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**Socio-economic inequalities in Southeast Asia:
Some implications for researchers in the Medical and Social Sciences
(Editor's Note*)**

Dr. Gus O'Donnell, Cabinet Secretary to the British Government from 2005 to 2011, now one of the leading world economists, has urged governments to adopt a "new, comprehensive metric for national and global progress and prosperity, one that tells us whether people really are better off- and how to ensure that they are." The metric is known as 'gross domestic wellbeing'.

O'Donnell argues that 'national output', if used as the measure of 'policy success', leads to increasing inequality of income and wellbeing. The Global Financial Crisis revealed this to be true (O'Donnell, 2014).

In the period 2007-10, the world witnessed the total collapse of large financial institutions, bailout of banks, downturns in stock markets, and the failure of key businesses. These disasters led to evictions, foreclosures, and prolonged unemployment. The effects of the Crisis continue to be felt throughout Europe and North America, particularly (Davies, 2008).

O'Donnell and other leading economists, in a report to the Legatum Institute in 2010, proposed a new method for calculating national prosperity. This led to the development of the **Legatum Prosperity Index**. The index is based on data concerning a country's economy, governance, education, health, safety and security, and 'social capital'. The latter measures the percent of citizens who volunteer, give to charity, and help strangers.

If governments were to focus on wellbeing the result would lead to greater increases in income among the poorest than increases among the wealthy, and the establishment of redistributive mechanisms among regions. For example, a more efficient health services might spend less on hospitals and doctors and more on teaching and encouraging healthier lifestyles.

Factors that have been shown to be important to life satisfaction include: relationships, community, feelings of personal security, physical and mental health. For example, O'Donnell points out that in the USA, for example, there were more suicides than road deaths last year (2013), and in Germany and the UK three times more suicides than road deaths.

In the UK, the vast majority of people diagnosed with mental illness go untreated, at a huge cost not only in personal and family wellbeing, but also in disability benefits and lost earning power. Targeted policies aimed at raising awareness of mental health issues and improving access to treatment would lead to substantial increases in wellbeing (O'Donnell, 2014).

2013 Index revealed that the top 3 countries were Norway, Switzerland, and Canada. The USA ranked 11th, and the UK 16th. Closer to home, Singapore ranked 18th Hong Kong 19th, Taiwan 22nd, and South Korea 26th.

However, reviewing country by country data in Southeast Asia, some countries are less fortunate. These data reveal considerable differences in wellbeing among member states.

I have chosen to review data on three facets of wellbeing. One, the numbers of people living below the poverty line. Poverty is linked to hunger, malnutrition, disease, corruption, crime, and, indirectly, to illiteracy. It is defined as an economic condition of lacking both money and basic necessities, such as food, water, education, healthcare and shelter.

The percentage of people living below the poverty line in Singapore and Brunei is negligible. And, the levels in Malaysia, Thailand, Vietnam, and Indonesia are relatively small: 3.8%, 7.8%, 11.3%, and 11.7% respectively. However, the percentages for the remaining four are markedly higher: Cambodia (20%), Philippines (26.5), Lao PDR (26%), and Myanmar (32.7%) (World Bank, 2013).

A second area is infant mortality. Infant mortality is an indicator of the health and well-being of a nation. The range in Southeast Asia is large. According to the World Bank for the period 2009-13, the range per 1000 live births is from a low of 2 deaths (Singapore) and 7 (Brunei and Malaysia), to Philippines (24), Indonesia (26), Cambodia (34), Myanmar (41), and Lao PDR (54).

A third is life expectancy. The range is wide in Southeast Asia. For females the range is from 66 years (Cambodia) and 67 (Myanmar) to 85 (Singapore). For males the range is from 63 (Myanmar) and 64 (Cambodia) to 72 (Malaysia), 73 (Vietnam) and 80 (Singapore) (World Health Organization, 2013).

Why such large differences? Is it lack of prenatal clinics, inadequate nutrition, poor sanitation, access to safe drinking water, higher levels of illiteracy?

In developing societies such as Myanmar, PDR Lao and Cambodia, smoking and excessive alcohol consumption are underlying factors that explain lower life expectancy rates for males. Among women, long working hours, domestic violence including stress and incomplete knowledge of nutritional requirements for pregnant teen-age females are some of the factors that account for their lower life expectancy rates.

The *Rangsit Journal of Arts and Sciences* would welcome papers that contribute further to existing knowledge in the area of national wellbeing: statistics that compare differences in diet between various regions within a particular country including life expectancy, local community initiatives in combating domestic violence and innovative policies aimed at reducing inequalities in access to hospitals and clinics, to name only a few topics relevant to wellbeing.

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