and is mobilizing all sectors of society to take part in meeting the MDG and MDG Plus commitments. In addition to specific measures aimed at achieving each specific MDG/MDG Plus target, a number of cross-cutting priority issues need to be addressed.

## Addressing disparities of opportunities and outcomes

Thailand has achieved near-universal coverage in several areas, including primary education, basic health care, measles vaccination, maternal care, access to drinking water and sanitation. There are, however, discernable patterns of inequality in other areas. Such inequality is particularly noted among specific geographic areas or population groups.

- The **Northeast** is the poorest region, but receives the least poverty alleviation budget per capita. In addition, people in the Northeast have less access to health personnel and health infrastructure than the rest of the country, as evident in the ratios of population per physician, nurse and hospital bed.
- Distance and geography place **remote and mountainous areas** in the North in a disadvantaged position. Infant and maternal mortality is higher in these areas than in other parts of the country. The situation is worst among highland people, most of whom are also members of ethnic minorities.
- **The three southernmost provinces** are predominantly Muslim populated. The area needs specific strategy in improving quality of maternal and child health and in poverty alleviation more generally.

- **Orphans, street children, the elderly and people with disabilities** are among the poorest of the poor and the most deprived. They tend to fall outside the reach of social services provided by the Government.

- Political considerations have important bearing on any programme that aims to improve the quality of life of **migrants and stateless people** who work and live legally or illegally in the country. They are heavily concentrated along border areas, on fishing trawlers at sea and around food-processing factories near the shore. In addition to malaria, HIV/AIDS and other health problems, these mobile populations are easy victims of all kinds of abuses.

- **Informal sex workers, injecting drug users, men who have sex with men, and other vulnerable and marginalized groups** encounter discrimination and are often off the radar screen of policy makers, thus making it hard to reach them with appropriate support services, especially services related to HIV/AIDS prevention and care.

Due to physical, social, or political constraints, many people have fallen into Thailand's data gaps. Little is known about their whereabouts or their development situation. Moreover, little has been planned to alleviate their problems.

Bringing the poor, the disadvantaged and the vulnerable into the mainstream of development is at the top of the agenda. This requires both inclusion and strategic intervention. The human rights aspiration of the Constitution needs to be turned into reality by institutionalizing relevant legal frameworks, instruments and processes, such as the Community Rights Act, the Public Participation Act and an amended National Environmental Act. This will provide a fundamental basis for the advancement of rights-based development, which will constitute a long-term guarantee that no one will be excluded from partaking in the benefits of development.

Short-term solutions require strategic intervention to ensure that people who are disadvantaged have not only legal rights and access to social services, but also the capacity to exercise their rights effectively. Such intervention may include capacity building for both the service providers and the target groups, specially allocated budgets, special entitlements/quotas, and special monitoring and surveillance efforts.

### **Inclusive economic growth**

Economic growth is in the interest of the poor and vulnerable. Thailand's recent history illustrates this point very clearly. Periods of strong economic growth, such as the decade up to the mid 1990s or the last few years, were also episodes of rapid reduction in poverty, while periods of economic decline, such as during the Asian crisis in the second half of the 1990s, coincided with increases in poverty. The positive impact of growth is not limited to poverty reduction but extends also to other MDGs.

Macroeconomic stability is a key requirement for a growing economy. But experience shows that it is not enough, and attention needs to turn to efforts to improve the microeconomic conditions that shape the incentives of firms and service providers to invest productively, create jobs, and expand.

The ability of the poor to benefit from and contribute to growth depends critically on whether or not they have access to assets, to basic services and to markets. This encompasses a vast agenda, ranging from strengthening property rights and improving the investment climate to facilitating market access.

### **Improving the quality of social services**

During the past decades, Thailand has been successful in extending the coverage of social services including education and health care to nearly all the population. The next challenge is to upgrade the quality, especially in education.

At present, students of all levels perform below the standard in national tests. The Thai education system is plagued by traditional rote-learning and text-based teaching style that fails to stimulate critical and independent thinking. Much is expected of the education reform that is based on the National Education Act 1999. The reform aims to bring about substantial changes in teachers and their teaching style, curriculum development and education management. In the near future, the education system will be under enormous pressure to push for higher quality at the same time that it has to accommodate

the twelve-year basic education mandated by the Constitution. Overhauling the national education system is difficult but crucial for Thailand to realize its vision as a knowledge-based society.

In spite of the country's relatively high standard, there is room for improvement in the provision of health care, especially in family health care, nutrition, maternal care and child care. Preventive health and health promotion are expected to play a larger role in the future of the Thai health system, thereby reducing the financial burden of the universal health scheme.

### **Support decentralization to build local ownership and capacity around MDGs**

Success in achieving the MDGs will depend on actions at the operational level. As the responsibility for human development shifts increasingly to the provinces, the effectiveness of decentralization will be important to achieving and maintaining service quality. The MDGs can provide a framework for coordinating actions around outcomes at the local level.

Sustainability of progress on the MDGs will depend on local ownership. Therefore, it is important to ensure that not only local governments, but also communities are actively engaged in bringing about responsive and effective local governance. In addition to building community understanding of the MDGs, explicit attention will be paid to how MDG efforts build on broad-based social protection and safety net programmes. This will help to enhance the success of community self-help efforts in various parts of the country. The upcoming five-year review of the Decentralization Plan 2000 represents an excellent opportunity to shape and support this critical transition process.

### **Ensure data-analysis-policy linkage**

Integrating the MDGs into the national agenda and bringing the MDGs closer to the people by delivering results is the ultimate challenge. Quality data, collected continuously and frequently, can provide the material for good analysis and sound policy-making. However, more often than not, the link is broken.

