

Human Development, Health and Education

Edited by Sarbuland Khan



Dialogues at the Economic and Social Council

Human Development, Health and Education.

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United Nations Economic and Social Council

The views expressed in this publication are those of the authors and do not necessarily reflect the views of the United Nations Department of Economic and Social Affairs.

United Nations Department of Economic and Social Affairs. Division for ECOSOC Support and Coordination, 1 United Nations Plaza, Room DC1-1428, New York, N.Y. 10017, USA.

This book has been prepared by the Division for ECOSOC Support and Coordination, the Department of Economic and Social Affairs of the United Nations. It draws upon the preparatory panels, debates and outcome of the Economic and Social Council 2002 High-Level Segment on “The Contribution of Human Resources Development, including in the Areas of Health and Education, to the Process of Development”. The preparatory panels, Ministerial Roundtables and Ministerial Roundtable Breakfasts were sponsored by the Economic Commission for Europe (ECE), International Labour Organization (ILO), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Children’s Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Division for Economic and Social Affairs (DESA), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Fund for International Partnerships (UNFIP), UN Habitat, United Nations Industrial Development Organization (UNIDO), United Nations Population Fund (UNFPA), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), United Nations University (UNU), World Bank, World Food Programme (WFP), World Health Organization (WHO) and the World Meteorological Organization (WMO). Their support is acknowledged with thanks.

Contents

FOREWORD

BY H.E. AMBASSADOR IVAN ŠIMONOVIĆ,
President of the Economic and Social Council **xi**

PREFACE

BY MR. NITIN DESAI,
Under-Secretary-General for Economic and Social Affairs **xv**

INTRODUCTION **i**

CHAPTER ONE:

THE 2002 HIGH-LEVEL SEGMENT OF THE ECONOMIC AND
SOCIAL COUNCIL **3**

I. MINISTERIAL DECLARATION **3**

II. STATEMENTS AT THE ECOSOC 2002 HIGH-LEVEL
SEGMENT **9**

Mr. Kofi Annan, United Nations Secretary-General **9**

H.E. Ambassador Ivan Šimonović of Croatia, President of
the Economic and Social Council, **12**

Mr. Paul O'Neill, Secretary of Treasury of the United
States **17**

Mr. Horst Köhler, Managing Director of the International
Monetary Fund (IMF) **22**

Mr. Rubens Ricupero, Secretary-General of United Nations
Conference on Trade and Development (UNCTAD) **27**

Dr. Mamphela Ramphele, Managing Director of World
Bank **30**

III. MINISTERIAL ROUNDTABLES ON HEALTH AND EDUCATION AT THE ECONOMIC AND SOCIAL COUNCIL. ISSUES PAPERS AND SUMMARIES 33

“Progress towards Millennium Development Goals for human resource development in Africa”	35
“Partnerships for human resources development: what role for development cooperation, including south-south cooperation, city-city cooperation, private sector and non-governmental organizations?”	40
“Strengthening institutional capabilities for sustainable development”	43
“Policy coherence and financing human resources development”	46
“Information Communication Technologies (ICTs) and human resources development”	50
“Food security for human resources development”	56
“Capacity-building for trade and investment”	59
“Incorporating human resources concerns into the PRSP process: lessons learned”	63
“Conserving human resources: a comprehensive approach to HIV/AIDS prevention and care”	67
“Gender mainstreaming in human resources development including in the areas of health and education”	71
“Improving the delivery of health services”	75
“Education for peace”	80
“Regional cooperation for human resources development”	85
“Partnerships for a better educated and healthy world”	89
“Human resources development: the role for basic infrastructure and adequate, affordable shelter”	93

“Education for poverty eradication: an approach to human resources development”	98
IV. CONCLUDING OBSERVATIONS	101
CHAPTER TWO:	
HEALTH AND DEVELOPMENT	105
I. OVERVIEW OF KEY ISSUES BY THE WORLD HEALTH ORGANIZATION (WHO)	105
II. SUMMARY OF THE ROUNDTABLE ON HEALTH AND DEVELOPMENT	112
<i>Papers and Good Practices on health and development</i>	
Dr. Gro Harlem Brundtland, Director-General of WHO	117
H.E. Dr. Ahmed Bilal Osman, Federal Minister of Health of Sudan	120
Ms. Angela E.V. King, UN Special Advisor on Gender Issues and Advancement of Women	123
“Good practices in health systems” by Mr. Orwill Adams, Director of Health Service Provision of WHO	125
“Making a difference—reaching the Millennium Development Goals for Health” by Mr. Yves Bergevin, Director of Health Section, Programme Division of United Nations Children’s Fund (UNICEF)	129
III. THE HIV/AIDS CRISIS	130
“The Devastating Impact of HIV/AIDS” by Prof. Jeffrey Sachs, Director of Columbia University Earth Institute	130
<i>Good Practices on HIV/AIDS Prevention and Control</i>	132
“Straight talk” by Mr. Michel Sidibe, Director of Country and Regional Support Department of the Joint United Nations Programme on HIV/AIDS (UNAIDS)	132
“Gender-focused interventions to address the challenge of the HIV/AIDS epidemic” by Ms. Stephanie Urdang, Advisor	

on gender and HIV/AIDS of the United Nations Development
Fund for Women (UNIFEM) 134

“HIV/AIDS strategic plan 2001-2006” by Victoria Sharp,
President of Médecines du Monde USA 138

IV. FOCUS ON AFRICA 148

*Are We Going in the Right Direction for Achieving the
Millennium Development Goals in Health in Africa?* 148

“Meeting health priorities in Africa: Consolidating community
level achievements for development” by Benson C. Morah,
United Nations Population Fund (UNFPA) Country Technical
Services Team, Ethiopia 149

CHAPTER THREE:

EDUCATION AND DEVELOPMENT 154

I. OVERVIEW OF KEY ISSUES BY THE UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION (UNESCO) 154

II. SUMMARY OF THE ROUNDTABLE ON EDUCATION AND DEVELOPMENT 163

Papers and Good Practices on education and development

“Education and development” by Ms. Carol Bellamy, Executive
Director of UNICEF 168

“Higher education and development” by Prof. Johannes A.
van Ginkel, Rector of United Nations University (UNU) 170

“Education and development in Uganda” by H.E. Dr. Edward
Khiddu Makubuya, Minister of Education and Sports of
Uganda 172

“Education and development in the Central American
region—the case of El Salvador” by H.E. Dr. Ana Evelyn
Jacir de Lovo, Minister of Education of El Salvador 178

“Education and gender” by Ms. Angela E.V. King, UN Special Advisor on Gender Issues and Advancement of Women	180
“Education and the role of the International Labour Organization (ILO)” by Mr. John Langmore, Director of ILO Liaison Office to the UN	182
“Findings from the consultation on girls’ education and development carried out by the World Association of Girl Guides and Girl Scouts (WAGGGS)” by Ms. Leslie Wright, Chair of WAGGGS	187
“Modern technologies for continuous education: a foundation of successful realization of human resources for sustainable development of the modern society” by Prof. Yefim Malitikov, President of the International Association Znanie	194
“The African Girls’ Education Initiative (AGEI)” by Mr. Peter Buckland, Senior Education Adviser of UNICEF	199
“The Educom initiative in Benin” by Mr. Peter Buckland, Senior Education Adviser of UNICEF	200
“Good practices related to teachers” by Mr. John Daniel, Assistant Director-General for Education of UNESCO	201
“Good practices related to children in difficult circumstances” by Mr. John Daniel, Assistant Director-General for Education of UNESCO	205
“Learning about small business: a training module on enterprise education in the non-formal setting in the Small Islands States of the Pacific” by Mr. John Daniel, Assistant Director-General for Education of UNESCO	207
“Good practices related to higher education: UNILIT University Students for Literacy” by Mr. John Daniel, Assistant Director-General for Education of UNESCO	209
“Good practices in educating young people on population and reproductive health issues: UNFPA programme experiences in	

Iran” by Ms. Delia Barcelona, Senior Technical Officer, Technical Support Division of UNFPA	211
“Good practices in educating young people on population and reproductive health issues: UNFPA programme experiences in India” by Ms. Delia Barcelona, Senior Technical Officer, Technical Support Division of UNFPA	215
“Good practices in targeted capacity development” by Prof. Johannes A. van Ginkel, Rector of UNU	222
“Good practices in World Food Programme (WFP) school feeding and food for education activities” by Mr. Michael Usnick, Director, WFP Liaison Office in New York	226
“Total quality management and standardization in ASEAN countries: pathway to excellence” by Mr. Grzegorz Donocik, Senior Liaison Officer of United Nations Industrial Development Organization (UNIDO) Liaison Office in New York	227

CHAPTER FOUR:

