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ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC

**Recommendations of the Expert Group Meeting on developing supplementary
targets and indicators on social inclusion, population, gender equality and health
promotion to strengthen the MDG process**

Bangkok, 13 – 15 November 2007

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**EXPERT GROUP MEETING ON DEVELOPING SUPPLEMENTARY
TARGETS AND INDICATORS ON SOCIAL INCLUSION, POPULATION,
GENDER EQUALITY AND HEALTH PROMOTION TO STRENGTHEN THE
MDG PROCESS**

**RECOMMENDATIONS ON KEY AREAS TO BE ADDRESSED FOR MORE
COMPREHENSIVE MDG COVERAGE**

I. GENERAL RECOMMENDATIONS

- 1) Governments should improve collection of data and analysis, which is required in order to provide a better understanding of progress towards the achievement of the Millennium Development Goals, and to assess the impact of national policies, strategies and programmes geared toward achieving development goals. It is important to ensure that such data be collected on a regular basis, disaggregated by age, sex, sub-national units, socio-economic characteristics, and disability characteristics.
- 2) Development indicators should capture inequities among social and economic groups as well as geographical regions. In the areas of health and population this would require indicators, such as immunization coverage, ANC coverage, institutional deliveries and health facility utilization to be tracked on, wherever appropriate, the basis of sex, age, education, residence, wealth index, employment and disability. Most of this information would be available from DHS surveys.
- 3) It should be highlighted that women do not comprise one heterogenous group and that there are many subgroups of women who have particular disadvantages based on ethnicity, disability, class, religion and minority status. All these differences should be taken into consideration in reviewing the position of women and gender inequalities within countries and communities. Disaggregated data on the various women's subgroups, for example women from socially disadvantaged groups/communities as well as women with disabilities, should be incorporated in gender analysis.
- 4) It was reported in one of the meeting working groups that raw data could already be available in the national statistical offices on a number of issues which have been recommended for coverage in this document, but were not processed or analyzed due to lack of capacity or human resources. Therefore, apart from developing capacity for utilizing available data better, making national statistical data available to other stakeholders for comprehensive analysis should be considered. This may require steps to "anonymize" the raw data to ensure confidentiality.
- 5) In all policies and programmes aimed towards achieving the Millennium Development Goals, special attention should be focused on the needs of women, persons with disabilities, older persons, and socially excluded, vulnerable and disadvantaged groups, taking into account the higher incidences of poverty and lack of access to social

services among these populations. For example, analytical chapters of national and regional MDG reports could contain a full analysis of gender issues across all goals.

6) Institutional structures required to monitor implementation of measures to promote the achievement of the MDGs need to be strengthened. Capacity should be improved in use of data and conducting research for policy formulation, programming, monitoring and evaluation. The capacity of national statistical offices (NSOs) needs to be strengthened in order to collect quality data in a timely manner, providing details to identify particularly disadvantaged socio economic and sub-national groups. To advance gender equality strategies, the capacity of NSOs to produce gender statistics and gender analysis needs to be strengthened.

7) Governments should be encouraged to integrate and link measures taken towards achieving the MDGs on the broader socio-economic development agenda and internationally agreed goals adopted at UN Conferences and Summits (International Conference on Population and Development, World Summit for Social Development, Beijing Platform for Action, Madrid International Plan on Ageing, etc), regional instruments (Biwako Millennium Framework, BMF+5, 5th APPC, etc) and human rights instruments and conventions (UN Convention on the Rights of Persons with Disability, Optional Protocol, etc). For example, the MDGs seem to have ignored the interrelationship between population and development which were clearly highlighted in the ICPD document. The intricate interrelationships between fertility, poverty, nutrition, gender, health and education require further exploration.

8) Household surveys should retain / include the time use module (that is, the format of questions in the World Bank Living Standards Measurement Survey-type employment module) to provide information about all household members' economic responsibilities. This would provide a better measure of households where women are responsible for managing the household. It is essential to develop indicators measuring women's role in the household that will take into account factors such as number of children, hours and allocation of work, economic responsibility, labour force status and other factors that determine women's economic status and that of households.