Thailand has invested a substantial amount of financial and human resources in data collection. The quality and continuity of data is generally fair to good. But, data is not consistent, nor routinely or adequately analysed, which diminishes the chance of data playing significant roles in policy

deliberations. Thailand will need to invest to overcome the constraints in order to achieve linkage among data collection, data analysis and policy decisions.

In particular, efforts are needed to consolidate fragmented data through better coordination of data collection among different government units. The lack of gender-disaggregated data (except in education and health) and insufficient information on excluded populations are specific problems that could be resolved with better planning and targeting. Finally, some areas have an incentive (for example budget acquisition or performance review) to over or under report statistics. Therefore, addressing any structural bias in data collection is crucial.

### **Build on momentum from the MDG process to improve integration**

Integrated policy and implementation is at the heart of the MDG process at the national and international levels. At the international level, the Millennium Declaration has

rallied the United Nations agencies, donor countries, developing countries and civil society organizations to cross their boundaries, interests, disciplines and ideologies to focus on the fight against global poverty, or more specifically the eight MDG goals that are considered most fundamental to human well-being. It will be important to find synergies between international and local efforts in Thailand and in the region.

At the national level, integration has been well underway. The public sector has been restructured. Government agencies are changing the way they do business to align their programmes and work processes toward strategic and integrated results at the national and provincial levels. As noted earlier, current decentralization efforts provide an opportunity to embed this understanding within provincial and local endeavours. This integration will be, however, difficult and time-consuming, especially during the initial period. Strong and sustained political will is needed.



# United Nations Millennium Declaration

*The General Assembly adopts the following Declaration:*

## **United Nations Millennium Declaration**

### **I. Values and principles**

1. We, heads of State and Government, have gathered at United Nations Headquarters in New York from 6 to 8 September 2000, at the dawn of a new millennium, to reaffirm our faith in the Organization and its Charter as indispensable foundations of a more peaceful, prosperous and just world.
2. We recognize that, in addition to our separate responsibilities to our individual societies, we have a collective responsibility to uphold the principles of human dignity, equality and equity at the global level. As leaders we have a duty therefore to all the world's people, especially the most vulnerable and, in particular, the children of the world, to whom the future belongs.
3. We reaffirm our commitment to the purposes and principles of the Charter of the United Nations, which have proved timeless and universal. Indeed, their relevance and capacity to inspire have increased, as nations and peoples have become increasingly interconnected and interdependent.
4. We are determined to establish a just and lasting peace all over the world in accordance with the purposes and principles of the Charter. We rededicate ourselves to support all efforts to uphold the sovereign equality of all States, respect for their territorial integrity and political independence, resolution of disputes by peaceful means and in conformity with the principles of justice and international law, the right to self-determination of peoples which remain under colonial domination and foreign occupation, non-interference in the internal affairs of States, respect for human rights and fundamental freedoms, respect for the equal rights of all without distinction as to race, sex, language or religion and international cooperation in solving international problems of an economic, social, cultural or humanitarian character.
5. We believe that the central challenge we face today is to ensure that globalization becomes a positive force for all the world's people. For while globalization offers great opportunities, at present its benefits are very unevenly shared, while its costs are unevenly distributed. We recognize that developing countries and countries with economies in transition face special difficulties in responding to this central challenge. Thus, only through broad and sustained efforts to create a shared future, based upon our common humanity in all its diversity, can globalization be made fully inclusive and equitable. These efforts must include policies and measures, at the global level, which correspond to the needs of developing countries and economies in transition and are formulated and implemented with their effective participation.
6. We consider certain fundamental values to be essential to international relations in the twenty-first century. These include:
  - **Freedom.** Men and women have the right to live their lives and raise their children in dignity, free from hunger and from the fear of violence, oppression or injustice. Democratic and participatory governance based on the will of the people best assures these rights.
  - **Equality.** No individual and no nation must be denied the opportunity to benefit from development. The equal rights and opportunities of women and men must be assured.
  - **Solidarity.** Global challenges must be managed in a way that distributes the costs and burdens fairly in accordance with basic principles of equity and social justice. Those who suffer or who benefit least deserve help from those who benefit most.
  - **Tolerance.** Human beings must respect one other, in all their diversity of belief, culture and language. Differences within and between societies should be neither feared nor repressed, but cherished as a precious asset of humanity. A culture of peace and dialogue among all civilizations should be actively promoted.

- **Respect for nature.** Prudence must be shown in the management of all living species and natural resources, in accordance with the precepts of sustainable development. Only in this way can the immeasurable riches provided to us by nature be preserved and passed on to our descendants. The current unsustainable patterns of production and consumption must be changed in the interest of our future welfare and that of our descendants.
  - **Shared responsibility.** Responsibility for managing worldwide economic and social development, as well as threats to international peace and security, must be shared among the nations of the world and should be exercised multilaterally. As the most universal and most representative organization in the world, the United Nations must play the central role.
7. In order to translate these shared values into actions, we have identified key objectives to which we assign special significance.

