PHILIPPINE FOURTH PROGRESS REPORT ON THE MILLENNIUM DEVELOPMENT GOALS (MDGS)

by

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ABSTRACT

The Philippines Fourth Progress Report on the Millennium Development Goals (MDGs) is a result of the collaborative efforts among government agencies, academe and research institutions, civil society organizations and the UN Country Team (UNCT). It provides a comprehensive review of the progress of MDGs in the Philippines since September 2000 when 189 member states of the UN adopted the Millennium Declaration during the Millennium Summit in September 2000. This progress report presents the progress made for each of the MDGs over the past two decades, the challenges encountered along the way, and a concrete set of actions needed to keep the Philippines on track to achieve the MDGs. The Philippines has been doing well in the following areas: (a) reducing under-five mortality rate and infant mortality rate; (b) reducing both the prevalence rate and the death rate associated with malaria; (c) increasing tuberculosis treatment success rate; (d) increasing the proportion of households with access to safe water supply; and (e) providing equal opportunities for girls in the area of education. However, we need to catch up in three major areas where we are lagging behind: poverty, education and maternal health. This report also highlights the impact of recent developments that continually affect our efforts in reducing poverty, such as the food and fuel price hike in the first half of 2008, the global financial crisis, and climate change. A pioneering feature of this progress report is the inclusion of the results of the pilot formulation of provincial MDG Reports for 10 provinces to highlight the experiences of local governments in their efforts to meet the MDGs. Recommendations include the need to sustain socially inclusive economic growth, better population management, and improving targeting needs to benefit more poor families. Improved governance, greater transparency and accountability are also critical to ensure that the available resources are used efficiently.

EXECUTIVE SUMMARY

1. Overview

Upon entering the 21st century, leaders from both developed and developing countries gathered and agreed to achieve a set of concrete, measurable development objectives by 2015 through the adoption of the Millennium Declaration1. These objectives, known as the Millennium Development Goals (MDGs), are associated with the United Nations (UN) development agenda and are focused on addressing extreme poverty, lack of gainful employment opportunities, hunger incidence, lower access to education, gender inequality, prevalence of diseases (particularly among children and women), environmental degradation, among others. In the past decade, a number of summits and meetings were held to monitor progress towards the achievement of the MDGs. While there were a number of success stories and remarkable progress in some countries, obstacles and challenges were ever present that caused some countries, especially the developing ones, to lag behind. Some of these challenges include shortfall in the level of investment, ineffective government policies, and lack of commitment, among others. These challenges have been aggravated by the combined effects of various

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shocks including economic, food, and energy crises as well as increased frequency and intensity of natural calamities that are associated with climate change. The Philippines is among the many developing countries that is continuously exerting efforts to be on track with the well-defined MDG targets. With only five years left before the target date, several of the targets seem to be far from reach for the Philippines primarily due to a number of challenges it has faced in the last couple of years that contributed to the slow pace of progress. This report aims to present the progress made for each of the goals over the past two decades (1990 baseline), the challenges encountered along the way, and the concrete set of actions needed to keep the Philippines on track with, or even accelerate, its progress towards the achievement of the MDGs. Consultations with government agencies, academe and research institutions, civil society, and international donor organizations were undertaken in the course of the preparation of this report. Workshops were held in May 2010 and July 2010 to solicit comments from the various stakeholders.

1.1 Macroeconomic developments

Over this decade, the Philippine economy posted significant economic growth. Gross National Product (GNP) grew on the average, by 5 percent during the period 2000-2009. Growth peaked in 2007 when the economy grew at 7.5 percent. It even posted a growth of 6.2 percent in 2008, the year when the country experienced the food and fuel price shocks (Figure 1). Food prices increased in 2008 by 13.6 percent, higher than the food inflation rate of 3.3 percent in 2007. Fuel prices also went up significantly, with prices increasing by 17 percent in 2008, more than five times the fuel inflation rate of 3.3 percent in 2007. While prices of rice and fuel products have gone down from their peak in 2008, the prices have not gone down to pre-shock level. The global financial crisis started in July 2007 in the United States and quickly spread to other countries. The Philippines started to feel its effects in the second half of 2008 and the effects lingered till 2009. This has led to a slowdown in economic growth in 2009. Despite the global crisis, remittances from abroad continued to increase. Nevertheless, the 5 percent growth in remittances recorded in 2009 was significantly lower than the 13 percent growth registered in 2007 and 2008. This led to GNP growing by 3 percent only while Gross Domestic Product (GDP) only grew by 0.9 percent. Recent data suggest that the economy is on its way to recovery. GDP and GNP grew by 7.3 percent and 9.5 percent, respectively, during the first quarter of 2010 with all sectors, except for agriculture posting significant growth. The rebound was spurred by the global economic recovery, election-related stimuli and the continuous growth of remittances from overseas Filipino workers (OFWs).