9) Other uncovered areas in the area of health include reproductive and sexual health. This is an area which was not covered well within the MDGs, but some progress has now been made and new targets and indicators have been agreed to. These are (i) Target: Universal access to Reproductive Health. (ii) Indicators: Adolescent Fertility Rate, Antenatal Care coverage, as well as Unmet need for contraception¹. However, even the new suggested indicators to track universal access to reproductive health care are limited as they relate mainly to maternal health. It is necessary to reflect the wider aspect of reproductive health such as availability of emergency obstetric care and postpartum care. At the same time, tracking health systems coverage and performance is one of the best

¹ The UN Inter-agency and Expert Group (IAEG) has selected additional indicators for monitoring four supplementary targets recommended by the Report to the General Assembly (September 2006). The proposed new MDG framework with new targets and indicators will be reviewed at the 39th session of the UN Statistical Commission (UNSC) in February 2008(http://www.unescap.org/stat/nl/nl_June2007.asp)

ways to assess overall capacity for achieving the MDGs. Increased investment in the health sector is also one of the key requirements for achieving the MDGs. These could be tracked by outcome indicators such as health outcomes or process indicators such as immunization coverage as well as total investments in health, as well as the incidence of out of pocket expenditures on health. This also would have implications in the context of ageing populations and increased load of non-communicable diseases, which require better tertiary care facilities.

KEY ISSUES AND PROPOSED SUPPLEMENTARY MDG INDICATORS

II. PROPOSALS FOR MDG 1

1) Property and Inheritance rights of women (including the diversities and multiple disadvantages faced by many women)

Issue and rationale: Women face discrimination in property and inheritance rights. Women are often far less likely than men to own or control assets such as land and housing. Secure tenure to land and home ownership improves women's welfare. Without official title to land and property, women also have fewer economic options and virtually no collateral for obtaining loans and credit.

To address this imbalance, several national legislative measures are recommended, including amendments to statutory and customary laws which discriminate against women in property and inheritance rights. The proposed indicator is intended to monitor legislation and policies to ensure equal land and property rights for women. It should be noted that even with the existence of legislation, women's access to these resources does not necessarily improve and legislation needs to be complemented with other initiatives such as the promotion of legal literacy and support groups that can help women to make land claims.

Proposed indicators:

- Existence of legislation ensuring equal property rights of women
- Existence of legislation ensuring equal inheritance rights of women

Method of computation

Data collected on the above indicators would be "yes" or "no". Supplementary qualitative data would also be useful.

Data source: National records on legislation

Relevance of the indicator to the MDGs

This would indicate women's rights to productive resources and the existence of laws which discriminate against or promote women's property and inheritance rights.

2) Reducing poverty among older persons

Issue and rationale: Extreme poverty is generally disproportionately experienced by older people. Conditions of poverty in old age are associated with lack of income security, inadequate family or social support and poor health combined with inadequate or lack of access to health care. Chronic diseases as well as age-related disabilities such as immobility, blindness and loss of teeth are risk factors affecting older people's poverty and nutritional status. In order to achieve the goal of halving extreme poverty the poverty status among older persons need to be targeted and tracked.

Proposed target: Reduced poverty among older persons

Proposed indicator 1: Proportion of older persons whose income is less than one US \$ per day

Method of computation: The number of persons 60 years and over whose income is less than one US\$ per day divided by the total population aged 60 years and over. This can be computed by sex.

Sources of data: Household income and expenditure surveys.

Relevance of the indicator to the MDGs: Helps to track the degree of poverty among older persons.

Proposed indicator 2: Index of Activities of Daily Living (ADL) among older persons

Method of computation: Through a survey questionnaire each of the following six activities of daily living are investigated from the elderly population over 60 years of age: Bathing; Dressing; Toileting; Transferring; Continence; and Feeding. They are assessed on a six point scale. One point is given to each of the above activities if the individual is able to perform the activities with no supervision, direction or personal assistance. Zero point is given if the individual requires direction, personal assistance or total care. Score 6 indicates the individual is independent and a score of zero shows the individual is very dependent. The indicator can be computed by sex and sub-national area.