## II. Peace, security and disarmament

8. We will spare no effort to free our peoples from the scourge of war, whether within or between States, which has claimed more than 5 million lives in the past decade. We will also seek to eliminate the dangers posed by weapons of mass destruction.
9. We resolve therefore:
- To strengthen respect for the rule of law in international as in national affairs and, in particular, to ensure compliance by Member States with the decisions of the International Court of Justice, in compliance with the Charter of the United Nations, in cases to which they are parties.
  - To make the United Nations more effective in maintaining peace and security by giving it the resources and tools it needs for conflict prevention, peaceful resolution of disputes, peacekeeping, post-conflict peace-building and reconstruction. In this context, we take note of the report of the Panel on United Nations Peace Operations and request the General Assembly to consider its recommendations expeditiously.
  - To strengthen cooperation between the United Nations and regional organizations, in accordance with the provisions of Chapter VIII of the Charter.
  - To ensure the implementation, by States Parties, of treaties in areas such as arms control and disarmament and of international humanitarian law and human rights law, and call upon all States to consider signing and ratifying the Rome Statute of the International Criminal Court.
  - To take concerted action against international terrorism, and to accede as soon as possible to all the relevant international conventions.
  - To redouble our efforts to implement our commitment to counter the world drug problem.
  - To intensify our efforts to fight transnational crime in all its dimensions, including trafficking as well as smuggling in human beings and money laundering.
  - To minimize the adverse effects of United Nations economic sanctions on innocent populations, to subject such sanctions regimes to regular reviews and to eliminate the adverse effects of sanctions on third parties.
  - To strive for the elimination of weapons of mass destruction, particularly nuclear weapons, and to keep all options open for achieving this aim, including the possibility of convening an international conference to identify ways of eliminating nuclear dangers.
  - To take concerted action to end illicit traffic in small arms and light weapons, especially by making arms transfers more transparent and supporting regional disarmament measures, taking account of all the recommendations of the forthcoming United Nations Conference on Illicit Trade in Small Arms and Light Weapons.
  - To call on all States to consider acceding to the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on Their Destruction, as well as the amended mines protocol to the Convention on conventional weapons.
10. We urge Member States to observe the Olympic Truce, individually and collectively, now and in the future, and to support the International Olympic Committee in its efforts to promote peace and human understanding through sport and the Olympic Ideal.

## III. Development and poverty eradication

11. We will spare no effort to free our fellow men, women and children from the abject and dehumanizing conditions of extreme poverty, to which more than a billion of them are currently subjected. We are committed to making the right to development a reality for everyone and to freeing the entire human race from want.
12. We resolve therefore to create an environment – at the national and global levels alike – which is conducive to development and to the elimination of poverty.

13. Success in meeting these objectives depends, inter alia, on good governance within each country. It also depends on good governance at the international level and on transparency in the financial, monetary and trading systems. We are committed to an open, equitable, rule-based, predictable and non-discriminatory multilateral trading and financial system.
14. We are concerned about the obstacles developing countries face in mobilizing the resources needed to finance their sustained development. We will therefore make every effort to ensure the success of the High-level International and Intergovernmental Event on Financing for Development, to be held in 2001.
15. We also undertake to address the special needs of the least developed countries. In this context, we welcome the Third United Nations Conference on the Least Developed Countries to be held in May 2001 and will endeavour to ensure its success. We call on the industrialized countries:
- To adopt, preferably by the time of that Conference, a policy of duty- and quota-free access for essentially all exports from the least developed countries;
  - To implement the enhanced programme of debt relief for the heavily indebted poor countries without further delay and to agree to cancel all official bilateral debts of those countries in return for their making demonstrable commitments to poverty reduction; and
  - To grant more generous development assistance, especially to countries that are genuinely making an effort to apply their resources to poverty reduction.
16. We are also determined to deal comprehensively and effectively with the debt problems of low- and middle-income developing countries, through various national and international measures designed to make their debt sustainable in the long term.
17. We also resolve to address the special needs of small island developing States, by implementing the Barbados Programme of Action and the outcome of the twenty-second special session of the General Assembly rapidly and in full. We urge the international community to ensure that, in the development of a vulnerability index, the special needs of small island developing States are taken into account.
18. We recognize the special needs and problems of the landlocked developing countries, and urge both bilateral and multilateral donors to increase financial and technical assistance to this group of countries to meet their special development needs and to help them overcome the impediments of geography by improving their transit transport systems.
19. We resolve further:
- To halve, by the year 2015, the proportion of the world's people whose income is less than one dollar a day and the proportion of people who suffer from hunger and, by the same date, to halve the proportion of people who are unable to reach or to afford safe drinking water.
  - To ensure that, by the same date, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling and that girls and boys will have equal access to all levels of education.
  - By the same date, to have reduced maternal mortality by three quarters, and under-five child mortality by two thirds, of their current rates.
  - To have, by then, halted, and begun to reverse, the spread of HIV/AIDS, the scourge of malaria and other major diseases that afflict humanity.
  - To provide special assistance to children orphaned by HIV/AIDS.
  - By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers as proposed in the "Cities Without Slums" initiative.
20. We also resolve:
- To promote gender equality and the empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate development that is truly sustainable.
  - To develop and implement strategies that give young people everywhere a real chance to find decent and productive work.
  - To encourage the pharmaceutical industry to make essential drugs more widely available and affordable by all who need them in developing countries.
  - To develop strong partnerships with the private sector and with civil society organizations in pursuit of development and poverty eradication.
  - To ensure that the benefits of new technologies, especially information and communication technologies, in conformity with recommendations contained in the ECOSOC 2000 Ministerial Declaration, are available to all.