HUMAN RESOURCES DEVELOPMENT	229
I. OVERVIEW OF KEY ISSUES: SYNERGIES BETWEEN HEALTH AND EDUCATION FOR ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS BY THE UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP), WORLD BANK AND INTERNATIONAL LABOUR ORGANIZATION (ILO)	229
II. SUMMARY OF THE ECONOMIC AND SOCIAL COUNCIL ROUNDTABLE	236

Papers

Mr. Nitin Desai, Under-Secretary-General for Economic and Social Affairs	238
Prof. Jeffrey Sachs, Director of Columbia University Earth Institute	240

Mr. Shanta Devarajan, World Bank Chief Economist for
Human Development 244

Mr. Jan Vandemoortele, Principal Advisor, Group Leader,
Socio-Economic Development Group, United Nations
Development Programme 245

Mr. John Langmore, Director of ILO Liaison Office to
the UN 255

Mr. Iqbal Alam, Senior Technical Consultant, UNFPA
Technical and Support Division 259

Mr. Andrew Cassels, Director of Health and Development
of WHO 261

CHAPTER FIVE:

NGO FORUM ON "THE CONTRIBUTION OF HUMAN RESOURCES
DEVELOPMENT, INCLUDING IN THE AREAS OF HEALTH AND
DEVELOPMENT, TO THE PROCESS OF DEVELOPMENT" 266

Papers

Mr. Bremley W.B. Lyngdoh—Global Youth Action
Network 272

Dr. Christine Durbak—World Information Transfer 276

Ms. Jenny Perlman—The Hunger Project 279

Mr. Frank Schroeder—Friedrich Ebert Foundation 284

CHAPTER SIX:

SECRETARY-GENERAL'S REPORT ON THE CONTRIBUTION
OF HUMAN RESOURCES DEVELOPMENT, INCLUDING IN THE
AREAS OF HEALTH AND EDUCATION TO THE PROCESS OF
DEVELOPMENT 288

LIST OF CONTRIBUTORS 321

Foreword

In July 2002, the Economic and Social Council devoted the High-Level Segment of its substantive session to “The contribution of human resources development, including in the areas of health and education, to the process of development”. The theme is of vital importance to the United Nations concern to put people at the center of development. The Council’s deliberations and the Ministerial Declaration adopted by it helped focus international attention on the implementation of the Millennium Development Goals. The timing of the event—after the International Conference on Financing for Development in Monterrey, Mexico, and before the World Summit on Sustainable Development in Johannesburg, South Africa—attracted additional attention to these issues and the linkages with them. Investment in health and education was seen as central to sustained growth, as it yielded high economic and social returns.

Human resources development is fundamental to the development process, contributing to poverty eradication and long-term economic growth through improved health, education, and human capacity-building. The centrality of this is clearly reflected in the outcomes of the global UN conferences of the past decade and in the Millennium Declaration adopted by all Heads of State or Government at the Millennium Summit. To foster progress in this regard, health and education policies, their complementarities, and the relations of these with policies in other sectors, have to be used to maximum advantage in order to mobilize synergy and leverage. Ensuring the full integration of health and education into poverty eradication strate-

gies is essential, as is the role of the international community and of the UN in assisting developing countries to build relevant capacities.

The roundtable discussions and documentation in the preparatory process, and the impressive roster of participants at the Council session, put ECOSOC in a lead position for international consideration of the pressing issues involved. Stakeholders at the highest levels were eager to contribute. The meetings in July constituted a “mini-conference” on human resources development. A related forum of non-governmental organizations (NGOs), and presentation of their report, was part of their growing participation in the work of the Council. The President of the Security Council also took part in the proceedings, giving further indication of the importance of co-operation between the two councils.

In his opening remarks at the High-Level Segment, the Secretary-General described health and education as twin pillars for assuring the well-being of individuals. As he noted, these are also mutually-reinforcing—a healthy person has a better chance of achieving his or her potential, and educated persons have a better chance of remaining healthy and contributing to the health and development of their families, communities and countries.

The deliberations at the High-Level Segment confirmed the increasing vitality of ECOSOC as an open and strategic forum to advance the development agenda that has emerged from the Millennium Declaration and from the Financing for Development Conference. The Council made a significant contribution to the gathering impetus to achieve the Millennium Development Goals. This has importance in many ways, not least in the context of relations between ECOSOC and the Bretton Woods institutions and the mobilization of resources to implement the Millennium Development Goals including in the areas of health and education.

The Ministerial Declaration that was adopted sends a clear message on the centrality of human development to the goals of sustainable development and poverty eradication. It reaffirms the right of everyone to education and the highest attainable standard of health. It stresses the importance of a multisectoral approach to human resources development, recognizing the contribution of this to sustained economic growth, social development and environmental protection. In turn, viewing health and education as essential to human resources development, the Declaration urges that these be fully integrated into macroeconomic policies, including

poverty reduction initiatives, and should be prioritised in national budgetary allocations. The Ministerial Declaration makes a strong call for providing more resources to health and education, especially HIV/AIDS and the Global Fund to Combat HIV/AIDS, Tuberculosis and Malaria. It also calls for coordinated action by the United Nations system to implement the human resources development goals set in United Nations conferences and summits.

The themes of health, education and human resources development are extremely relevant at the domestic level of dialogue and allocation of resources in national budgets, and in the dialogue concerning international development assistance. It is hoped that the impact of the ECOSOC 2002 High-level segment will be greater recognition that health, education and human resources development generally are “productive investments” in economic and social development, leading to greater channelling of national and international efforts and funds into these areas.

A handwritten signature in black ink, consisting of a large, stylized 'N' followed by a horizontal line that ends in a small upward curve.

Ivan Šimonović
Permanent Representative of Croatia
to the United Nations
President of the Economic and
Social Council 2002

Preface

In the year 2000, World Leaders gathered at the United Nations and adopted the Millennium Declaration, which contains a set of key goals to achieve a more peaceful, prosperous and just world. The world community thus committed itself at the highest level to reduce by half the proportion of people living in extreme poverty, achieving universal primary education, reducing child mortality and combating the spread of HIV/AIDS, malaria and other diseases by 2015. Human development, including in the areas of health and education, was thus placed at the centre of the United Nations development agenda. The implementation of this ambitious agenda requires further work and the building of true partnership between Member States, UN system and civil society. The United Nations now faces a challenge of how to involve in its work all the key actors who can make a difference at the grass-roots level.

Against this backdrop, the Economic and Social Council chose as the theme for its 2002 High-Level Segment the “Contribution of human resources development, including in the areas of health and education, to the process of development”. In an effort to build partnerships and consensus for action among all stakeholders, the preparations leading up the High-Level Segment and the adoption of the Ministerial Declaration, leaders and policy-makers from Member States, UN agencies, the private sector, and civil society were brought together to discuss and coalesce their diverse perspectives and for the effective sharing of various implementation tools such as good practices in health and education.

This book brings to a broader audience the rich materials gathered for the Economic and Social Council during 2002. It also summarizes the

discussions between Member States, UN system and civil society during the preparatory roundtables, keynote addresses, Ministerial roundtables and roundtable breakfasts as well as official deliberations of the Council. The contributions of the United Nations programmes, funds and agencies as well as civil society representatives were crucial to ensure a successful outcome of the debates and the adoption of a strong Ministerial Declaration which underlines the centrality of human resources development to poverty eradication and sustainable development and which gives concrete content to the policies and means required to implement the Millennium Development Goals in the areas of health and education.

A handwritten signature in black ink, reading "Nitin Desai". The script is fluid and cursive, with the first name "Nitin" and last name "Desai" clearly distinguishable.

Nitin Desai
Under-Secretary-General
for Economic and Social Affairs
Department of Economic and Social
Affairs

Introduction

The global United Nations conferences and summits of the 1990s have led to a comprehensive and holistic vision of development, which is centered on the human being. They have affirmed poverty eradication as the overarching goal of the international community. They have set goals and targets for halving poverty and hunger, advancing education and health and achieving progress in key development areas through a global partnership for development. These goals, which have been endorsed by world leaders in the Millennium Declaration, clearly reflect the centrality of human resources development, and of health and education, to the development process.

Consistent with the holistic approach to development that emerged during the 1990s, human resources development has evolved into a broader socio-economic and public policy concern for facilitating the development of human capacities, knowledge acquisition, empowerment and participation. Through institutional change and policy reforms, human resources development is seen to contribute to promoting sustainable livelihoods and providing opportunities for all.

In the recent past, human resources development has remained at the forefront of the international agenda. The General Assembly Special Sessions on HIV/AIDS, held in June 2001, and on Children, held in May 2002, provided the international community guidance and commitments on health and education. The World Education Forum, held in Dakar in April 2000, reconfirmed the importance of education for all as an international priority. The G8 task force on how to best pursue Dakar goals

was established in the context of a series of significant activities by the international community since the Dakar Forum. Various regional forums have also set out mandates, including those stemming from the New Partnership for Africa's Development.

In spite of increased international commitment to health and education, progress remains uneven and inadequate. Without intensified and concerted efforts, many of the Millennium Summit goals will not be met by target year of 2015.