Sources of data: Health surveys related to the elderly.

Relevance of the indicator to the MDGs: Helps to track the social dimension of poverty among older persons.

Proposed indicator 3: Proportion of older persons with chronic diseases

Method of computation: Number of persons aged 60 years and over suffering from chronic diseases (as defined by WHO) divided by the total population 60 years and over. This can be computed by sex and by sub-national area.

Sources of data: Census of population; special surveys on elderly population.

Relevance of the indicator to the MDGs: Helps to track the social dimension of poverty.

3) Reducing poverty among persons with disabilities

Issue and rationale: Persons with disabilities face a higher likelihood of experiencing long lasting poverty because of attitudinal and institutional discrimination faced from birth or from the time of impairment. Disability is both a cause and effect of poverty. Once marginalized as a result of impairment, the vicious cycle of exclusion, loss of income and persistent poverty emerges.

Proposed target: Halve, between 1990 and 2015, the proportion of persons with disabilities whose income/consumption is less than one dollar a day

Proposed indicator 1: Proportion of persons with disabilities whose income is less than one US \$ per day

Method of computation: The number of persons with disabilities whose income is less than one US \$ per day divided by the total population of persons with disabilities. This can be computed by sex.

Sources of data: Household income and expenditure surveys.

Relevance of the indicator to the MDGs: Helps to track the degree of poverty among persons with disabilities.

Proposed indicator 2: Labour force participation rate of persons with disabilities

Method of computation: The number of persons with disabilities in the labour force divided by the total population of working age persons with disabilities multiplied by 100.

Sources of data: Census of population; special labour force surveys.

Relevance of the indicator to the MDGs: Helps to track the degree of poverty among persons with disabilities

Proposed indicator 3: Proportion of persons with disabilities in elected positions

Method of computation: The number of persons with disabilities in elected positions expressed as a percentage of all elected positions.

Sources of data: Parliamentary statistics; statistics of political parties.

Relevance of the indicator to the MDGs: Helps to track the status and empowerment of persons with disabilities.

Proposed indicator 4: Availability and implementation of non-discrimination laws on disability

Means of Verification: Documents of the ministries of economic planning and social services.

Relevance of the indicator to the MDGs: Helps to track the commitment of governments towards the welfare of persons with disabilities

Proposed indicator 5: Availability of institutional consultative mechanisms which include persons with disabilities in development programmes, budget allocation and disaster management

Means of Verification: Documents of the ministries of economic planning and social services.

Relevance of the indicator to the MDGs: Helps to track the commitment of governments towards the welfare of persons with disabilities

4) Reducing poverty and enhancing the capabilities of vulnerable and disadvantaged groups

Issue and rationale: Extreme poverty is often associated with various vulnerable and disadvantaged groups including ethnic minorities, indigenous populations and the urban poor. Ethnic inequality and the associated spatial inequality continue to play a central role in the poverty and well-being of many deprived populations. Poverty and resource scarcity increase the risks of conflict between social groups through multiple paths.

Proposed target: Reduced poverty among vulnerable and disadvantaged groups

Proposed indicator 1: Proportion of vulnerable and disadvantaged groups whose income is less than the national poverty level

Method of computation: Estimate the number of households whose income is below the national poverty line. The number of people in those households is then aggregated and divided by the total population of vulnerable and disadvantaged groups.

Sources of data: Household income and expenditure surveys.

Relevance of the indicator to the MDGs: Helps to track the degree of poverty of vulnerable and disadvantaged groups.

Proposed indicator 2: Proportion of population among vulnerable and disadvantaged groups in non-agricultural employment

Method of computation: Number of people among vulnerable and disadvantaged groups employed in non-agricultural employment divided by total number employed.

Sources of data: Census of population; labour force surveys and socio-economic surveys.

Relevance of the indicator to the MDGs: Helps to track poverty reduction among vulnerable and disadvantaged groups.

Proposed indicator 3: Proportion of persons from vulnerable and disadvantaged groups in elected positions

Method of computation: The number of persons from vulnerable and disadvantaged groups in elected positions expressed as a percentage of all elected positions.