## **IV. Protecting our common environment**

21. We must spare no effort to free all of humanity, and above all our children and grandchildren, from the threat of living on a planet irredeemably spoilt by human activities, and whose resources would no longer be sufficient for their needs.
22. We reaffirm our support for the principles of sustainable development, including those set out in Agenda 21, agreed upon at the United Nations Conference on Environment and Development.
23. We resolve therefore to adopt in all our environmental actions a new ethic of conservation and stewardship and, as first steps, we resolve:
- To make every effort to ensure the entry into force of the Kyoto Protocol, preferably by the tenth anniversary of the United Nations Conference on Environment and Development in 2002, and to embark on the required reduction in emissions of greenhouse gases.
  - To intensify our collective efforts for the management, conservation and sustainable development of all types of forests.
  - To press for the full implementation of the Convention on Biological Diversity and the Convention to Combat Desertification in those Countries Experiencing Serious Drought and/or Desertification, particularly in Africa.
  - To stop the unsustainable exploitation of water resources by developing water management strategies at the regional, national and local levels, which promote both equitable access and adequate supplies.
  - To intensify cooperation to reduce the number and effects of natural and man-made disasters.
  - To ensure free access to information on the human genome sequence.

## **V. Human rights, democracy and good governance**

24. We will spare no effort to promote democracy and strengthen the rule of law, as well as respect for all internationally recognized human rights and fundamental freedoms, including the right to development.
25. We resolve therefore:
- To respect fully and uphold the Universal Declaration of Human Rights.
  - To strive for the full protection and promotion in all our countries of civil, political, economic, social and cultural rights for all.
  - To strengthen the capacity of all our countries to implement the principles and practices of democracy and respect for human rights, including minority rights.
  - To combat all forms of violence against women and to implement the Convention on the Elimination of All Forms of Discrimination against Women.
  - To take measures to ensure respect for and protection of the human rights of migrants, migrant workers and their families, to eliminate the increasing acts of racism and xenophobia in many societies and to promote greater harmony and tolerance in all societies.
  - To work collectively for more inclusive political processes, allowing genuine participation by all citizens in all our countries.
  - To ensure the freedom of the media to perform their essential role and the right of the public to have access to information.

## **VI. Protecting the vulnerable**

26. We will spare no effort to ensure that children and all civilian populations that suffer disproportionately the consequences of natural disasters, genocide, armed conflicts and other humanitarian emergencies are given every assistance and protection so that they can resume normal life as soon as possible.

We resolve therefore:

- To expand and strengthen the protection of civilians in complex emergencies, in conformity with international humanitarian law.
- To strengthen international cooperation, including burden sharing in, and the coordination of humanitarian assistance to, countries hosting refugees and to help all refugees and displaced persons to return voluntarily to their homes, in safety and dignity and to be smoothly reintegrated into their societies.
- To encourage the ratification and full implementation of the Convention on the Rights of the Child and its optional protocols on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography.

## VII. Meeting the special needs of Africa

27. We will support the consolidation of democracy in Africa and assist Africans in their struggle for lasting peace, poverty eradication and sustainable development, thereby bringing Africa into the mainstream of the world economy.

28. We resolve therefore:

- To give full support to the political and institutional structures of emerging democracies in Africa.
- To encourage and sustain regional and subregional mechanisms for preventing conflict and promoting political stability, and to ensure a reliable flow of resources for peacekeeping operations on the continent.
- To take special measures to address the challenges of poverty eradication and sustainable development in Africa, including debt cancellation, improved market access, enhanced Official Development Assistance and increased flows of Foreign Direct Investment, as well as transfers of technology.
- To help Africa build up its capacity to tackle the spread of the HIV/AIDS pandemic and other infectious diseases.

## VIII. Strengthening the United Nations

29. We will spare no effort to make the United Nations a more effective instrument for pursuing all of these priorities: the fight for development for all the peoples of the world, the fight against poverty, ignorance and disease; the fight against injustice; the fight against violence, terror and crime; and the fight against the degradation and destruction of our common home.

30. We resolve therefore:

- To reaffirm the central position of the General Assembly as the chief deliberative, policy-making and representative organ of the United Nations, and to enable it to play that role effectively.
- To intensify our efforts to achieve a comprehensive reform of the Security Council in all its aspects.
- To strengthen further the Economic and Social Council, building on its recent achievements, to help it fulfil the role ascribed to it in the Charter.
- To strengthen the International Court of Justice, in order to ensure justice and the rule of law in international affairs.
- To encourage regular consultations and coordination among the principal organs of the United Nations in pursuit of their functions.
- To ensure that the Organization is provided on a timely and predictable basis with the resources it needs to carry out its mandates.
- To urge the Secretariat to make the best use of those resources, in accordance with clear rules and procedures agreed by the General Assembly, in the interests of all Member States, by adopting the best management practices and technologies available and by concentrating on those tasks that reflect the agreed priorities of Member States.
- To promote adherence to the Convention on the Safety of United Nations and Associated Personnel.
- To ensure greater policy coherence and better cooperation between the United Nations, its agencies, the Bretton Woods Institutions and the World Trade Organization, as well as other multilateral bodies, with a view to achieving a fully coordinated approach to the problems of peace and development.
- To strengthen further cooperation between the United Nations and national parliaments through their world organization, the Inter-Parliamentary Union, in various fields, including peace and security, economic and social development, international law and human rights and democracy and gender issues.
- To give greater opportunities to the private sector, non-governmental organizations and civil society, in general, to contribute to the realization of the Organization's goals and programmes.

31. We request the General Assembly to review on a regular basis the progress made in implementing the provisions of this Declaration, and ask the Secretary-General to issue periodic reports for consideration by the General Assembly and as a basis for further action.

32. We solemnly reaffirm, on this historic occasion, that the United Nations is the indispensable common house of the entire human family, through which we will seek to realize our universal aspirations for peace, cooperation and development. We therefore pledge our unstinting support for these common objectives and our determination to achieve them.