In addition to these economic and financial shocks, the manifestations of climate change have become more visible. The Philippines had already started witnessing some of the manifestations of climate change. The country’s weather bureau, Philippine Atmospheric, Geophysical and Astronomical Services Administration (PAGASA), estimated that there had been a significant increase in annual mean temperature from 1951 to 2006. It also estimated a significant decrease in the number of cold days and cool nights as well as significant increase in the frequency of hot days and warm nights from 1961 to 2003. PAGASA also projected more frequent and intensified El Niño and La Niña episodes that will induce more extreme weather events such as typhoons, floods, landslides, droughts, among others. Based on historical records, there were relatively more El Niño and La Niña episodes in recent decades than in earlier decades. Because of increased temperature, changes in rainfall patterns, and increased frequency and intensity of extreme climate events, risk in agricultural production will be intensified. Two of the sharpest drops in volume of production and Gross Value-Added (GVA) in agriculture were experienced during two of the worst El Niño episodes recorded in history (1982-1983 and 1997-1998). The ongoing El Niño episode has wreaked havoc on agriculture
and the National Disaster Coordinating Council (NDCC) has estimated crop losses at over PhP12 billion. During the period 2003-2006, around 56.4 percent of poor households had more than fifty percent of the total income derived from agricultural sources/activities. However, 63.3 percent of those tagged as chronic poor by Reyes et al. (2010) were considered agricultural households. With majority of the poor households engaged in agriculture, this would significantly impact on the poverty situation of the country. In addition, there were a number of extreme weather events reported in recent years, including the devastating typhoons Ondoy and Pepeng in 2009. Furthermore, typhoons are becoming less predictable, which visit the country even in times when these are least expected, e.g. November or December. These developments pose additional challenges in meeting the MDGs.

1.2 Achievements so far

**Poverty and hunger**

**Poverty**

Subsistence and poverty incidence had consistently declined from 1991 to 2003. Access to basic social services has generally improved. However, income distribution across regions remains largely unequal, even worse than some of its Asian neighbors. Also, significant proportion of population has remained poor over the past two decades. In 2006, poverty incidence among population slightly went up. With the aftermath of the food and fuel price hikes (in 2008), global financial and economic crisis (which reached the country in the latter part of 2008) and natural calamities like the destructive typhoons Ondoy and Pepeng (in October 2009), followed by the recent El Nino phenomenon (that emerged in the latter part of 2009), further worsening of the poverty situation might be expected in 2009.

**Hunger**

Because of poverty, there might have been a reduction in households’ capacity to meet their basic food and non-food needs. This might have been the reason why more than half of the households in the country are still not able to meet the nutritional requirements of their members. However, the 12.5 percent decrease in the proportion of households with per capita intake below 100 percent dietary energy requirement from 1993 (69.4%) to 2003 (56.9%) can already be considered as a good step towards attainment of the 2015 target. Similarly, there had been an improvement in terms of combating malnutrition among children aged 5 and below from 1990 to 2005, as evidenced by a 10 percent drop in its proportion. In 2008, however, the proportion of malnourished children aged 5 and below increased by 1.6 percentage points. This reversal in the trend in malnutrition prevalence among children might be an area of concern.

**Employment**

One of the factors that might have contributed to the increase in poverty incidence is the lack of gainful employment opportunities, especially among those belonging in vulnerable groups. In recent years, labor productivity has been declining. Employment-to-population ratio for the ‘15 years and over’ age group, particularly among women and youth, had also been declining up to 2008. It somehow recovered in 2009 but the rate of increase appears to be low. Aside from that, more than a fifth (22.6%) of the country’s employed population has been living below US$1 per day in 2006, based on the UN MDG Database. Moreover, although proportion of own-account and contributing family workers in total employment dropped by almost 9 percent from 1992 to 2008, it is clear that nearly half of Filipino workers are still engaged in vulnerable employment. Meanwhile, the deployed OFWs continued to grow rapidly. The number of OFWs deployed in 2008 totalled 1.23 million workers, which is a 14.7 percent increase from the previous year’s 1.08 million. While this implies higher net factor income from abroad, there might be a need for
the government to address issues like brain drain and deskillling of professionals who accepted low-skilled jobs abroad. Concerns about OFWs’ welfare and protection while working outside the country as well as its social cost to Filipino families are important issues that the government and the Philippine society have to face.

**Education**

Rates of participation, cohort survival and completion at the elementary level have marked improvements in recent years, although at a very slow pace. This might have been attributed to efforts made by the government through provision of free and compulsory elementary education and augmentation of budget for school resources. From 2004 to 2009, a total of 75,584 new classrooms have been constructed and 52,536 new teacher items were created in response to the growing demand in the public school system. However, primarily due to poor targeting, shortages in classrooms and teachers still persist in many areas as evidenced by high pupil-classroom and pupil-teacher ratios, respectively. This implies that the education system, given its current resources, might still not be ready to welcome and maintain a higher number of students.