The high-level segment of the 2002 substantive session of the Economic and Social Council on the theme of "*The contribution of human resources development, including in the areas of health and education, to the process of development*" served as an occasion to give renewed impetus to national and international efforts to improve health and education and to launch new approaches and new partnerships to accelerate progress towards human development as a principal engine for overall development.

The present book is the outcome of the sessions which took place during the preparatory process and the 2002 High-Level Segment of the Economic and Social Council. It brings together the proceedings of the ECOSOC session as well as its two preparatory roundtables on health and education and the NGO Forum on human resource development. The material included in this publication illustrates the richness of the debates and the vast experience and good practice available in the United Nations and its agencies on this critical issue and reflects the views of a cross-section of stakeholders who came together to address human resource development in all its facets. The Ministerial Declaration adopted by the Council at the high-level segment can thus be seen as reflecting a broad consensus among governments, multilateral institutions and civil society in the area of human resource development. That the Economic and Social Council has been instrumental in bringing all the stakeholders on its platform to agree on international and national policies in this central area of development concern testifies to the strategic role that ECOSOC can and does play in promoting policy and programme coordination within the United Nations system, and in forging international consensus for actions on a shared development agenda.

CHAPTER ONE

The 2002 High-Level Segment of the Economic and Social Council

I. MINISTERIAL DECLARATION ON THE CONTRIBUTION OF HUMAN RESOURCES, INCLUDING IN THE AREAS OF HEALTH AND EDUCATION, TO THE PROCESS OF DEVELOPMENT

We, the Ministers and Heads of Delegations participating in the high-level segment of the substantive session of 2002 of the Economic and Social Council, held from 1 to 3 July 2002, having considered the theme “The contribution of human resources development, including in the areas of health and education, to the process of development”, the report of the Secretary-General on the subject, as well as the contribution of civil society, inter alia, through the NGO Forum, have adopted the following declaration.

1. We reaffirm that poverty eradication and sustainable development are the great ethical and human imperatives of our time. We reaffirm the right of everyone to education and that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic or social condition.

2. We also reaffirm our commitment to the full and timely implementation of the goals, targets and commitments of the major United Nations conferences and summits and their follow-up in the areas of both health

and education, including those contained in the United Nations Millennium Declaration.¹

3. We recognize that human resources development is a fundamental aspect of poverty eradication and vital to the process of sustainable development, contributing to sustained economic growth, social development and environmental protection. Health and education are in turn essential to human resources development and should be fully integrated into macroeconomic policies, including poverty reduction initiatives, and should accordingly be prioritized in national budgetary allocations to health and education.

4. We recognize the important role of health and education professionals in all countries and their need to upgrade their skills. Training and retention of health and education professionals is a major challenge in particular in developing countries.

5. We recognize that people living in poverty must be placed at the centre of the human resources development process and encourage their participation in decision-making.

6. We recognize that better health and education go hand in hand, with progress in one area reinforcing progress in the other. To take advantage of that synergy, a multisectoral approach is needed. The mutually beneficial effects of health, education and other capacity-building approaches for development outcomes should be explicitly considered in the actual design and implementation of development strategies. To that end, we are committed to strengthening efforts at the national and international levels.

7. Good governance at all levels, sound economic policies, solid democratic institutions, freedom, peace and security, domestic stability, respect for human rights, including the right to development, the rule of law and gender equality are all essential for progress in health and education and mutually reinforcing.

8. We stress the need for gender mainstreaming in all human resources development policies and programmes to be able to effectively address gender inequalities. Gender equality considerations are essential to the design, implementation, monitoring and evaluation of policies and programmes. Full and equal access to health care and education is fundamental for the

1. General Assembly resolution 55/2.

achievement of gender equality. We reaffirm the goals, objectives and commitments contained in the Beijing Declaration and Platform for Action² and also in the Political declaration and Further actions and initiatives to implement the Beijing Declaration and Platform for Action adopted by the General Assembly at its twenty-third special session.³

9. We also recognize that human resources development must begin with an investment in children. We call for timely and effective implementation of the declaration and plan of action adopted by the General Assembly at its twenty-seventh special session.⁴

10. We reaffirm the need to provide access to effective and equitable primary health-care systems in all communities. We call for the full implementation of the Declaration of Commitment on HIV/AIDS, as adopted by the General Assembly at its twenty-sixth special session,⁵ and the other internationally agreed goals and strategies on malaria and tuberculosis (TB). The response to the epidemic must be through integrating prevention, care, support and treatment in a comprehensive approach. Recognizing that such implementation will require far greater human and financial resources (7 to 10 billion dollars targeted annually by 2005), we resolve to intensify efforts to mobilize those resources through increased allocations from national budgetary resources, increases in bilateral and multilateral assistance and the provision of substantial and additional resources to, inter alia, the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. Consideration should be given to launching new partnerships and initiatives in such areas as prevention through education for HIV/AIDS and partnerships for affordable essential drugs. Increased attention must be given to maternal and child health and reproductive health.

11. We strongly encourage strategic research for and the development of necessary drugs and vaccines, particularly against diseases prevalent in developing countries. Increased investments are required in global health research and research capacity in developing countries. We encourage the

2. *Report of the Fourth World Conference on Women, Beijing, 4–15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annexes I and II.

3. General Assembly resolutions S-23/2, annex, and S-23/3, annex.

4. See General Assembly resolution S-27/2, annex, chaps. I and III.

5. General Assembly resolution S-26/2, annex

pharmaceutical industry to make essential drugs, including anti-retrovirals, more widely available and affordable by all who need them in developing countries. Efforts should continue to ensure improved access to medicines and affordable health systems in line with the declaration on the Agreement on Trade-Related Intellectual Property Rights and public health adopted at the fourth WTO ministerial conference held at Doha.

12. We welcome the work of United Nations agencies in addressing drug-resistant malaria. We encourage the stakeholders of the Roll Back Malaria and Stop TB campaigns to continue and intensify their efforts and call for full international support for their work. We stress the importance of the Global Alliance for Vaccines and Immunizations, ongoing governmental programmes and other public-private partnerships that are effective in contributing to equitable health outcomes.

13. We reaffirm the commitments at the World Education Forum in Dakar that no country seriously committed to Education for All will be thwarted in its achievement of that goal by lack of resources. We will continue to mobilize political and public commitment and resources for Education for All. We recommend an integrated approach reaching beyond basic education, encompassing from primary to higher and technical and vocational education, early childhood development, girls' education, adult education and lifelong learning, to maximize the impact of education on development and poverty reduction. Alternative or non-formal education can contribute in ways that complement formal education.

14. We acknowledge that although the developing countries have the primary responsibility for the development of their human resources, the role of the international community and the multilateral institutions is essential in providing assistance to build human resources in developing countries. North-South, South-South and triangular cooperation can play a significant role in meeting the challenges faced by developing countries. We strongly encourage partnership efforts aimed at advancing health and education goals.

15. We also underline the importance of increasing the access of all people to modern means of communication and information and stress the need to improve access, thereby increasing the benefits of information and communication technologies (ICTs) to people in all countries, in particular developing countries. We underline the potential role of information and

communication technologies (ICTs) in improving health and education services. We invite the United Nations Information and Communication Technologies Task Force and the World Summit on Information Society in 2003 and 2005 to pay particular attention to bringing the benefits of ICTs to people in all countries through human resource development.

16. We call for concerted efforts to significantly increase investments in health and education with the aim of providing access to health care and education to the persons living in poverty and vulnerable groups. We recognize that current levels of investment in health and education are inadequate. We urge an increase in resources from all sources to provide adequate and sustained resources for effective programmes.

17. We recognize that a substantial increase in official development assistance and other resources will be required to provide adequate and sustained resources for effective programmes that will improve the quality of and strengthen the necessary delivery systems for health and education. We urge developed countries that have not done so to make concrete efforts towards the target of 0.7 per cent of gross national product (GNP) as official development assistance (ODA) to developing countries and 0.15–0.20 per cent of GNP of developed countries to least developed countries, as reconfirmed at the Third United Nations Conference on Least Developed Countries, and encourage developing countries to build on progress achieved in ensuring that ODA is used effectively to help achieve development goals and targets. Recipient and donor countries, as well as international institutions, should strive to make ODA more effective.

18. We recognize that trade is one of the most important sources to foster development and finance human resource development. A universal, rule-based, open, non-discriminatory and equitable multilateral trading system, as well as meaningful trade liberalization, can substantially stimulate development worldwide. We also agree that external debt relief can play a key role in liberating resources that can be directed towards activities consistent with attaining sustainable growth and development, including in the areas of health and education. We stress the importance of facilitating access to and transfer of knowledge and technology on concessional, preferential and favourable terms to the developing countries, as mutually agreed, taking into account the need to protect intellectual property rights and the special needs of developing countries, with the objective

of enhancing their technological capacities, capabilities, productivity and competitiveness in the world market.