*Resolution A/RES/55/2  
8th plenary meeting  
8 September 2000*

## Millennium Development Goals, target and indicators\*

Indicator	Description
	<p><b>Goal 1. Eradicate extreme poverty and hunger</b></p> <p><b>Target 1. Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day</b></p>
1	Proportion of population below \$1 (PPP) per day
2	Poverty gap ratio (incidence x depth of poverty)
3	Share of poorest quintile in national consumption
	<p><b>Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger</b></p>
4	Prevalence of underweight children under five years of age
5	Proportion of population below minimum level of dietary energy consumption
	<p><b>Goal 2. Achieve universal primary education</b></p> <p><b>Target 3. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</b></p>
6	Net enrolment ratio in primary education
7	Proportion of pupils starting grade 1 who reach grade 5
8	Literacy rate of 15- to 24-year-olds
	<p><b>Goal 3. Promote gender equality and empower women</b></p> <p><b>Target 4. Eliminate gender disparity in primary and secondary education, preferably by 2005, and to all levels of education no later than 2015</b></p>
9-1	Ratio of girls to boys in primary education
9-2	Ratio of girls to boys in secondary education
9-3	Ratio of girls to boys in tertiary education
10	Ratio of literate women to men of 15- to 24-year-olds
11	Share of women in wage employment in the non-agricultural sector
12	Proportion of seats held by women in national parliament
	<p><b>Goal 4. Reduce child mortality</b></p> <p><b>Target 5. Reduce by two thirds, between 1990 and 2015, the under-five mortality rate</b></p>
13	Under-five mortality rate
14	Infant mortality rate
15	Proportion of 1-year-old children immunized against measles
	<p><b>Goal 5. Improve maternal health</b></p> <p><b>Target 6. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio</b></p>
16	Maternal mortality ratio
17	Proportion of births attended by skilled health personnel
	<p><b>Goal 6. Combat HIV/AIDS, malaria and other diseases</b></p> <p><b>Target 7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS</b></p>
18	HIV prevalence among 15- to 24-year-old pregnant women
19	Condom use to overall contraceptive use among currently married women aged 15-49; percentage
19a-1	Condom use; men aged 15-24 at last high-risk sex; percentage
19a-2	Condom use; women aged 15-24 at last high-risk sex; percentage
19b-1	HIV knowledge; men aged 15-24 who know that a healthy-looking person can transmit HIV; percentage
19b-2	HIV knowledge; men aged 15-24 who know that a person can protect himself from HIV infection by consistent condom use; percentage
19b-3	HIV knowledge; women aged 15-24 who know that a healthy-looking person can transmit HIV; percentage
19b-4	HIV knowledge; women aged 15-24 who know that a person can protect herself from HIV infection by consistent condom use; percentage
20	Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14
	<p><b>Target 8. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</b></p>
21-1*	Prevalence (notified cases) associated with malaria
21-2*	Death rates associated with malaria for all ages
21-3*	Death rates associated with malaria for 0-4 age group
22-1*	Malaria prevention: use of insecticide-treated bed nets in population younger than 5 years; percentage
22-2*	Malaria treatment: fever treated with anti-malarial drugs in population younger than 5 years; percentage
23-1	Prevalence rates associated with tuberculosis
23-2	Death rates associated with tuberculosis
24-1	Proportion of tuberculosis cases detected
24-2	Proportion of tuberculosis cases cured under directly observed treatment short course (DOTS)

## Millennium Development Goals, target and indicators\* (continued)

Indicator	Description
	<b>Goal 7. Ensure environmental sustainability</b>
	<b>Target 9. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</b>
25	Proportion of land area covered by forest
26	Ratio of area protected to maintain biological diversity to surface area
27	Energy use (kg oil equivalent) per \$1 GDP (PPP)
28-1	Carbon dioxide emissions (per capita)
28-2	Consumption of ozone-depleting CFCs (ODP tons)
29	Proportion of population using solid fuels
	<b>Target 10. Halve by 2015 the proportion of people without sustainable access to safe drinking water and sanitation</b>
30-1	Proportion of population with sustainable access to an improved water source, urban
30-2	Proportion of population with sustainable access to an improved water source, rural
31	Proportion of urban population with access to improved sanitation
	<b>Target 11. By 2020 to have achieved a significant improvement in the lives of at least 100 million slum dwellers</b>
32	Proportion of households with access to secure tenure
	<b>Goal 8. Develop a global partnership for development</b>
	<b>Target 12. Develop further an open, rule-based, predictable, non-discriminatory trading and financial system</b>
	<b>Target 13. Address the special needs of the least developed countries</b>
	<b>Target 14. Address the special needs of landlocked countries and small island developing States</b>
	<b>Target 15. Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</b>
	<i>Official development assistance (ODA)</i>
33-1*	Net ODA, total, as percentage of OECD/DAC donors' gross national income
33-2*	Net ODA, to LDCs, as percentage of OECD/DAC donors' gross national income
34*	Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services
35*	Proportion of bilateral ODA of OECD/DAC donors that is untied
36*	ODA received in landlocked countries as proportion of their GNIs
37*	ODA received in small island developing States as proportion of their GNIs
	<i>Market access</i>
38-1*	Market access, developed country imports from developing countries; admitted duty free; percentage
38-2*	Market access, developed country imports from the LDCs; admitted duty free; percentage
39-1*	Market access; average tariffs imposed by developed countries on clothing from developing countries
39-2*	Market access; average tariffs imposed by developed countries on textiles from developing countries
40*	Agricultural support estimate for OECD countries as percentage of their GDP
41*	Proportion of ODA provided to help to build trade capacity
	<i>Debt sustainability</i>
42*	Total number of countries that have reached their Heavily Indebted Poor Countries Initiative (HIPC) decision points and number that have reached their HIPC completion points
43*	Debt relief committed under HIPC initiative, US Dollars
44	Debt service as percentage of exports of goods and services
	<b>Target 16. In cooperation with developing countries, develop and implement strategies for decent and productive work for youth</b>
45-1	Unemployment rate of 15- to 24-year-olds, total
45-2	Unemployment rate of 15- to 24-year-olds, men
45-3	Unemployment rate of 15- to 24-year-olds, women
	<b>Target 17. In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</b>
46	Proportion of population with access to affordable essential drugs on a sustainable basis
	<b>Target 18. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications</b>
47	Telephone lines and cellular subscribers per 100 population
48-1	Personal computers in use per 100 population
48-2	Internet users per 100 population

\* Indicator not applicable for all countries/areas.