Sources of data: Parliamentary statistics; statistics of political parties.

Relevance of the indicator to the MDGs: Helps to track the status and empowerment of vulnerable and disadvantaged groups.

Proposed indicator 4: Adolescent fertility rate among vulnerable and disadvantaged groups

Method of computation: The number of live births to girls aged 15 to 19 years among vulnerable and disadvantaged groups divided by all girls aged 15 to 19 years in the same social groups multiplied by 1000. This can be computed by sub-national area.

Sources of data: Demographic and health surveys; registration of vital statistics.

Relevance of the indicator to the MDGs: Helps to track the human development opportunities available to vulnerable and disadvantaged groups.

5) *Anaemia in pregnant women/ women in reproductive age group*

Issue and rationale: Minimum standards of nutrition are not only essential for survival but also for good health and development for current and future generations. Adequately nourished children learn more easily, grow into healthy adults, work productively and later give their children a better start in life. Adequate nutrition is particularly important for women during pregnancy and after child birth. Gain in weight in the first five years of life also depends on birth weight and the health and nutrition during the first five years. The cycle of maternal and child malnutrition, morbidity and mortality is one of the significant means through which poverty persists over generations. This proposed indicator also relates to MDG 5.

Proposed indicator: Proportion of pregnant women/ women in reproductive age group who are anemic

Method of computation: Number of pregnant women/ women in reproductive age group who are anemic divided by the total number of pregnant women.

Sources of data: Demographic and health surveys; service statistics of ministry of health.

Relevance of the indicator to the MDGs: Helps to track the level of nutrition of mothers and women.

III. PROPOSALS FOR MDG 2

1) *Increasing access to education by children from vulnerable and disadvantaged groups*

Issue and rationale: Disabled children and children from disadvantaged groups, tend to have lesser access to education compared to others. At the same time, education remains one of the most powerful tools for empowerment, and it is essential to track the achievement of this goal within vulnerable and disadvantaged groups.

Proposed indicator 1: Net primary school enrolment ratio of children with disabilities

Method of computation: The number of children with disabilities of official primary education age enrolled in primary education as a percentage of the total number of children with disabilities in the official school age population. This can be computed by gender, sub-national areas and disability characteristics.

Sources of data: Service statistics of the ministry of education.

Relevance of the indicator to the MDGs: Helps to track the human development potential for children with disabilities.

Proposed indicator 2: Survival rate to last grade of primary education of children with disabilities

Method of computation: The percentage of children with disabilities starting grade 1 who reach last primary grade, regardless of repetition. This can be computed by gender, sub-national areas and disability characteristics.

Sources of data: Service statistics of the ministry of education.

Relevance of the indicator to the MDGs: Helps to track the human development potential for children with disabilities.

Proposed indicator 3: Net primary school enrolment ratio of children from vulnerable and disadvantaged groups

Method of computation: The number of children from vulnerable and disadvantaged groups of official primary education age enrolled in primary education as a percentage of the total number of children from vulnerable and disadvantaged groups in the official school age population. This can be computed by gender and sub-national areas.

Sources of data: Service statistics of the ministry of education.

Relevance of the indicator to the MDGs: Helps to track the human development potential for children from vulnerable and disadvantaged groups.

Proposed indicator 4: Survival rate to last grade of primary education of children from vulnerable and disadvantaged groups

Method of computation: The percentage of children from vulnerable and disadvantaged groups starting grade 1 who reach the last primary grade, regardless of repetition. This can be computed by gender and sub-national areas.

Sources of data: Service statistics of the ministry of education.

Relevance of the indicator to the MDGs: Helps to track the human development potential for children from vulnerable and disadvantaged groups.

IV. PROPOSALS FOR MDG 3

1) Women's wages (including the diversities and multiple disadvantages faced by many women)

Issue and rationale: Poverty among women is exacerbated by women's unequal access to employment. Women face different kinds of discrimination in the job market. A main indication of gender inequality in employment is the gender wage gap. Women earn significantly less than men for the same work. This hinders the economic empowerment of women. The gender wage gap is a useful indicator for tracking the extent of gender inequality and discrimination against women in the labour force evident in the continuation of lack of parity in wages. There are a number of technical issues. There is a need to monitor and report on the wage gap and a broader analysis is needed.