19. We express strong support for Africa's new initiative, entitled the New Partnership for Africa's Development (NEPAD), to achieve, inter alia, human resource development objectives.

20. We recall the outcome of the International Conference on Financing for Development, held in Monterrey, Mexico, including the Monterrey Consensus of the International Conference on Financing for Development.⁶

21. We call for further efforts to implement the commitments made for implementing the Brussels Programme of Action for the Least Developed Countries for the Decade 2001–2010,⁷ particularly those related to building human and institutional capacities.

22. We call on the United Nations system to strengthen its catalytic and supportive role in promoting human resources development in the areas of health and education. To that end, the United Nations system should continue and strengthen its efforts to:

(a) Support national, regional and global-level efforts to integrate human resources development programmes into poverty reduction strategies on the basis of national ownership and priorities;

(b) Help countries build institutions and local technical capacity;

(c) Promote human resources development programmes that facilitate the access to information and communication technologies in all countries, in particular developing countries, to build digital opportunities;

(d) Build partnerships with stakeholders based on common goals and strategies and mutual responsibility and commitment and use sector-wide approaches;

(e) Strengthen mechanisms for disseminating knowledge and good practices for effective development cooperation in human resources development.

23. We stress the pivotal role of the Economic and Social Council in maintaining the focus on implementation and financing for human resource development as part of its responsibilities in the integrated and coordinated follow up of major United Nations conferences and summits. We call upon

6. *Report of the International Conference on Financing for Development, Monterrey, Mexico, 18–22 March 2002* (United Nations publication, Sales No. E.02.II.A.7), chap. I, resolution 1, annex.

7. See A/CONF.191/11.

the Economic and Social Council to mobilize and promote a coordinated action by the United Nations system for implementing the present declaration.

24. We submit the present declaration to the General Assembly as a contribution to the follow-up to the major United Nations conferences and summits, including the Millennium Summit.

II. STATEMENTS AT THE ECOSOC 2002 HIGH-LEVEL SEGMENT

Mr. Kofi Annan, United Nations Secretary-General

The past year has put the United Nations to new tests. In 2001—less than five years after the Asian crisis, and only one year after the adoption of the Millennium Declaration—the world economy suffered its biggest setback in a decade.

On 11 September 2001, terrorism struck our wonderful host city. The entire international community became New Yorkers that day.

The immediate effects of those attacks are well-known, but their long-term effects are more difficult to evaluate. We may never be able to say exactly how the 11 September attacks worsened the global economic situation.

But we do know that poor economies are paying the highest price for the downturn. The statistics do not adequately capture the human suffering and misery generated at the level of the individual and the family.

Only limited improvement is foreseen in the developing world for the current year. And the world economic outlook as a whole is plagued by an unusual degree of uncertainty, with some potentially serious threats to the recovery, despite improving fundamentals.

Yet our globalizing world offers unparalleled opportunities to achieve greater equity through more sustained and balanced growth. We must seize these opportunities.

In doing so, we must maintain a particular focus on the needs of Africa. The New Partnership for Africa's Development (NEPAD) reflects at once the determination of Africans to tackle their own problems and their acute need for international support. We must provide that support. I am heartened that at the Group of Eight Summit last week, NEPAD was at the center of their discussion and they came up with their own plan of action for Africa.

The overall agenda of the United Nations, and the plan of action for this Council, remains the Millennium Declaration—a blueprint for improving the lives of people everywhere in the twenty-first century.

Three months ago, during the Monterrey conference on financing for development, the international community showed its determination to pursue that agenda aggressively. The Monterrey Consensus was a new expression of political will to mobilize and deploy financial resources for development and poverty eradication.

The challenge now, as ever, is implementation—we heard the Chairman of the Economic and Social Council (ECOSOC) use that word—implementation. The United Nations family is fully committed to producing tangible results. I trust the rest of the international community will do its utmost to fulfil the pledges made at Monterrey, and, through the strong partnership embodied in the Consensus, work for the achievement of the Millennium Development Goals in every country.

Our challenge is to achieve not only economic and social development today, but to make it sustainable for our children and our grandchildren tomorrow. The World Summit on Sustainable Development, which opens in Johannesburg next month, will test our ability to respond to both sides of that challenge.

Regrettably, at the recent meeting of the prepcom in Bali, progress did not match the ambitious targets for completion set by the negotiators themselves. We must try harder. I am fully dedicated to overcoming any political blockages that have arisen, in order to ensure a successful outcome of the Johannesburg Summit.

Johannesburg will mark the culmination of a cycle of major intergovernmental meetings aimed at helping us translate the Millennium Declaration into action. We must ensure that we maintain the momentum this cycle has created.

The challenge before this Council is to ensure an integrated follow-up process to the conferences. The process must be results-oriented and systematic, and it must avoid duplication or fragmentation. Let me stress again: the focus from now on must be implementing the commitments that have been made.

ECOSOC must give life to the guiding motto of the United Nations in the twenty-first century: putting people at the centre of everything we do.

The theme of this high-level segment—the contribution of human resources development to the process of development in general—is about putting that motto into practice.

Health and education are the twin pillars on which we must build the well-being of individuals, and thus a more healthy, equitable and peaceful tomorrow. They are mutually reinforcing: a healthy individual has a better chance of achieving his or her potential; educated individuals have a better chance of remaining healthy, and contributing to the health and development of their family, their community, and ultimately, their country.

For the past year or two, the importance of health has drawn increasingly high-level attention in the international community. The fight against HIV/AIDS and other infectious diseases was given new prominence with the General Assembly's special session on AIDS in June 2001, and with the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Education, a prerequisite for health and development, deserves the same attention. Yet—despite some shining examples, such as the World Bank, UNESCO and UNICEF—the international community has not given it the priority it needs.

For decade after decade, we have known that education is the key to social and economic development, to peace and stability, and to democracy.

We know that in the course of the past century, countries committed to universal education have been far more successful in escaping poverty. They have enabled their people to lead more fulfilled, productive lives. They have given their people the chance to make better use of democratic opportunities.

And we know from study after study that there is no tool for development more effective than the education of girls. No other single intervention has the same wide-ranging impact on the economic and social progress of a country.

No other policy is likely to raise economic productivity, lower infant and maternal mortality, improve nutrition, promote health—including the prevention of HIV/AIDS—and increase the chances of education for the next generation.

Indeed, we have seen that it can also have a positive impact on good governance, and on conflict prevention and peacebuilding.

In other words, educating girls is a social development policy that works. It is a long-term investment that yields an exceptionally high return. Girls' education is the gift that keeps on giving.

And yet, out of more than 120 million children who should be in school, but are not, the majority are girls.

That is why, two years ago in Dakar, I launched the United Nations Girls' Education Initiative—a partnership bringing together 13 entities of the UN family. Since its launch, the initiative has been able to generate a range of broad-based, coalition-forming efforts bringing together governments and non-governmental organizations, building on the wonderful work long undertaken by civil society in this field.

If we are to meet the Millennium Development Goal of eliminating gender disparity in education by 2015, these initiatives must be taken further worldwide. I hope that the outcome of our deliberations at this segment will put girls' education where it belongs—at the top of the agenda of human resources development, and indeed, of development in general.

The year ahead will again put our United Nations to new tests. This Council faces several challenges to which it must respond. Its impact must be felt in the war on poverty. It must build on its strengths and contribute to peaceful and peacebuilding efforts. It must make the implementation of the Millennium Declaration its first priority.

There is no time to lose if we are to achieve what we have promised to by 2015. A child who starts school this year will be in her late teens by then, and has a right to expect to live in a different world by that time.

Let us ensure that we pass that test. Let us ensure we develop the resources of every individual to build a healthier, better educated and more equitable world.

***Ambassador Ivan Šimonović of Croatia,
President of the Economic and Social Council***

Positioned between the Monterrey and the Johannesburg Summit, the ECOSOC 2002 High-Level Segment served to galvanize political support for the health and education goals of the Millennium Summit and other conferences.

The priorities of the session were to:

- rededicate ourselves to eradicate poverty, achieve the Millennium

development goals and especially, increase investments in human resources development;

- prepare the Council to successfully meet new challenges of globalisation and its increased involvement in conflict prevention and post-conflict peace building;
- strengthen its coordinating role regarding the work of its functional commissions, UN agencies, funds and programmes, and improve ECOSOC's cooperation with the General Assembly, the Security Council, as well as, the Breton Woods institutions and WTO.

We cannot be satisfied with the global economic and social situation as it stands today. Over a billion people live on less than one USD a day, and their lives remain short and scarred by disease. Some 113 million children are still without access to primary education, and 40 million people live with HIV/AIDS. Achieving the development goals set out in the Millennium Declaration requires additional national and international efforts, partnership with civil society and UN leadership.