For detailed definitions and technical notes, see the Millennium development indicators web site, <http://www.millenniumindicators.un.org>



# Data Tables on MDG and MDG Plus, 1990-2002

Poverty and hunger													
MDG and MDG+ indicators	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Proportion of population below the poverty line (%) <sup>1</sup>	27.2	..	23.2	..	16.3	..	11.4	..	13	..	14.2	..	9.8
Proportion of population below poverty line in Northeast (%) <sup>1</sup>	43.1	..	39.9	..	28.6	..	19.4	..	24	..	28.1	..	17.7
Proportion of population below poverty line in the three southernmost provinces (%) <sup>1</sup>													
Pattani	..	..	..	..	37.8	..	30.9	..	20.7	32.1	25.4	29.5	19.6
Yala	..	..	..	..	27.6	..	26.1	..	37.9	32.8	28.1	21.8	26.9
Narathiwat	..	..	..	..	45.6	..	32.3	..	45.6	48.9	35.1	52.8	34.0
Poverty gap ratio <sup>1</sup>	8	..	6.8	..	4.3	..	2.8	..	3.3	..	4.1	..	2.4
Poverty severity <sup>1</sup>	3.3	..	2.8	..	1.7	..	1.1	..	1.3	..	1.6	..	0.9
Share of poorest quintile in individual household income (%) <sup>2</sup>	4.2	..	3.9	..	4	..	4.2	..	4.2	..	3.9	..	4.2
Prevalence of underweight children under five (%) <sup>3</sup>	18.6	16.4	15.4	14.4	14.4	11.8	10.1	9.9	8.5	8.4	8.5	..	8.6 <sup>a</sup>
Prevalence of underweight highland children (%) <sup>3</sup>	..	..	..	..	..	..	..	40.9	20.7	25.7	19.7	17	..
Prevalence of iodine deficiency in school-aged children (%) <sup>3</sup>	..	..	..	..	..	..	..	3.3	..	..	..	2	..
Prevalence of iron deficiency in school-aged children (%) <sup>3</sup>	..	..	..	..	..	..	..	12.5	..	..	8.1	..	..
Proportion of population below food poverty line (%) <sup>1</sup>	6.9	..	6.8	..	3.6	..	2.7	..	3.1	..	4.2	..	2.2
Proportion of population aged over 20 below minimum level of dietary energy consumption (%) <sup>3</sup>	..	..	..	..	..	25	..	..	..	..	..	..	..

Note: <sup>a</sup> excluding Bangkok

Sources: <sup>1</sup> Office of National Economic and Social Development Board

<sup>2</sup> National Statistical Office

<sup>3</sup> Nutrition Division, Department of Health, Ministry of Public Health

## Education

MDG and MDG+ indicators	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Net enrolment in primary education (%) <sup>1</sup>	..	..	70.1	..	70.8	..	77.1	..	80.4	..	..	..	..
Gross enrolment in primary education (%) <sup>1</sup>	..	..	99.2	97.3	93.8	103.4	103	103.1	102.6	102.4	103.2	103.8	104.8
Net enrolment in lower secondary education (%) <sup>1</sup>	..	..	31.3 <sup>a</sup>	..	35.9	..	48.1 <sup>a</sup>	..	48.4 <sup>b</sup>	..	..	..	..
Gross enrolment in lower secondary education (%) <sup>1</sup>	..	..	50.6	57.1	63.4	73.1	78.2	81.8	83.4	83.5	82.8	82.2	82.2
Gross enrolment in upper secondary education (%) <sup>1</sup>	..	..	26.9	30	33.7	39.2	44	49.3	51.9	55.3	57.3	59.3	54.8
Literacy rate of 15-24 years old (%) <sup>2</sup>	98.2	..	98	..	98.6	..	..	..	..	..	98	..	..

Notes: <sup>a</sup> excluding schools under the National Primary Education Commission and the Private Education Commission