Proposed indicators (as a bis indicator to MDG indicator 11)

- 11 b. Ratio of women's to men's wage in the non-agriculture sector
- 11 c. Ratio of women's to men's wage in the agricultural sector

Method of computation

- Average of women's wages in the non-agricultural sector divided by average of men's wages in the same sector
- Average of women's wages in the agricultural sector divided by average of men's wages in the same sector

Data source: Multi-purpose (LSMS-type) household surveys, Labour Force Survey; secondarily, population census

Relevance of the indicator to the MDGs

The indicator indicates the difference between the earnings of men and women in the same industrial sector and gender discrimination that exists toward women's work relative to men

2) Women in decision making (including the diversities and multiple disadvantages faced by many women)

Issue and rationale: Ensuring that women can participate in decision making in all management, professional and political arenas on equal footing with men is crucial. Women's roles and responsibilities are also critical to the livelihoods of households and to the well-being of future generations. There is a need to increase the number of women in decision making positions to advance the empowerment of women.

Proposed target: To significantly increase women's participation in senior management and professional positions (public and private sector)

Proposed indicator: Women's share in senior management and professional positions (public and private sector)

Method of computation: Number of women in senior management and professional positions divided by total number of persons in senior management and professional positions

Data source: census / household survey (ISCO based)

Relevance of indicator to the MDGs: Helps to track the extent to which women are participating in decision making in management, professional and political arenas.

3) Violence against women (including the diversities and multiple disadvantages faced by many women)

Issue and rationale: Violence against women occurs in epidemic proportions throughout the region. Violence against women has serious health and development impacts and is a gross violation of women's human rights. There is a need to quantify violence against women for the development of stronger interventions for its prevention.

Proposed Indicators:

- Existence of legislation about domestic violence or gender based violence

- Incidence/prevalence of violence against women (VAW) [The working group supported the process of the development of VAW indicator undertaken at the global level by the Division on the Status of Women and the UN Statistical Commission and would support the adoption and use of the indicators on incidence and prevalence at the regional and national level.]

Method of computation

The proportion of the population, by sex, that has experienced defined types/levels of violence in the reference period, ideally covering both (adult) life-time and the recall period (e.g. previous 6-12 months).

Data source: National records on legislation / VAW-type surveys

Relevance of the indicator to the MDGs: Helps to track the extent to which violence against women is prevalent in countries.

V. PROPOSAL FOR MDG 4

Neonatal mortality rate

Issue and rationale: Under-five mortality took a toll of nearly 11 million children in 2003. Regional averages of under-five mortality in the ESCAP shows that in 2003, South Asia had the highest rate with 90 per 1000 live births followed by Oceania (77) and West Asia (60). It is estimated that nearly 40 per cent of deaths of children under five years of age occur in the first month of life. Pneumonia, diarrhea, malaria, measles and AIDS account for about 50 per cent of under-five mortality. Most of these occur to poor families who do not have adequate access to health care. This is a sensitive indicator of health-care for the child as well as the mother.

Proposed indicator: Neonatal mortality rate (under Target 5)

Method of computation: The number of infant deaths up to 28 days after delivery during a given year divided by the total number of live births during the same year multiplied by 1000. This can be computed by sub-national area.

Sources of data: Demographic and health surveys; registration of vital statistics.

Relevance of the indicator to the MDGs: Helps to track early childhood mortality.

VI. PROPOSALS FOR MDG 5

1) Access to emergency obstetric care

Issue and rationale: This is an area which was not covered well within the MDGs, but some progress has now been made and new targets and indicators have been agreed to. These are (i) Target: Universal access to Reproductive Health. (ii) Indicators: Adolescent Fertility Rate, Antenatal Care coverage, as well as Unmet need for contraception. However, even the new suggested indicators to track universal access to reproductive

health care are limited as they relate mainly to maternal health. It is necessary to reflect the wider aspect of reproductive health such as availability of emergency obstetric care and postpartum care.