We have undertaken commitments at the highest level and established precise time-frames, but we are late and unreliable in their delivery. That is why we must regularly monitor their implementation, especially as remaining uncertainties in the world economy may undermine our determination. We must leverage ECOSOC's strength as a forum which brings together all development partners to set norms and guidelines, link policy and operations, and give political impetus to vital development efforts.

HUMAN RESOURCES DEVELOPMENT

Strengthening human resources is essential for countries to meet the challenges of globalisation, to build democratic societies based on the rule of law and the protection of human rights, to develop knowledgebased economies, and in brief—to be on track for sustainable development. Human resources development ultimately empowers individuals and puts their future into their own hands. It is also a key towards eliminating disparities in development and the roots of conflict and terrorism.

With five out of eight Millennium Development Goals directly concerning health and education, it is clear that the Council's discussion during the

high-level segment on the contribution of human resources development to the process of development carried great importance for achieving the Millennium Declaration goals.

The Council was engaged in preparations for the high-level segment since early 2002, holding three roundtables co-organized by UN organizations, and inviting key-note speakers on relevant topics.

Building on this preparatory work, the Council discussed what Governments, the UN system and civil society can do to improve health and education, so as to accelerate poverty eradication, social development and long-term economic growth. The outcome of the high-level segment should mobilize and promote coordinated action by the UN system for implementing the human resources development goals set in UN summits and conferences and maintain the international community's focus on financing these goals.

Mobilization, action and focus are absolutely needed. The current levels of international support for health and education are grossly inadequate, with less than 5 per cent of OECD/DAC member countries' total ODA going to basic education and health. According to the WHO Commission on Macroeconomics and Health, 0.1 percent of GNP of donor assistance would be needed to enable poor countries to ensure broad access of their population to basic life-saving health interventions needed to achieve the Millennium Development Goals.

We must break the vicious circle between poverty—poor health and education—and poor economic performance. During the high-level segment, we hope to highlight the urgent need for increased domestic resource mobilization and international development assistance to provide adequate and sustained resources for effective programmes in human resources development.

FOLLOW-UP TO THE MILLENNIUM SUMMIT AND MAJOR UN CONFERENCES

The agenda for the other segments of this year's substantive session was also very demanding. It is ECOSOC's responsibility to ensure the integration and coherence between follow-up to the Millennium Summit and to other conferences and summits. The newest ECOSOC's tasks in this re-

gard are related to the outcomes of the Second World Assembly on Ageing and to the General Assembly's Special session on Children.

The Council has been also assigned an important role in helping the international community to stay engaged in the implementation of the commitments made in the Monterrey. I hope that the debate with the heads of financial and trade institutions will be a testimony to the continued strong engagement of all partners for implementing the Monterrey Consensus. Consultations between the Breton Woods institutions, WTO and ECOSOC members should give shape to a new phase of cooperation based on strategic partnership.

STRENGTHENING ECOSOC

After a number of years of reform and restructuring efforts, the Council has finally started to demonstrate its ability to bring crucial development issues to the forefront of the international agenda, launch new initiatives such as UNAIDS and ICT Task Force, and carry out its role as the central forum for addressing economic and social issues and maintaining the focus on conference goals.

The first meeting of the Bureau with all chairpersons of the functional commissions, which took place on 23 July 2002, reflects ECOSOC's commitment to make our work better coordinated and more efficient. ECOSOC is also changing its philosophy, measuring its success not by the number of resolutions passed, but by the difference it makes in real life. But we need to build on these achievements.

The coordination segment is an opportunity to closely examine how to further strengthen the Council, to enable it to fulfil the role ascribed to it in the Charter of the UN and imposed by the trends of economic and social development. ECOSOC is constantly being assigned new important tasks, this year, for example, monitoring of the UN system's achievements in gender mainstreaming. Of course, strengthening of ECOSOC is a process that requires time, effort and a spirit of compromise—but it is the only rational answer to increasing global interdependence.

In future, increased activity of ECOSOC can also be expected in the areas of conflict prevention and post-conflict peace-building. Owing to the breadth of its mandate and the inclusiveness of its work methods, ECOSOC is well placed to mobilize international support for conflict prevention and post-conflict peace building in a given country, and to spur action by the UN, international financial institutions, donors, regional organizations and other partners to help mobilize the needed attention and resources. The Council with its functional commissions can make a tangible contribution and be more proactive in promoting system-wide effort in addressing the economic, social and humanitarian dimensions of conflict prevention and peace building activities under its purview.

The gap desperately needs to be bridged between the ending of humanitarian relief and the beginning of systematic development assistance in countries emerging from conflict. In this respect, ECOSOC can promote a well-coordinated effort by UN agencies, funds and programmes.

The creation of the Ad Hoc Advisory Group on African Countries emerging from Conflict enables ECOSOC to demonstrate in a practical manner how it could ensure adequate and coordinated assistance by reviewing existing arrangements to meet a country's humanitarian, reconstruction and development needs upon the request of the country concerned. The Ad Hoc Advisory Group will need to closely cooperate with the Security Council's Working Group on Africa.

It is encouraging that ECOSOC and the Security Council are improving their cooperation. Last year, the President of the Security Council was invited to speak at ECOSOC on the question of HIV/AIDS. This year, in my capacity of the President of ECOSOC, I was invited to address the Security Council on the situation in Africa on 29 January and 22 May. We should give further consideration to the issue of enhancing collaboration with the General Assembly and the Security Council during our coordination segment.

Despite occasional setbacks, the UN and ECOSOC's role will gain importance in our increasingly interdependent world. We have defined our targets and set the time-frames. Implementation and results should be the watchwords as we move forward. The ECOSOC 2002 Substantive Session should be used for further progress in this direction.

Mr. Paul O'Neill, Secretary of the United States

As you begin your annual session on human development, I feel great cause for optimism. In the year 2002, I believe we are seeing a breakthrough for human development around the world.

From the International Conference on Financing for Development held in Monterrey in March 2002, through the G-8 summit in Kananaskis in June 2002, a consensus has been forming among the world's economic and political leaders. For fifty years we have accepted, and expected, too little from development aid. Now, at last, we are ready to make changes, and make a difference.

It was in this spirit of impatience and hope that I went to Africa last month, to ask one pivotal question: how can the people of the United States and the developed world best support Africans in their efforts to achieve prosperity? I felt that the answers could serve not just that continent, but the entire developing world.

Those twelve days were intense. I met people like Sister Benedicta, who cares for mothers and children with AIDS in her Ethiopian hospital and orphanage. Her strength of spirit and commitment to service affected me profoundly. I met Rejoyce, a new mother in an AIDS clinic in South Africa. Rejoyce confronted her disease, and spared her newborn son from HIV. She was truly joyful that her boy would live a longer, happier life.

And in Uganda, I met Lukia, a widow who opened a restaurant with microloan funding and a lot of hard work. This woman lost her husband a dozen years ago, and had to feed four children without income. Now she employs a dozen of her neighbors, supports her family, owns a home, and has become a leader in the community. As I met these amazing women and so many others on my trip, I saw that in the right environment—where there is leadership—aid works.

Knowing that aid can work, we have a moral duty to demand as much. Assistance should make a real difference in people's lives. In the past, too much aid has scattered into the winds of lawlessness, corruption, and unaccountability, and too little has targeted results that build a foundation for economic growth. Too often, aid has been sustenance for bureaucracy, rather than investment in people. And sometimes it is we the donors who are at fault. We prescribe western solutions for problems that only local leaders can solve.

Moreover, we have often given aid without setting standards for accountability, and defining clear measures for success. In my experience, that is a recipe for failure. How can we know that primary education aid is working unless we know how many children have the full functional ability to read, write and compute by the time they are ten years old?

We donors become too absorbed in our long-term plans when we could be making a difference for people right now. Yes, development is complicated. But complexity cannot be an excuse for delay.

In Africa, I saw three investments that are vital to realizing human potential, where we could make a difference today: clean water, primary education, and fighting HIV/AIDS. Under the leadership of President Bush, the United States is already stepping up its commitments in these areas, concomitant with a new pledge for good governance and pro-growth policies from key African leaders.

First, clean water. Water fit for drinking is, surely, one of the most essential elements of a dignified, civilized life. Yet 300 million people in sub-Saharan Africa lack access to clean, safe water—more than the total population of the United States.

One insight from my Africa tour is that we can help local and national efforts to bring clean water to many towns and villages fairly quickly. In West Africa, for example, one organization estimates that clean water and basic sanitation can be provided at a cost of about \$17 per person, per year, over five years. That is one well for 400 people, and includes the additional costs of training, maintenance, sanitation, and hygiene education for sustained, positive outcomes. And we must not forget the urban poor. Low-cost options such as the extension of existing services from cities to outlying areas are available and can be implemented quickly.

Clearly, working together we can make an enormous difference in a very short time, at a reasonable, achievable cost. Every new well liberates hundreds of people, especially women and children, from preventable, debilitating illness and meaningless, wearisome work. They are freed to pursue dreams for a better life.