<sup>b</sup> excluding schools under the Private Education Commission

Sources: <sup>1</sup> Ministry of Education

<sup>2</sup> National Statistical Office

## Gender equality and women empowerment

MDG and MDG+ indicators	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Ratio of girls to boys in primary education <sup>1</sup>	..	0.95	0.94	..	..	..	0.94	..	..	0.94	0.93	..	..
Ratio of girls to boys in secondary education <sup>1</sup>	..	0.97	0.98	..	..	..	1.02	..	..	1.01	1.01	..	..
Ratio of women to men in tertiary education <sup>a,2</sup>	..	1	1	1	1.01	1	1.02	1.05	1.07	1.1	1.12	1.15	..
Ratio of women to men in mathematics and computer science study <sup>2</sup>	..	0.63	0.65	0.65	0.72	0.8	0.84	0.85	0.79	0.84	0.79	0.83	..
Ratio of women to men in medical sciences and health service study <sup>2</sup>	..	2.19	2.41	2.59	2.49	2.25	2.64	2.85	2.55	2.53	2.35	2.37	..
Ratio of women to men in engineering study <sup>2</sup>	..	0.11	0.12	0.14	0.14	0.18	0.19	0.18	0.19	0.17	0.17	0.18	..
Ratio of women to men in architecture study <sup>2</sup>	..	0.42	0.48	0.49	0.55	0.5	0.5	0.47	0.46	0.41	0.41	0.41	..
Ratio of women to men in law study <sup>2</sup>	..	0.22	0.21	0.21	0.2	0.21	0.22	0.25	0.29	0.34	0.39	0.44	..
Literacy parity, ratio women to men of 15-24 years old <sup>3</sup>	0.89	..	..	..	..	..	..	..	..	..	..	..	1
Literacy parity, ratio women to men over 40 years old <sup>3</sup>	..	..	..	..	..	..	..	..	..	..	0.9	..	..
Share of women in waged employment in non-agricultural sector (%) <sup>3</sup>	45.1	45	44.4	44.8	44.8	44	43.6	44.3	46.1	46.1	46.1	..	..
Proportion of women to men's income in waged employment in non-agricultural sector (%) <sup>3</sup>	65.4	62.5	70.2	68.5	68.3	71.9	71.7	76.1	74.9	73.6	80.8	..	..
Proportion of seats held by women in national parliament (%) <sup>4</sup>	2.2	..	3.5	..	..	4.7	6.41	..	..	..	7.2	9.6	..
Proportion of women in TAO (%) <sup>5</sup>	..	..	..	..	..	..	..	..	..	..	6.9	8.9	..
Proportion of women in executive positions in the civil service (%) <sup>6</sup>	..	..	9.9	10.5	10.1	11.6	12.7	14	13.5	12.5	13.8	14.2	..

Note: <sup>a</sup> including only bachelor degree programmes in state universities under Ministry of University Affairs

Sources: <sup>1</sup> Calculated from data from Ministry of Education

<sup>2</sup> Calculated from data from Office of the Higher Education Commission, Ministry of Education

<sup>3</sup> Calculated from data from National Statistical Office

<sup>4</sup> Calculated from data from the Senate and the House of Representatives

<sup>5</sup> Department of Local Administration, Ministry of Interior

<sup>6</sup> Office of Civil Service Commission



## Child and maternal health

MDG and MDG+ indicators	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Under-five mortality rate (per 1,000 live births) <sup>1</sup>	12.8	..	..	..	..	11.6	..	..	16.9	..	..	..	..
Infant mortality rate (per 1,000 live births) <sup>2</sup>	..	34.5	..	..	..	26	..	..	..	..	..	..	22
Proportion of one year-old children immunized against measles (%) <sup>3</sup>	78	..	..	..	..	..	..	..	..	..	..	..	94
Maternal mortality ratio (per 100,000 live births) <sup>4</sup>	36.2	..	23	..	..	16.8	..	..	15.8	14.2	..	17.6	24
Proportion of births attended by skilled health personnel (%) <sup>4</sup>	90.8	93.2	90.4	91.1	..	94.4	..	..	99	..	..	98	..

Sources: <sup>1</sup> Ministry of Public Health (data from Bureau of Registration Administration, Ministry of Interior)

<sup>2</sup> National Statistical Office

<sup>3</sup> Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health

<sup>4</sup> Department of Health, Ministry of Public Health

## HIV/AIDS, malaria, tuberculosis and heart disease

MDG and MDG+ indicators	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
HIV prevalence among pregnant women (%) <sup>1</sup>	0	0.71	1	1.5	1.61	2.29	1.81	1.71	1.53	1.74	1.46	1.37	1.39
HIV prevalence among reproductive adults (%) <sup>2</sup>	..	..	..	..	..	..	..	..	..	..	..	1.75	1.54
HIV prevalence among IDUs (%) <sup>1</sup>	37.72	35.59	36.4	35.62	30.56	37	43.26	40	46.88	50.77	47.17	50	44.91
Rate of constant condom use of secondary school male students (%) <sup>1</sup>	..	..	..	..	..	..	..	..	..	20.8	..	..	27.7
Number of children orphaned by AIDS <sup>2</sup>	..	..	..	..	..	..	..	..	..	..	..	289,000	..
Malaria incidence rate (per 1,000) <sup>3</sup>	5.18	3.74	2.85	2.13	1.87	1.5	1.56	1.78	2.21	2.27	1.6	1.17	..
Malaria incidence rate in 30 border provinces (per 1,000) <sup>3</sup>	..	..	..	..	..	..	..	4.4	4.34	5.16	3.69	2.82	..
Malaria death rate (per 100,000) <sup>3</sup>	..	..	..	..	..	1.44	1.35	1.23	1	1.2	1.01	0.68	..
Tuberculosis prevalence rate (per 100,000) <sup>1</sup>	..	..	35.3	36.1	38	37.4	41.6	44.0	46.5	50.5	51.8	48.4	..
Tuberculosis death rate (per 100,000) <sup>5</sup>	6.8	6.5	6.3	6.1	5.9	7	7.7	6.2	5.8	5.6	..	..	..
DOTS success rate (%) <sup>4</sup>	..	..	..	..	..	..	..	..	..	..	..	73	..
Heart disease prevalence rate (per 100,000) <sup>5</sup>	76.5	114.4	125.6	101.7	109.4	129.7	158	173.6	194.8	252.6	285.4	376.4	458.4
Heart disease death rate (per 100,000) <sup>5</sup>	51.3	54.7	56	58.5	62.5	69.2	79.5	72.1	63.47	49.85	31.9	30.3	24.6