Proposed indicator 1: Percentage of population within 1 hours travel time of basic emergency obstetric care (EmOC)

Method of computation: The population that has EmOC facilities within 1 hours travel time divided by the total population. This can be computed by sub-national area.

Sources of data: Service statistics of health ministry.

Relevance of the indicator to the MDGs: Helps to track the prevention of maternal mortality. EmOC helps to deal with the complications associated with child birth.

Proposed indicator 2: Proportion of Caesarean section births (this works mainly as a sub-national indicator).

Method of computation: The number of Caesarean section births divided by all live births. This is better computed by sub-national area.

Sources of data: Service statistics of health ministry.

Relevance of the indicator to the MDGs: Helps to track the prevention of maternal mortality. For Caesarean section births particularly in rural areas indicates access to life saving obstetric care.

Proposed Indicator 3: Proportion of births occurring in health institutions

Method of computation: The number of live births occurring in health institutions divided by all births in a given year. This can be computed by sub-national area.

Sources of data: Service statistics, Demographic and health surveys; registration of vital statistics.

Relevance of the indicator to the MDGs: Helps to track the prevention of maternal mortality. For institutional care minimizes the risks associated with child birth. However, an important qualification is the quality and access to such facilities.

Proposed indicator 4: Proportion of maternal deaths due to abortions

Method of computation: The number of maternal deaths due to abortions divided by total number of maternal deaths.

Sources of data: Service statistics of health ministry, maternal mortality surveys.

Relevance of the indicator to the MDGs: Helps to track the prevention of maternal mortality as reduction of septic abortions prevents maternal deaths.

2) Access to comprehensive sexual and reproductive health services

Issue and rationale: Sexual and reproductive health play a crucial role in social and economic development. Improving sexual and reproductive health requires strengthening health systems capacity, improving service delivery, and addressing unmet needs for sexual and reproductive health services. Adolescents, whose needs for sexual and reproductive health services differ from those of adults and remain under-served, remain

a considerable challenge in improving access to comprehensive sexual and reproductive health services.

Proposed indicator 1: Adolescents who used contraception at first/ last sex

Method of computation: Number of adolescents (aged 10-19 years) who used contraception divided by the total population aged 10 to 19 years. This can be computed by sub-national area.

Sources of data: DHS/NFHS surveys.

Relevance of the indicator to the MDGs: Helps to track universal access to reproductive health, including the improvement of maternal health and morbidity of adolescents.

Proposed indicator 2: Percentage of service delivery points providing comprehensive SRH services. This would address the new SRH target under Goal 5.

Method of computation: The number of service delivery points providing comprehensive SRH services (6 services listed) divided by the total number of service delivery points. This can be computed by sub-national area.

Sources of data: Service statistics of health ministry.

Relevance of the indicator to the MDGs: Helps to track the progress towards universal access to SRH.

Proposed indicator 3: Proportion of women visited by trained health workers at least once during the post-natal period

Method of computation: The number of women who had at least one post-natal visit (within 1 week) attended by trained health personnel during their last completed pregnancy divided by the total number of live births during the same reference period. This can be computed by sub-national area.

Sources of data: Demographic and health surveys; service statistics of health ministry.

Relevance of the indicator to the MDGs: Helps to track the prevention of maternal mortality as well as prevention of neonatal deaths. Post-natal visits attended by trained health personnel prevent some of the risks associated after child birth for the child and mother.

VII. PROPOSALS FOR MDG 6

1) Health expenditure and coverage indicators

Issue and rationale: Tracking health systems coverage and performance is one of the best ways to assess overall capacity for achieving the MDGs. Increased investment in the health sector is also one of the key requirements for achieving the MDGs. This also would have implications in the context of ageing populations and increased load of non-communicable diseases, which require better tertiary care facilities.

Proposed indicators:

- Total health expenditure as a percentage of GDP; Government health expenditure as a proportion of total health expenditure; out of pocket expenditures as a proportion of the total health expenditures
- Availability of health personnel especially rural/ urban distribution.