The second important investment I saw was in primary education. A prosperous future requires that children enter school at an early age, and stay in school, with well-trained teachers and adequate materials.

In parts of Africa such as Uganda, they've had success in increasing primary school enrollment. Education quality is improving as well. I visited schools where they have gone from a ratio of 16 students per book down to six per book.

But surely we can get every student his or her own book. It would cost only an estimated USD 18 million per year to buy one textbook for each of four core subjects for every primary student in Uganda, for example. That is a small step, but a manageable one, and it would make a big difference in the learning environment for those students. No, books alone do not make an education—but we need to start somewhere. The perfect tomorrow should not be the enemy of a better today.

President Bush is stepping up to support primary education in Africa. He has committed to doubling funds for his African Education Initiative. The USD 200 million Initiative will train 420,000 teachers, provide 250,000 scholarships for girls, and supply 4.5 million more textbooks to African children. It will also promote accountability and transparency in the school systems. But we should not be confused. The goal is not more teachers or more scholarships or more books. The goal is children with full functional ability to read, write and compute by age ten.

We cannot underestimate the importance of transparency and accountability for social programs such as education. In Uganda, one study found that in the early 1990s, only 13 per cent of non-wage spending for education was actually reaching schools. The rest was lost to corruption and bureaucracy. After an extensive, decade-long anti-corruption campaign, posting school budgets on school doors or reading them on the radio, over 90 per cent of school spending now gets to the schools in Uganda.

The third crucial area for investment is health care. Nowhere is this more urgent, and more heartbreaking, than in the struggle against AIDS. Prevention of further HIV contagion is the utmost priority, especially to keep the next generation of newborns free from disease.

President Bush is putting our resources into projects that are proven to achieve results. He has announced USD 500 million for the International Mother and Child HIV Prevention Initiative. We will start work with the hardest-hit countries in Africa and the Caribbean, and expand as it shows progress.

In the ten initiative countries over the first five years, we will reach 12.6 million pregnant women and provide them with voluntary counseling, testing, HIV prevention education, and obstetric care. Of those, we expect that 1.2 million HIV positive mothers will also receive short course anti-retroviral treatment, which will save over 178,000 infants from HIV. Once the program is fully up and running, we estimate that we will save 51,000 infants each year in these countries. If the rest of the world joins our effort, we can do even more. Each year there are some 360,000 preventable cases of HIV in newborns.

President Bush has also pledged USD 500 million to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and committed to increase our contribution as the Fund shows results. Taking into account the new mother-child initiative, President Bush has doubled US international AIDS funding to USD 1.1 billion, devoting far more to fighting AIDS than any other nation.

We are determined to focus our assistance where it will make a difference, and where it can, we have committed to do more. To that end, President Bush announced in March that the United States will increase its core assistance to developing countries by 50 per cent over the next three years, resulting in a USD five billion annual increase by 2006. This new “Millennium Challenge Account” will fund initiatives that support economic growth in countries that govern justly, invest in people, and encourage economic freedom. We are now developing measures for each of these.

For “governing justly,” we are considering a variety of indices that measure civil liberties, political rights, enforceability of contracts, judicial independence, corruption, transparency and government effectiveness. For “investing in people,” we are considering measures such as primary school completion rates and public expenditures on health care as a share of gross national income. And for “encouraging economic freedom,” we are examining indicators such as the country credit rating, the three- year average inflation rate, openness to trade, and the quality of regulatory policies.

These measures are still in development, and we are reaching out to the world community for help in finalizing the criteria. We will keep the criteria few, identifying indicators that gauge the leadership and commitment of each nation. Because it takes leadership on the ground to move any nation toward prosperity. As countries seek to meet the criteria for Millen-

nium Challenge grants, the policy changes they make will also make other official aid more effective.

Another way to make aid more effective will be to better harmonize the goals of bilateral, multilateral, and NGO agencies. For example, a recent release from the Human Sciences Resource Council in South Africa lists more than 5,600 development-related organizations operating in the 14-nation Southern African Development Community. These organizations mean well, but poor countries end up consuming a substantial part of their aid allocations just trying to qualify for additional funds.

Finally, we must avoid creating the next generation of highly indebted poor countries. The reality is that essential investments in sectors such as education and healthcare cannot directly generate the revenue to service new debt. These projects should be funded by grants, not loans. President Bush recognized this, and proposed that a much greater share of development funds to the poorest countries go as grants instead of loans.

We have reached out to our development partners with this idea, and today, donors to the thirteenth replenishment of the International Development Association (IDA-13) have agreed to the principle of substantial grant financing for the poorest countries. African nations will be the largest beneficiaries of this initiative, under which all financing to the poorest countries for HIV/AIDS, and nearly all for other key social sectors, will be provided with grants.

Local leaders that create conditions for self-sustaining prosperity, not further dependency, deserve our support. The purpose of aid is to speed the transition to economic independence.

I believe this: with the right combination of aid and accountability—from both rich nations and poor ones—we can accelerate the spread of clean water, education, and healthcare throughout Africa and the developing world. We can help create vibrant, self sustaining economies founded on private enterprise, which will generate a rising standard of living.

Working together, the member states of the United Nations can go beyond eradicating poverty in the developing world, to achieving prosperity at last. Not in the next generation, but right now. President Bush said it best—there are no second class citizens in the human race. We must make his vision into a worldwide reality.

***Mr. Horst Köhler, Managing Director of the
International Monetary Fund (IMF)***

Today's high-level meeting provides a welcome opportunity to take stock of where we stand in meeting the challenges facing the global economy. And there can be no question that the foremost challenge is poverty. The Financing for Development Conference in Monterrey produced an unprecedented common understanding about what it will take to overcome world poverty.

First, the basis for everything is self-responsibility. Economic development requires good governance, respect for the rule of law, and policies and institutions which create a good investment climate and unlock the creative energies of the people. Second, on this basis, developing countries can rightly expect faster and more comprehensive support from the international community. What is crucial now is to transform the Monterrey Consensus into concrete action and measurable results. To establish proper accountability, we should identify more clearly the respective responsibilities of poor countries and their development partners-donor countries, international institutions, the private sector, and civil society. I am confident that it will be possible to achieve the Millennium Development Goals, if all cooperate to do their parts under this two pillar approach.

We can all be happy that the doomsday scenarios some predicted after the terrorist attacks of September 11 did not materialize. Thanks in particular to the decisive interest rate cuts and tax reductions in the United States and the supportive policy response in Europe, a recovery of the world economy now appears to be under way. And I think it was also important for confidence that the membership of the IMF came together in November 2001 in Ottawa to define a collaborative approach to strengthen the global economy.

To be sure, there are still questions about the strength and durability of the recovery. These relate especially to corporate earnings and investment in the United States, fragilities in financial markets, and regional political tensions. But on the whole, I am confident that the world economy will gain strength in the second half of this year. What is required now is vigilance and a shift from short-term considerations to tackling decisively the underlying economic and financial imbalances in the global economy. This calls for strong leadership of the advanced industrial countries, by

taking action to strengthen the prospects for sustained growth in their own economies and through leading by example in the effort to make globalization work for the benefit of all.

Strong US growth in the second half of the 1990s served the global economy well. But this has been accompanied by a widening current account deficit which raises concerns over the sustainability of capital inflows to the United States and the valuation of dollar assets. In this situation, it will be crucial for the US to ensure that the budget remains balanced over the medium term, as part of a strategy for increasing national savings. But the US current account deficit is not just an issue for the United States: what is also needed to strengthen the global economy is more robust, domestic demand-driven growth in other advanced economies. It is clear that it would be possible to raise potential growth rates in Europe to three per cent a year or even more, if there would be more ambition for structural reform. Similarly, in Japan the return to a growth performance that corresponds to the country's size and potential demands accelerated action to dispose of non performing loans, deregulate key industries, and restructure Japan's banking and corporate sectors. The recent improvement in business activity should not reduce incentives for action on these reforms.

Emerging markets and other developing countries should stay the course of sound fiscal and monetary policies and structural reform, which is indispensable to weather the ongoing storm. In this context, there also must be confidence that the international environment will hold opportunities for countries committed to reform.

Trade is crucial for growth. There is no example of a developing country experiencing rapid growth without becoming strongly integrated into the world trading system. Trade liberalization is also an important element in crisis avoidance—the experience of Latin America, where trade links have lagged behind capital market links, illustrates that vividly. To me, withstanding pressures for protectionism is key to strengthening confidence about the future prospects for strong global growth and shared prosperity in the world. There would be very significant benefits to all if the Doha Round could duplicate the growth in trade that followed the Uruguay Round.

But we should be even more ambitious. During our lifetimes, integration into the global economy through trade, financial flows, and the spread

of ideas and technology has produced unprecedented gains in economic growth and human welfare for most of the world-and it still holds huge potential for the future. Realizing this potential will require a concerted and collaborative effort of the entire international community to make globalization more inclusive, and to seek a better balancing of the risks and benefits.