Sources: <sup>1</sup> Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health

<sup>2</sup> UNAIDS, Thailand

<sup>3</sup> Bureau of Policy and Strategy and Bureau of Vector-Borne Diseases, Ministry of Public Health

<sup>4</sup> Bureau of AIDS, TB, and STIs, Department of Disease Control, Ministry of Public Health

<sup>5</sup> Bureau of Policy and Strategy, Ministry of Public Health

## Environment

MDG and MDG+ indicators	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Proportion of land area covered by forest (%) <sup>1</sup>	28	26.6	..	26	..	25.6	..	..	25.3	..	33.4 <sup>a</sup>	..	..
Mangrove forest area (sq.km.) <sup>1</sup>	1,805	1,738	..	1,687	..	..	1,676	..	..	..	2,442 <sup>a</sup>	..	..
Ratio of area protected to maintain biological diversity to surface areas (%) <sup>2</sup>	12.4	13.5	14.0	13.9	14.1	14.8	15.0	..	15.2	15.7	16.8	17.7	17.6
Energy use per 1,000 Baht GDP at 1988 constant price (kgoe) <sup>3</sup>	15.7	15.4	15.4	15.1	15.1	15.5	15.7	16.1	16.3	16.2	15.7	15.9	..
Share of renewable energy in commercial primary energy (%) <sup>4</sup>	..	..	..	..	..	..	..	..	..	..	..	..	0.5
Carbon dioxide emission (metric tons per capita) <sup>4</sup>	..	2.4	..	..	..	3.6	..	2.4	2.3	2.4	2.3	2.5	..
Consumption of ozone-depleting CFCs (ODP tons) <sup>5</sup>	7,263	..	..	..	..	8,314	..	..	..	..	3,586	..	..
Proportion of pop. using solid fuel (%) <sup>6</sup>	65.5	..	..	..	..	..	..	..	..	..	30.5	..	..
Proportion of major rivers with DO less than 2.0 mg/l (%) <sup>7</sup>	37.5	16.7	4.2	2.3	4.4	4.2	8.5	4	6	5.8	1.9	4.2	3.9
Proportion of major rivers with BOD more than 4.0 mg/l (%) <sup>7</sup>	0	4.5	13.1	9.1	0	0	2.1	0	2	7.7	0	4.2	3.9
Proportion of major rivers with TCB more than 4,000 (%) <sup>7</sup>	100	69.6	82.6	81.8	86.7	93.6	29.8	26	6	60.8	68.6	63.8	70.6
Proportion of municipal waste recycled (%) <sup>7</sup>	5	..	..	..	..	..	..	..	..	..	..	16	..
Urban pop. with sustainable access to safe drinking water (%) <sup>6</sup>	96.5	..	..	..	..	..	..	..	..	..	97	..	..
Rural pop. with sustainable access to safe drinking water (%) <sup>6</sup>	76.4	..	..	..	..	..	..	..	..	..	91	..	..
Urban pop. with access to improved sanitation (%) <sup>6</sup>	99	..	..	..	..	..	..	..	..	..	99.5	..	..
Proportion of rural pop. with access to improved sanitation (%) <sup>6</sup>	83.1	..	..	..	..	..	..	..	..	..	97	..	..
Urban pop. with secure tenure (owned leased, rented) (%) <sup>6</sup>	87.8	..	..	..	..	..	..	..	..	..	91.2	..	..
Rural pop. with secure tenure (owned, leased, rented) (%) <sup>6</sup>	96	..	..	..	..	..	..	..	..	..	94.8	..	..

Note: <sup>a</sup> satellite data interpreted at different scale, subject to on-site verification

Sources: <sup>1</sup> Royal Forest Department, Ministry of Agriculture and Cooperatives

<sup>2</sup> National Park, Wildlife and Plant Conservation Department, Ministry of Natural Resources and Environment

<sup>3</sup> Office of Energy Policy and Planning, Ministry of Energy

<sup>4</sup> Department of Alternative Energy Development and Efficiency, Ministry of Energy

<sup>5</sup> Department of Industrial Works, Ministry of Industry

<sup>6</sup> National Statistical Office

<sup>7</sup> Pollution Control Department, Ministry of Natural Resources and Environment

# MDG Data Rating Scale

## Data quality, reliability

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- ★ Data are not available.
- ★★ Data are available, but are not reliable.
- ★★★ Data are largely available and reliable. But there may be some data gaps; some population groups may be systematically excluded. Or there may be inconsistency, confusion regarding definition, data collection and verification method.
- ★★★★ Most data are available and reliable at national level, but not so at sub-national level.
- ★★★★★ Data are available, reliable and comprehensive. Data collection and verification are clear and consistent.

## Data continuity

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- ★ Trend data are not available.
- ★★ Trend data are available, with long intervals.
- ★★★ Trend data are available, but are based on different sources/methodologies that make it difficult to do trend analysis.
- ★★★★ Trend data are largely available, with reasonable intervals. But data gathering may be difficult and cumbersome, especially at sub-national level.
- ★★★★★ Trend data are readily available at national and sub-national levels.

## Data analysis and use in policy-making

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- ★ Data are not or only minimally analyzed.
- ★★ Data are regularly analyzed, but are not presented/discussed at policy process.
- ★★★ Data are regularly analyzed, presented/discussed at policy process, but play limited role in shaping policy/decision-making.
- ★★★★ Data are regularly analyzed, presented/discussed at policy process, and play important role in shaping policy/decision-making, but there are some gaps/mismatch in the linkage.
- ★★★★★ Data are regularly analyzed to provide comprehensive situation and trend analysis as well as policy options. Data are presented/discussed at policy process, and play important role in shaping policy/decision-making.





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