Source: National Health Accounts and health ministry sources. Expenditure data is already being collected through national health accounts and WHO.

Relevance of the indicator to the MDGs: Tracking health systems coverage and performance is one of the best ways to assess overall capacity for achieving the MDGs. Increased investment in the health sector is also one of the key requirements for achieving the MDGs.

VIII. PROPOSAL FOR MDG 7

1) Women and the environment (including the diversities and multiple disadvantages faced by many women)

Issue and rationale: As set forth in the Beijing Platform for Action, women play a key role with regard to the environment. Through women's management and use of natural resources, women provide sustenance to their families and communities. As consumers and producers, caretakers of their families and educators, women play an important role in promoting sustainable development through their concern for the quality and sustainability of life for present and future generations.

Proposed indicator: Existence of national policies to implement Chapter 24 of Agenda 21 of the UN Conference on Environment and Development (UNCED).

Method of computation

Data collected on the above indicators would be "yes" or "no". Supplementary qualitative data would also be useful.

Date source: National records on legislation and policies

Relevance of the indicator to the MDGs

Helps to track the extent to which countries have instituted policy measures taking into account the key role women play in the environment.

IX. PROPOSAL FOR MDG 8

1) Financing for gender equality

Issue and rationale: There is a strong link between gender equality and sustainable development. There is growing recognition that gender inequality comes at great cost to development. Financing for gender equality is important to promoting development in

the region The MDG indicator on partnerships should include some monitoring of ODA and gender equality promotion. Managing for results is also a process that is meant to be system-wide in the UN system. The use of tools for analyzing gender effectiveness in financing such as a gender budgets can serve to strengthen financing for gender equality.

Proposed indicator

The gender working group recommended an indicator in financing for gender equality and recommends that further work be done to identify one, in particular following the 2008 session of the Commission on the Status of Women.

Relevance of the indicator to the MDGs

Helps to track the extent to which governments have recognized the link between gender equality and sustainable development and is taking proactive measures to strengthen financing for gender equality to promote development.

X. SUGGESTED AREAS OF RESEARCH AND FURTHER STUDY

- 1) Research the key challenges and the socio-economic, cultural and political implications of population ageing by studying:
 - a. the rising demand for health services
 - b. growing requirement for long-term care
 - c. declining family support
 - d. increasing needs for social support and income and social security
 - e. labour force participation of the elderly including in the informal sector
 - f. the situation of older persons living alone
- 2) Conduct longitudinal research on the quality of life of older persons and the support systems available to them in order to track elderly well-being and enhance the evidence-base for policy making on ageing issues.
- 3) Research on the situation of persons with disabilities throughout the life cycle, in particular, with respect to poverty, their access to information, communication and technology, support services and environmental accessibility.
- 4) Research on sub-groups within the population of persons with disabilities, such as persons with intellectual disabilities, deaf persons, women with disabilities, and those in rural and remote areas.
- 5) Research the situation of socially vulnerable and disadvantaged groups in the context of MDGs, paying particular attention to the challenges of social inclusion and effective strategies to reduce vulnerability and promote inclusion.

- 6) Study the long-term sustainability of programmes funded by governments and other donors in respect of socially vulnerable and disadvantaged groups.
- 7) Document best practices and lessons learned with regard to the planning, implementation and assessment of policies, strategies and programmes for achieving the MDGs.
- 8) Document the differentials in MDG achievement in detail between social and geographical groupings, including sub-national entities, and variations between general population and among vulnerable groups, along with determinants of such disparities.
- 9) Study and document links between fertility and poverty (short to medium term) and relate these links to their direct and indirect impact on health and education outcomes and in turn the effect on productivity and incomes.
- 10) Suggestions for institutionalization of new target and indicators arrived at this project. Men's sexual and reproductive health is also an important area of study. Needs of adolescents and young people also need to be studied further.
- 11) Study on further evolution of health coverage, needs of ageing populations and health promotion indicators (in association with WHO). The need to go beyond sectoral interventions towards comprehensive health system strengthening.