The IMF is committed to being a part of that effort. And to do the best possible job, the IMF itself is in a process of change and reform. We have become more open and transparent. We are building on the lessons learned from the financial crises of the past decade to improve the IMF's capacities for crisis prevention and management. As part of our work on crisis resolution, IMF Management has proposed a new Sovereign Debt Restructuring Mechanism. Our work on internationally recognized standards and codes is helping to establish new rules of the game for the global economy. We have embarked together with the World Bank on a comprehensive program to assess financial sector strengths and weaknesses in our member countries. And we are further intensifying our cooperation with the World Bank and other international institutions to ensure a good division of labor.

I am convinced that the international financial system is more resilient today than before the Asian crisis. But recent experience should also make us even more humble: the fact that it was not possible to avoid the meltdown of the Argentine financial system, or to do a better job of limiting overshooting in equity and capital markets, suggests that we still have a lot to learn.

In particular, we must draw firmer conclusions about the indispensable role of sound institutions and good governance for sustained growth and financial stability. It is up to each country to ensure that such conditions exist. To resolve homegrown problems, no external advice, however sound, and no amount of outside money can substitute for self responsibility and political cohesion in a society.

The Enron collapse and, even more, the WorldCom scandal have made it clearer than ever that there is a need to give as much attention to risks and vulnerabilities arising in the advanced countries, as we do to problems in emerging markets and developing countries. I therefore welcome the broad discussion and legislative activities that are underway in the United

States, in the aftermath of these revelations. But I also think that the international community as a whole should review issues related to accounting, disclosure, and corporate governance.

In Monterrey, I made it clear that the IMF will play an active part in the effort to achieve the Millennium Development Goals. In my talks with leaders, business persons, and civil society in low-income countries, I have been struck by the willingness to take responsibility for tackling the home-grown causes of poverty. It is particularly encouraging that African leaders have made good governance, sound policies, and increased trade and investment the cornerstones of the New Partnership for Africa's Development (NEPAD). Our global outreach and review has shown that the Poverty Reduction Strategy Paper (PRSP) process is broadly accepted as a practical way to put this approach into action. Most importantly, the PRSP process is country led, and designed to take on board the views of all parts of society. PRSPs recognize both social realities and the need for hard economic choices. And perhaps equally important, they provide a natural basis for coordination of activities by external donors and other development partners. I therefore trust that donors and civil society will continue to support this process and help to realize its full potential. Leaders in low-income countries have underscored the severe demands that donor coordination and the design of poverty reduction strategies are placing on their limited administrative capacities. We have to recognize that slow progress in the reforms needed to fight poverty often reflects a lack of institutional capacity, rather than a lack of political will. As part of our support for NEPAD, we plan to establish five African Regional Technical Assistance Centers (AFRITACs), and I already signed agreements to establish the first such centers in Tanzania and Cote d'Ivoire later this year.

I am encouraged by the efforts of many countries to create the conditions for the mobilization of private domestic and foreign capital and for job creating growth. NEPAD rightly relies on the private sector as a major engine of growth, recognizing that development requires both a well-functioning state and a dynamic private sector. In that context, James Wolfensohn and I have been helping African countries beginning with Ghana to establish Investment Advisory Councils, to identify practical ways to improve the investment climate and create new economic opportunities.

Debt relief is an essential element in a comprehensive strategy for fighting world poverty. The IMF and World Bank are working hard to make the enhanced Heavily Indebted Poor Countries Initiative (HIPC) a success. Today 26 countries are receiving debt relief under this initiative, with a total value of over USD 40 billion, and we are working hard to help other eligible countries qualify for HIPC assistance. The resulting reduction in debt service payments is already permitting recipient countries to raise poverty related expenditure, on average, from about six to nine per cent of GDP. The bulk of this spending will go to much needed health care (particularly HIV-AIDS treatment and prevention), education, and basic infrastructure such as rural roads.

Full participation in the HIPC initiative by all external creditors and strong policy implementation are crucial for reaping the full benefits, including debt sustainability. In addition, however, it is clear that the IFI's need be very careful to ensure that the assumptions underlying debt sustainability analyses are realistic. Some countries' prospects for debt sustainability have been adversely affected by declining commodity prices and global growth trends, following their decision points. We will continue to take advantage of the possibility of topping up HIPC relief in cases- like Burkina Faso-where exogenous factors have caused fundamental changes in a country's underlying economic circumstances.

To support countries that are trying to help themselves, I also believe that official development assistance must be increased. It is good that the United States and Europe have undertaken to do more on this score, and I welcome the indications from the G8 Summit about the plans for putting those commitments into action. But the target of 0.7 percent of GDP for official development assistance remains an important benchmark in the fight against world poverty. Discussions about so-called innovative sources of financing for development should not obscure the importance of official development assistance as a clear, transparent, and accountable measurement of solidarity between the rich and poor of this world. The IMF is working with the World Bank and other institutions to help countries use increased aid effectively. And I am convinced that citizens in the advanced countries will be willing to back increased aid, if they are aware of what is at stake and are shown evidence that recipient countries are putting external assistance to good use.

While it is crucial not to neglect any element of comprehensive support for poverty reduction, trade is clearly the best form of help for self-help—not only because it paves the way for greater self-sufficiency, but also because it is a win-win proposition for developed and developing countries alike. The measures taken recently under the European Union’s “Everything But Arms” initiative and the African Growth and Opportunity Act (AGOA) in the United States are welcome, but much more is needed—notably, the phasing out of the billions of dollars spent on agricultural subsidies in advanced economies. Real progress in cutting these subsidies and reducing tariffs for processed goods should be a benchmark for a successful conclusion of the Doha Round. But I would also stress that the evident case for market opening in the industrial countries would become even more credible if developing nations demonstrate their ambition to reduce the barriers to trade among themselves, which are often even higher than those with industrial countries.

With a concerted effort, I am optimistic that we can achieve the goals we have set. The global economy is recovering, and the international financial system has demonstrated its resiliency. Now we need ensure that the defined concepts to facilitate sustained growth and reduce world poverty are implemented. The IMF is committed to playing an active role in making globalization work for the benefit of all. And you can count on us to provide the strongest possible support, within our mandate and means, for the implementation of the Monterrey Consensus.

***Mr. Rubens Ricupero, Secretary-General of the United Nations
Conference on Trade and Development (UNCTAD)***

The fantastic image of people demolishing the Berlin Wall with their bare hands or makeshift tools was to become the visual symbol of the exhilarating promises of the 90’s. It was an era to abolish all barriers—barriers dividing people, by ending apartheid and the ideological confrontation of the Cold War, and barriers dividing economies, through globalization and liberalization. But 12 years later, the barriers are returning, with statesmen discussing how to erect legal and political walls against economic refugees and poor immigrants, Governments planning fences against suicide terrorists and rich countries raising new barriers to steel, agricultural and other sensitive imports.

Of course, not all walls are alike. They can form a prison or a cage, as in Berlin, or they can provide necessary defense or protection. But whether justified or not, they are almost always an admission of failure to find lasting solutions to the problems at hand.

One of the most insidious types of walls is the barriers we build inside our minds against unpleasant realities and immovable problems. Many of us in Monterrey in March 2002 tried to draw the world's attention to the despair and suffering of the millions of innocent Argentineans who are being punished by the misdeeds of their Governments. Many of us urged prompt action to avoid the contagion. But now, more than three months later, the disease has spread, to Uruguay, Paraguay; my own country, Brazil; and other Latin American countries. In Argentina, the sense of hopelessness and abandon is fast evolving into dark and chaotic agony. I know there are no simplistic, miraculous cures, and I am not playing the blame game. But in the face of such manmade catastrophes, our first and most urgent action should be to relieve the suffering and contain the damage.

Even after several episodes of painful crises in emerging markets, the international community still lacks a realistic strategy for dealing with financial instability and the debt problem. Just "muddling through" cost Latin America a lost decade in the 1980s; and a similar lack of orderly procedures for handling international debt has now been exposed in Argentina. Uncertainty continues to surround the modalities of official intervention in the financial crises, adding to volatility in market sentiment. Current arrangements appear to encourage pro-cyclical policy responses, which risks only deepening the crises. It is time to end such ad hoc approaches and to get on with a genuine reform of the international financial architecture. Only multilateral action can effectively deal with the debt problem, only cooperation among the major economic powers can deliver the degree of currency stability needed by developing countries to ensure that trade and financial flows complement their domestic efforts.