**Gender equality**

In terms of education, females have consistently maintained higher rates of cohort survival and completion rates than males, from elementary to tertiary level, since 1990s. There has also been gender disparity (in favor of females) in terms of participation rates in both secondary and tertiary education. However, it should be noted that females and males have relatively equal participation rates at the elementary level. One of the most cited reasons behind this gender disparity in education is that males tend to get out of the system because they either need to work to help augment their household income or they just had lower motivation in going to school than females. In recent years, women have become more empowered through political and economic participation. Women are becoming more visible as leaders and thus more involved in policy decision-making, both at the national and local levels. There are also more female workers who have been deployed abroad to work for the welfare of their families. More often than not, however, they tend to accept jobs that are usually not commensurate with their educational attainment such as domestic workers, caregivers, entertainers, clerical staff or factory workers.

**Health**

**Child mortality**

The country has been performing well in terms of reducing child mortality over the past two decades. Infant mortality rate had gone down from 57 deaths per 1,000 live births in 1990 to 25 in 2008 while under-five mortality rate had declined from 80 in 1990 to 34 in 2008. The major factor that contributed to this remarkable achievement is the set of effective and well-defined child health and related programs carried out by the Department of Health (DOH), in collaboration with the local government units (LGUs). The programs offer a range of interventions that are appropriate at various life cycle stages, from maternal care to care of the newborn up to integrated management of child health. Some of these interventions include breastfeeding and complementary feeding, micronutrient supplementation, immunization of both children and mothers, integrated management of sick children, child injury prevention and control, birth spacing, and proper hygiene. Meanwhile, child mortality is relatively high in rural areas where women have no or little education and/or income poor.

**Maternal health**

Maternal mortality ratio had been declining over the past two decades; from 209 per 100,000 live births in 1993 to 172 in 1998 to 162 in 2006. It seems, though, that the rate of change is
relatively low. This might be attributed to the fact that a significant proportion of births were still delivered at home and attended, not by skilled health professionals but, by the so-called hilots, especially in areas where health facilities with services of skilled health professionals are inaccessible. Meanwhile, contraceptive prevalence rate has remained at 50 percent in recent years, out of which only 34 percent use modern contraceptives, based on recent surveys. Contraceptive use is lowest among the poorer families. This, and access to reproductive health in general, especially among poor women, still faces a lot of challenges including financial, political as well as cultural. Global studies show that as much as 90 percent of maternal deaths could be averted through a three-pronged strategy of: skilled attendants at birth; access to basic and comprehensive emergency obstetric and neo-natal care referral system; and family planning services (informed choice).

Prevalence of infectious diseases
The number of new HIV reported cases had rapidly increased beginning 2007. By the end of 2009, there were 2 new cases of HIV infection reported per day, and in April 2010, up to 5 new cases of HIV infection per day has been reported. Relatively low coverage of prevention interventions, together with increased risky behavior and high level of misconceptions about HIV transmission, and poor attitude on use of protection on the disease, might have contributed to this trend. In terms of national prevalence rate, HIV has remained below one percent although some areas have reported more than one percent among its most-at-risk populations (MARPs). Malaria morbidity and mortality rates, on the other hand, declined from 1990 to 2009; from 123 cases and 1.5 deaths per 100,000 population to 22 and 0.02, respectively. The continuous decline in morbidity and mortality due to malaria may be attributed to the continued implementation of the Malaria Control Program by the DOH, in collaboration with the LGUs, non-government organizations, and communities using the disease-free zone initiative. Meanwhile, there had also been improvements in the indicators for tuberculosis in recent years. Specifically, targets for case detection rate and treatment success rate had already been achieved in 2004 and have been sustained since then. Cure rate, on the other hand, is still slightly below the 85 percent national target but it would be feasible. All these improvements may be attributed to the strengthened implementation of the National Tuberculosis Control Program. Specifically, the adoption of the DOTS strategy since 1996 has contributed to the achievement of the program targets.

Environmental sustainability
Notwithstanding the degradation in some of the country’s natural resources such as coastal and marine ecosystem because of climate change and other factors, there have also been some notable achievements in terms of environmental sustainability in recent years. These include the following: increase in the number of protected wildlife species; significant drop in annual consumption of ozone-depleting substances; growing number of registered hazardous waste generators and solid waste disposal facilities; increase in the proportion of population having access to safe water and sanitary toilet facilities; and, decline in the proportion of population who are living in makeshift housing. On the contrary, proportion of those living as informal settlers, particularly in urban areas, had slightly gone up from 1991 to 2006. This is expected to rise further from 2007 to 2010 due to threats posed by climate change and some other shocks like the recent global financial and economic crisis, which have significant impact on the properties, livelihood and incomes of urban population. The government, however, has been continuously crafting and implementing programs and policies that would address these problems in informal settlements, water and sanitation, and other matters pertaining to environmental sustainability.

Partnerships for development
As a way to expand its networks with other countries, the Philippines has been working on further liberalizing its trade system and making the investment climate favorable to foreign investors. However, the country needs to lower the volume of its loans, narrow its fiscal deficit, and improve its fiscal system. The initiative of making low-cost yet quality essential medicines accessible to Filipino people, most especially the indigents, had been making progress for about a decade already. The government has been proactive in developing strategies toward implementation of laws and programs that would support this initiative. Interestingly, supports from private institutions, local communities and other sectors contribute a lot in achieving this progress. In terms of information and communications technology (ICT), significant progress had already been achieved in this sector. Fixed telephone line, cellular mobile telephone and internet subscriptions have all been growing rapidly over the past two decades. One of the challenges, though, has been the disparity in terms of geographical reach of ICT services. In response to this, efforts have already been exerted to bring ICT services to the unserved and underserved areas.

**Financing**

Economic uncertainties and fiscal constraints have led to the decline in LGU spending on social services. However, primarily due to strong advocacy for the MDGs, programs, activities and projects (PAPs) that are MDG-related have recently been prioritized in budget preparation, both at the national and local levels. The country was also able to secure funding for the MDGs from various international donors such as the United Nations and Government of Spain. Another notable achievement was the tool developed by the Department of the Interior and Local Government (DILG) that can assist LGUs in spending for MDG-related PAPs. Some priorities of action were highlighted to further improve financing for the MDGs. First, there is a need to sustain initiatives in prioritizing MDG-related PAPs in the MTPDP and the budget. Accordingly, immediate implementation and institutionalization of MDG budget and expenditures monitoring should be carried out. Second, the government should continue improving transparency and accountability in the implementation of MDG-related PAPs. Absorptive capacities of agencies implementing MDG-related PAPs should be improved through enhancement in the processes of procurement, auditing and accounting. Third, the government must continue using cost-efficient modes of service delivery to avoid wastage of resources. In relation to this, design and targeting system of some PAPs should be improved. Fourth, legislative and administrative reforms should be pursued to improve tax policy and administration. Fifth, there is a need to strengthen the commitments and capacities of LGUs as direct providers/implementers of PAPs. Sixth, public-private sector partnership for financing and implementing MDG-related PAPs should be enhanced. Lastly, there might be a need for the government to reiterate its proposal on debt swap for the MDGs so as to help it re-channel its resources from debt repayment to PAPs for the MDGs.

**Monitoring**

Over the past two decades, a number of MDG-related policies have already been formulated by the NEDA, DILG, and the National Statistical Coordination Board (NSCB), among others, to institutionalize and improve the monitoring of the MDGs. These policies have facilitated the increase in awareness of the government and other stakeholders at the local and national levels on the MDGs. Moreover, the Community-Based Monitoring System (CBMS) has been implemented in 59 provinces and this has provided data for many of the MDG indicators. There are some challenges, however, which include the following: effective operationalization of MDG-related policies; timely collection and availability of national and disaggregated data; increased awareness on the MDGs among LGUs, private sector and civil society. In response to these challenges, there is a need to revisit and enhance the MDG Monitoring System for LGUs as well as ensure that indicators at the local level are consistent with those at the national level.
Meanwhile, monitoring efforts of various sectors, apart from the government, should also be encouraged to further strengthen the monitoring system of LGUs.

**Advocacy and localization**

In recent years, a number of initiatives have been made to advocate and localize the MDGs to increase awareness on the MDGs among various stakeholders and mobilize their support for programs and projects toward the achievement of the MDGs. Some of these remarkable achievements include the following: (1) issuance of DILG Memorandum Circular (MC) No. 2004-152 or the “Guide to Local Government Units in the Localization of the MDGs”; (2) DBM’s policy guidelines and procedures in preparation of national and local budget proposals, which emphasize programs, projects and activities in support of the MDGs; (3) creation of a Special Committee on the MDGs in the House of Representatives; (4) formulation of subnational MDG progress reports for the country’s 17 regions; (5) crafting of the MDG Framework for Business Action; (6) pilot formulation of Provincial MDG Reports for 10 provinces, undertaken by the CBMS Network Coordinating Team with support from NEDA and UNDP; (7) encouragement of support from private companies through the Business and the MDGs Campaign; (8) advocacy for donor support for the MDGs through the Philippine Development Forum (PDF); and (9) participation in the Stand-Up Take Action (SUTA) against poverty campaign of the United Nations Millennium Campaign (UNMC). Despite all these efforts, a lot of work remains to be done to generate support for the MDGs and ensure its integration in local development. First, the government needs to invest in improving capacities of LGUs through problem-solving, involving local participation, managerial know-how, and transparent mechanisms. Second, capacity building on MDG monitoring and preparation of MDG progress reports using CBMS can be extended to the other provinces. Third, other institutions, such as the DILG Local Government Academy (LGA) and the Leagues of Provinces, Municipalities and Cities, may also be tapped to extend assistance along improving capacities of LGUs on how to link the MDGs with local planning and budgeting. Fourth, the lead agencies per MDG area should be encouraged to work in partnership with the DILG to strengthen localization efforts. Fifth, the Philippine Information Agency (PIA) could also be encouraged to strengthen its efforts in advocating the MDGs. Lastly, convergence of activities and sharing of resources may be done towards a more efficient delivery of advocacy initiatives.

**1.3 Pace of progress**

Table 1 shows the pace of progress of the Philippines towards the achievement of the MDGs. Based on the estimated probabilities of attaining the targets, the country has been performing well in reducing mortality rate among children aged 5 and below, reversing the incidence of and death rate associated with malaria, increasing tuberculosis case detection and cure rates, expanding access to basic sanitation, and providing equal opportunities for girls in the area of education. In fact, the country had already surpassed the targets on improving access to sanitation, increasing tuberculosis case detection rate and providing equal educational opportunities for girls. However, national averages tend to hide large discrepancies across geographic location with many far-flung areas still remaining unserved. On the other hand, it seems that more efforts need to be exerted in achieving universal primary education, improving maternal health, combating HIV and AIDS, as well as reducing the incidence of poverty and hunger. Poverty incidence among population had consistently been declining from 1991 (45.3%) to 2003 (30%) but suddenly increased in 2006 (32.9%). The poverty situation in 2009 might have been worsened by the combined effects of the food and fuel price hikes, global financial crisis (which reached the country in the latter part of 2008) and natural calamities such as the devastating typhoons Ondoy and Pepeng that hit the country during the last quarter of 2009,
followed by the occurrence of the recent El Niño phenomenon (which emerged during the latter part of 2009). Halving the 1991 baseline figure by 2015 might therefore be more challenging this time. Similarly, subsistence incidence among population had been following a declining trend from 1991 (24.3%) to 2003 (13.5%) but slightly went up in 2006 (14.5%). Since the 2015 target (12.2%) is somewhat closer to the 2006 figure, there is still a high probability of achieving this target.

Data on nutrition seem to tie up with income poverty data. Proportion of malnourished children had been going down from 34.5 percent in 1990 to 24.6 percent in 2005 but went up to 26.2 percent in 2008. Similar to poverty incidence, there is a medium rate of progress in terms of halving the baseline figure for malnutrition prevalence. Proportion of households with per capita intake below 100 percent dietary energy requirement, on the other hand, declined from 69.4 percent in 1993 to 56.9 percent in 2003. This 12.5 percent improvement within the ten-year period is considered small since almost twice of this (22.2%) is still required to be able to meet the target (34.7%) by 2015. In terms of primary education, the country has been underperforming over the past decade. The rate of progress with respect to elementary education participation rate has been estimated to be low. From 1991 to 1999, the net enrolment rate in elementary education had been rising from 85 to 97 percent but had been consistently going down from 2000 to 2006 (97 to 83%). It started to rise again in 2007 but the rate of increase is relatively low. Based on the current trend, it seems that it is still far from the 2015 target. In terms of cohort survival and completion rates, progress have also been at a slower pace. Cohort survival rate had been relatively stable from 1990 to 1997 but suddenly went down in 1998. It rose again in 2001 at 69.1 percent and ended up at 75.4 percent in 2008. Similarly, there has not been much improvement in terms of elementary education completion rate. The figure only increased by 5.7 percentage points over the past two decades; from 67.6 percent in 1990 to 73.3 percent in 2008. The aim of Goal 3 is to ensure equal opportunities for girls and women. In the case of the Philippines, girls and women have not been lagging behind boys and men in the area of education. In fact, school participation, cohort survival and completion rates (both at the primary and secondary levels) for girls have been consistently higher than for boys, although the disparities have not been as much. Girls are disadvantaged only in terms of elementary education participation rate during the 1990s. Another area where the country has been performing well is on reducing child mortality. Infant mortality rate substantially declined from 57 infants per 1,000 live births in 1990 to 33.6 in 1993. The rate slightly rose to 35.1 in 1998 then it steadily went down until it landed at 25 in 2008. Based on the trend, there is a high probability that the 2015 target (at 19 infants per 1,000 live births) will be achieved. Under-five mortality rate declined from 80 deaths per 1,000 live births in 1990 to 54.2 in 1993 then it consistently went down to 34 in 2008. Targeting a rate of 26.7 by 2015 would therefore be easier, especially if appropriate interventions would be effectively implemented. On the other hand, improvement in maternal health is one area of concern. Maternal mortality ratio had been declining from 209 per 100,000 live births in 1990 to 172 in 1998. However, the ratio went down to only 162 per 100,000 live births in 2006. Based on this trend, it seems that 2015 target of 52 per 100,000 live births is still relatively far. Similarly, the country has not been performing well in terms of contraceptive prevalence rate. The figure increased from 40 percent in 1993 to 51 percent in 2008. The pace of progress over the period has been relatively low considering that the 2015 target is 80 percent.

Halting the spread of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) appears to be challenging for the country as the estimated prevalence rate among HIV-infected population who are 15 years old and over increased from 0.0014 percent in 2006 to 0.007 percent in 2009 based on blood donor data. These figures, however, have remained within the 2010 Philippine target of less than one percent. On the other hand, the
country has not been performing well in terms of increasing the proportion of youth with comprehensive correct knowledge of HIV and AIDS. Meanwhile, there has been medium rate of progress in terms of increasing the proportion of population with advanced HIV infection with access to antiretroviral drugs. The country has also been performing very well in terms of reversing the incidence of and death rates associated with malaria and tuberculosis. Malaria morbidity rate had consistently declined from 123 cases per 100,000 population in 1990 to 20 in 2009. Similarly, mortality rate due to malaria decreased from 1.5 deaths per 100,000 cases in 1990 to 0.02 in 2009. Interestingly, the target for tuberculosis case detection rate has been achieved since 2004. From 60 percent in 2000, the rate increased to 70 percent in 2004, which is the national target for 2015. Since then, the rate has been maintained above the target. Tuberculosis cure rate increased from 73 percent in 2000 to 82 percent in 2004. It slightly went down to 81 percent in 2005 but recovered at 83 percent the following year. Cure rate then declined to 82 percent in 2007 and ended up with 79 percent in 2008. Based on the recent trend, the 2015 target of 85 percent is relatively close. Another area with fast pace of progress is the expansion of access to basic sanitation. Proportion of population with access to sanitary toilet facilities had been increasing from 71.8 percent in 1991 to 88.6 percent in 2008, surpassing already the 2015 target of 85.9 percent in 2002. Proportion of population with access to safe water, on the other hand, has posted a medium rate of progress. It had been increasing from 73.8 percent in 1991 to 81.4 percent in 2008. Based on the current trend, it seems that the 2015 target (85.9%) is feasible. However, these favorable results hide the fact that almost one in five (or 15.73 million) persons are still unable to access safe water and one in ten (or 9.62 million) persons do not have access to sanitary toilet facilities.
<table>
<thead>
<tr>
<th><strong>Goal 1: Eradicate extreme poverty and hunger</strong></th>
<th>Pace of progress</th>
<th>Probability of attaining the target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day</td>
<td>0.88</td>
<td>MEDIUM</td>
</tr>
<tr>
<td>Proportion of population below poverty threshold</td>
<td></td>
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<tr>
<td>Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger</td>
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<tr>
<td>Prevalence of underweight children under five years of age</td>
<td>0.67</td>
<td>MEDIUM</td>
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<tr>
<td>Proportion of households with per capita intake below 100 percent dietary energy consumption</td>
<td>0.79</td>
<td>MEDIUM</td>
</tr>
<tr>
<td><strong>Goal 2: Achieve universal primary education</strong></td>
<td></td>
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<tr>
<td>Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</td>
<td></td>
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<tr>
<td>Elementary education net enrolment rate</td>
<td>0.00</td>
<td>LOW</td>
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<tr>
<td>Elementary education cohort survival rate</td>
<td>0.30</td>
<td>LOW</td>
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<tr>
<td>Elementary education completion rate</td>
<td>0.29</td>
<td>LOW</td>
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<tr>
<td><strong>Goal 3: Promote gender equality and empower women</strong></td>
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<td>Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015</td>
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<tr>
<td>Ratio of girls to boys in elementary education participation rate</td>
<td></td>
<td>HIGH</td>
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<tr>
<td>Ratio of girls to boys in secondary education participation rate</td>
<td></td>
<td>HIGH</td>
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<tr>
<td>Ratio of girls to boys in elementary education cohort survival rate</td>
<td></td>
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<tr>
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<tr>
<td>Ratio of girls to boys in secondary education completion rate</td>
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<td>HIGH</td>
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<td><strong>Goal 4: Reduce child mortality</strong></td>
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<tr>
<td>Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate</td>
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<tr>
<td>Infant mortality rate</td>
<td>1.17</td>
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<tr>
<td>Under-five mortality rate</td>
<td>1.20</td>
<td>HIGH</td>
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<td><strong>Goal 5: Improve maternal health</strong></td>
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<tr>
<td>Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio</td>
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<td>Maternal mortality ratio</td>
<td>0.47</td>
<td>LOW</td>
</tr>
<tr>
<td>Target 5.B: Achieve, by 2015, universal access to reproductive health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraceptive prevalence rate</td>
<td>0.27</td>
<td>LOW</td>
</tr>
</tbody>
</table>
Goal 6: Combat HIV/AIDS, malaria and other diseases

Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS
- HIV prevalence among 15 years and over
  - Proportion of population aged 15-24 with comprehensive correct knowledge of HIV/AIDS: 0.02 (LOW)

Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it
- Proportion of population with advanced HIV infection with access to antiretroviral drugs: 0.72 (MEDIUM)

Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases
- Malaria morbidity rate: 2.01 (HIGH)
- Malaria mortality rate: 2.37 (HIGH)
- Tuberculosis case detection rate: 3.82 (HIGH)
- Tuberculosis cure rate: 2.53 (HIGH)

Goal 7: Ensure environmental sustainability

Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation
- Proportion of population with access to safe water: 0.82 (MEDIUM)
- Proportion of population with access to sanitary toilet facilities: 1.68 (HIGH)

Notes:
Computation of pace of progress is based on UNSIAP methodology:
Pace of progress = Actual rate of progress / Required rate of progress
where: Actual rate of progress = [(latest data / baseline data) – 1] / no. of years elapsed (for negative indicators)
= [(latest data – baseline data) / (100 – baseline data)] / no. of years elapsed (for positive indicators)
Required rate of progress = (target rate) / no. of years covered

Probability of attaining the target: LOW if pace of progress is less than 0.5; MEDIUM if pace of progress is between 0.5 and 0.9; and, HIGH if pace of progress is greater than 0.9

1.4 Ways forward

Poverty
Reversal in the poverty trend in recent years notwithstanding the implementation of a number of poverty reduction programs posts a challenge to the government. One of the most important approaches in responding to this challenge is the convergence of all the anti-poverty interventions to be able to strengthen the desired impact of the programs. The government should also sustain and scale up the delivery of proven good practices and successful programs on social protection, microfinance, asset reform, livelihood, among others. However, given the limited budget of most of the programs, proper targeting system should be adopted. This is to ensure that greater resources are channeled to target beneficiaries, particularly those in poor and underserved areas. There is also a need for the government to provide adequate safety nets to poor households, especially those considered chronic poor, to prevent them from falling into poverty or for them to recover more quickly from economic and natural shocks. Implementation of time-bound emergency public infrastructure based employment programs, skills training programs and other support programs might enable households to augment their income in times of crises.
**Education**

In order to uphold its mandate of providing free and compulsory primary education and at the same time respond to the growing school-age population, budget of the Department of Education (DepEd) has to be further increased. Also, resource allocation system has to be improved to address wide regional disparities. This could be done by improving the database system and conducting school mapping to be able to effectively track the resource-constrained areas. Alongside the increase in budget for school resources, cost-saving, non-conventional and flexible approaches should be strongly pursued to improve access to primary education. These approaches include the following: Instructional Management by Parents, Community and Teachers (IMPACT) system; Modified In-School Out-of-School Approach (MISOSA); and, Alternative Learning System (ALS). Addressing the high drop-out rate, especially among the early graders, and the inability of students to cope with school works might also require strengthening of pedagogical skills of teachers and inclusion of preschool education in the basic education cycle. Various social programs such as 4Ps should also be sustained, in conjunction with the DepEd’s initiatives, to address the non-school factors contributing to the non-attendance to schools. Meanwhile, the government might also need to aggressively move the Basic Education Sector Reform Agenda (BESRA) forward primarily through the School-Based Management (SBM).

**Gender equality**

Although gender disparity (in favor of girls) in the area of education has not been as much, the government should give more attention in improving education indicators for boys. To enable more women to participate in the political arena, the government should intensify capacity development programs such as skills training and development. In terms of addressing gender-based violence, on the other hand, some possible interventions could also be implemented: (i) strengthening awareness on gender-based violence at the local level; (ii) strengthening coordination between the local government units (LGUs) and the PNP; and, (iii) allocating resources to government agencies working on violence against women. Moreover, the legal framework for the protection and improved welfare of overseas Filipino workers (OFWs), particularly the female ones, should be strengthened. Meanwhile, sex-disaggregated data should be made available as these are deemed useful in identifying gender issues and in planning for more appropriate interventions.

**Child mortality**

Despite remarkable progress in reducing child mortality, some actions might still need to be undertaken to address regional disparities. First, there is a need for LGUs to better manage their child health interventions by improving their targeting system. LGUs should be trained and adequate resources should be provided to improve their database system. The government also needs to strengthen advocacy campaigns for child health programs such as that on breastfeeding. Moreover, LGUs need to fasttrack and strengthen Maternal, Neonatal and Child Health and Nutrition (MNCHN) strategy to ensure proper pre-natal, natal and post-natal care for pregnant women.

**Maternal health**

Although a number of maternal health initiatives have already been undertaken, maternal health concerns still remain. One of the priorities for action to address these concerns is to ensure that MNCHN strategy will be integrated in the Municipal Investment Plan for Health (MIPH) as well as the Provincial Investment Plan for Health (PIPH). The government should also exert more efforts in improving the quality of pre-natal, natal and post-natal services being provided in local public health facilities. This includes upgrading of managerial and technical capabilities of health
workers, improvement of monitoring and evaluation as well as the database system, and strengthening of advocacy activities. Furthermore, there is also a need to continuously advocate for legislative support and strengthen linkages with the private sector/ non-government organizations (NGOs)/ civil society in order to resolve the problems on financing and accessibility of maternal care services. Related to the improvement in maternal health is the improvement in access to family planning (FP) services. Given the low practice of family planning, there might be a need to expand informed choice by pushing for the Informed Choice Perspective Responsible Parenthood – Family Planning (RP-FP) Program. Together with parent education on adolescent and sexual reproductive health (ASRH), inclusion of adolescent reproductive health (ARH) in the education curriculum, both in public and private, is also deemed necessary. Designing of new financing mechanisms for FP/RH such as Performance-Based Grants (PBGs) for LGUs as well as expansion of the Contraceptive Self-Reliance Strategy (CSR) have to be pursued. Meanwhile, there is also a need for strong political will to promote a continuing advocacy effort in legislating a comprehensive population management and reproductive health policy through the consolidated Reproductive Health (RH) Bill.

Combating HIV and AIDS, malaria and other diseases
Reversing the spread of HIV and AIDS requires some concrete set of actions. First, there is a need to build capacities to identify and locate the sources of new HIV infections and evaluate prevention coverage and impact. Effective and comprehensive package of interventions for HIV most at-risk populations (MARPs) as well as migrant workers should also be designed and implemented. There is also a need to mobilize resources and engage communities in controlling the epidemic. To prevent the spread of diseases in general, service provision should also be strengthened. This implies upgrading of managerial and technical capabilities among health workers, improvement of health and laboratory facilities, provision of timely program requirements, strengthening of program monitoring and evaluation, and pursuing advocacy on health-seeking behavior. Moreover, strengthening of partnerships with LGUs, civil society organizations, the private sector, among others, might also be necessary.

Environmental sustainability
To address the issue of environmental sustainability, there is a need to revisit implementation of environmental laws and encourage initiatives for compliance and penalties for violators. Efforts of various stakeholders in environmental advocacy should also be mobilized. In addition, enabling conditions for the protection and preservation of natural resources should be established. A multi-party audit of environmental statistics should also be conducted. There is also a need to strengthen business sector’s involvement through alignment of its corporate social responsibility (CSR) activities. A clear national policy on water and sanitation (watsan) and a program managed by a lead institution is deemed necessary in achieving universal coverage. Watsan service providers should be regulated to ensure accountability to consumers with expanded access, efficient use of revenues and improved service quality. Investment on this sector should also be increased. Moreover, public-private partnership should be pursued with appropriate incentives for private sector participation, particularly in the housing sector. The issue on non-availability of land suited for housing should also be addressed by coming up with innovative ways on addressing the issue of tenurial security apart from home ownership. Policies and development practices in urban development and housing should be addressed. LGUs should prepare comprehensive land use plans based on updated thematic maps that take into account risk-sensitive land use planning. There might also be a need for the creation of the housing microfinance network.

Partnerships for development
In order to develop open, rule-based, predictable, and non-discriminatory trading and financial systems, some strategies might need to be implemented: (i) strengthening of micro, small and medium enterprises (MSMEs); (ii) proactive investment promotion to countries other than the United States; and, (iii) diversification and expansion of market for exports. To address the debt problems of the country, tax revenue collection should be improved. There should also be improvement in the efficiency and transparency in public spending. Selection process of loan-funded programs and projects should also be strengthened. Apart from upgrading of patent rights and business system, the issue of inaccessibility of essential medicines should also be addressed. The high-quality essential medicines should be available at affordable prices, especially in far-flung areas. Thus, monopolies and oligopolies in the market should be eliminated. Health professionals should also avoid brand preferences when giving prescriptions that will limit the choices of patients, especially the poor ones. Pharmacists and dispensers in the retail outlets should also educate and assist some patients on their choices. Meanwhile, there is also a need for the Food and Drug Administration (FDA) to hire more qualified regulation officers, establish additional facilities or satellite offices, and procure new state-of-the-art equipment. In terms of information and communications technology (ICT) development, an enabling socioeconomic and political environment should be created to attract more IT investments. There should also be close coordination between the executive and legislative branches of the government on proposed ICT-related bills. More efforts should also be exerted to bring ICT services to the unserved and underserved areas.