Trade has always been one of the channels for transmitting recessions in the industrial countries to the developing countries. We saw a recurrence of this phenomenon just last year, when the United States economic slowdown was the central reason for the sharpest contraction in trade performance worldwide since 1982. The loss in value was three times higher than the reduction in volume, hitting the commodity-exporting developing

countries particularly hard. More than ever, the international community as a whole, and not least the developing countries, needs a strong multilateral trading system and the successful delivery of the Doha promises to inject as much growth and development potential as possible into the negotiations. This is why we were dismayed by recent threats to those promises arising from a disturbing sequence of protectionist measures. I once wrote in a book edited by Professor Jagdish Bhagwati in honor of Arthur Dunkel that, after the Uruguay Round, we were living in a paradoxical situation. Developing countries had finally persuaded themselves that they should be among the staunchest defenders of 'multilateralism, because they needed it, if not more than the others. But the same reason why they needed the system—their vulnerability and lack of power—was also why they could do little to save it on their own. This is as true today as it was then. We must all resist protectionism everywhere, but it is only the major trading powers, which account for the largest share of world trade, that can really make a difference, by exercising responsible leadership.

Among the main victims of the shortcomings of the trading system are the commodity-dependent Least Developed Countries (LDCs). These are the nations caught in a poverty trap in which, like the snake devouring its own tail, pervasive poverty ends up perpetuating itself. UNCTAD's recent *LDC Report 2002*, the first comprehensive analysis of poverty in the least developed countries, has shown that the proportion of the population living on less than a dollar a day has been underestimated in the poorest countries, particularly in Africa and that the number of people living in extreme poverty in those nations has actually doubled in the past 30 years. But the Report also demonstrates that there is a golden opportunity to radically changing the situation because at very low levels of income per capita, a doubling of average household incomes can rapidly slash one-dollar-a-day poverty rates. It argues that the way forward is with national policies that are development-oriented and outward-looking, in that they seek to manage integration with the world economy through trade and investment. But to be successful, these policies need to be complemented by increased debt relief; more, and more effective, aid; a renewal and recasting of international commodity policy; and greater South-South cooperation.

In each of these three challenges—financial crises in Argentina and Latin America, the negotiation of a more development-friendly trading system,

and achieving the Millennium Development Goal of slashing extreme poverty in the poorest countries—we need the decisive and responsible leadership of those who have the power to create a tolerant, pluralistic and generous multilateral agenda. It is much better to take this road than to put up more trade walls and financial fences, however strong and invulnerable they may look, for, as Gildor, the elf tells Frodo in *The Lord of the Rings*: “The wide world is all about you: You can fence yourselves in, but you cannot forever fence it out”.

Dr. Mamphela Ramphele, Managing Director of the World Bank

At the World Bank, our main objective is poverty reduction. Through lending and knowledge-based activities, we aim to create a positive investment climate and sustainable human development for poor people of the world. The international processes emanating from the Millennium Declaration and more recently from the International Conference on Financing for Development have provided a substantial common ground for the international community, including the World Bank, on which we are beginning to construct an edifice for truly effective development together. This edifice is based on a series of fundamental building blocks for “staying engaged” in a forward-looking, implementation-oriented manner.

The first building block is the set of Millennium Development Goals (MDGs). They provide an additional mandate for accelerating our work in many areas related to the link between economic growth on the one hand and human development on the other. There exists an unprecedented agreement on the Millennium Development Goals as a means of: (a) accelerating progress on the human dimensions of poverty reduction, (b) improving the effectiveness of the relationship between national governments and international agencies, and (c) keeping the multilateral system unified in its purposes so as to become in reality a coherent force for development.

The second building block is the emerging “global development compact”—an evolving common understanding among national governments of industrialized and developing countries exemplified in the Monterrey Consensus. In this compact, all countries bear responsibility for an effective global social order. Developing countries will endeavor to own their own development, design and effectively implement outcome-based

policies and programs with visible impacts on key social indicators. In turn, industrialized countries will provide the necessary support to developing countries undertaking such policies and reforms so that in no country is the achievement of the Millennium Development Goals compromised because of lack of sufficient resources.

The third building block is implementation as the path to development effectiveness—country-owned development, coherence, accountability measured through solid analysis, effective monitoring and clear, attainable short-, medium, and long-term targets. While the MDGs offer a profound organizing principle, they mean nothing if they are not realistically implemented. Goals cannot be imposed on countries. Countries must set their own goals and take responsibility for setting strategies to achieve them. Monitoring and public reporting on progress toward the goals is needed for both national policy purposes and for increasing support internationally for development cooperation. Many developing countries will require technical and financial assistance to improving their policies, enhancing their implementation capacity and developing their systems for producing and analyzing statistical information for monitoring progress. Donors will need to come up with additional support and improve their coordination of programs, policies and procedures.

As we have all begun to recognize, this shift in emphasis toward real partnership, implementation and accountability for results requires a sea-change in the way we do business. New and speedier approaches are required in areas such as quality universal primary education or improved health outcomes for low income countries.

FAST-TRACKING EDUCATION FOR ALL

The World Bank Development Committee, our intergovernmental body for consensus-building on development issues, has endorsed the new Action Plan to Accelerate Progress Towards Education for All (EFA) paper prepared by the World Bank in consultation with countries and partners. The EFA paper outlines a new and comprehensive approach for addressing illiteracy by identifying four gaps: (i) data gaps which deprive policy makers of timely and accurate information; (ii) policy gaps which render spending on certain activities ineffective; (iii) capacity gaps which reduce the ability to implement the right policies effectively; and (iv) financing

gaps which can still exist even though the previous three gaps are not present. The application of the approach and recommendations of the EFA paper is proceeding fast. As of today, 23 countries with shortcomings in education enrollment have already been identified. The majority of them (18) will submit proposals for receiving additional donor financing for accelerating primary education enrollments, and the rest are expected to benefit in the first instance from analytical and technical support.

THE BROADER PICTURE

The speed and comprehensiveness with which EFA is progressing sets the stage for reforms and interventions in areas of the other MDGs. The World Bank, in consultation with national and international stakeholders, will undertake additional activities which will result in a better understanding and more timely implementation of policies in the areas of communicable diseases within the framework of sustainable health care systems. We are also analyzing lessons drawn from community driven approaches to rural development with a focus on cross-cutting issues such as water and sanitation.

The World Bank extends its activities beyond education and health, nutrition and population policies to other social services essential to the poverty reduction agenda such as social protection. All of these activities are very much at the core in this year's topic of ECOSOC's High-Level Segment. The linkage between economic growth and investments in human capital can set in motion a virtuous circle of improvements that reduce poverty and increase well-being. Social protection is essential to the development of critical population groups, especially the growing millions of orphans and disabled people.

The World Bank will utilize its various participatory approaches to country dialogue and country priority processes, such as the Country Assistance Strategy, and Poverty Reduction Support Credits, both of them in the context of the country-led Poverty Reduction Strategies, to promote improved outcomes through quality public expenditures for social services. This requires long term engagement with countries on budgetary issues and policies which relate to the quality of social services.

Our common agenda is becoming even broader both in substance and in geographic focus. The World Summit for Social Development in Johannesburg was as symbolic for Africa as substantive for the whole world. In

line with the assessment of the international community, the World Bank recognizes the necessity of increasing the coherence and impact of our approach to the MDGs in Africa. In education, Africa and other regions have taken great strides in school attendance in recent decades, despite stagnant overall economies. In health, carefully coordinated international programs eradicated smallpox globally and eliminated river blindness in much of Africa, to take just two prominent examples of successful efforts that improve human well being and increase the productive capacity of poor people. But more needs to be done. The increasing global focus on communicable diseases such as HIV/AIDS, malaria and tuberculosis needs to be given special emphasis in Africa.

None of us can go it alone with this ambitious and critical agenda. As the World Bank acknowledges in our overarching and far-reaching Strategic Framework, partnerships are central to all of the activities undertaken by the development community. Each development actor (from multilaterals to bilaterals, governments to NGOs and the private sector) needs to be aware of what others are doing to work in a complementary fashion. It is only through effectively utilizing the diverse strengths of different partners in a harmonized structure aimed clearly at sustainability that the Monterrey Consensus will produce timely results and the Millennium Development Goals will be achieved.

III. MINISTERIAL ROUNDTABLES ON HEALTH AND EDUCATION AT THE ECONOMIC AND SOCIAL COUNCIL. ISSUE PAPERS AND SUMMARIES

During the high-level segment, the Director General of UNIDO Mr. Carlos Magarinos; the Executive Director of WFP Mr. James T. Morris; the Rector of UNU Prof. Johannes van Ginkel; the Executive Director of UNFPA Ms. Thoraya Obaid; and the Executive Director of UNAIDS Dr. Peter Piot summarized the findings of the preparatory Roundtable discussions held in early 2002. The Roundtables noted that it was possible for international community to achieve the Millennium Development Goals. However, sustainable economic development for all could not be achieved without sufficient investment.

There was consensus that the HIV/AIDS pandemic was an issue that touched upon every aspect of development. AIDS was seen as constituting

a triple threat to sustainable economic and human resource development: it killed and weakened people in their most productive years; it diverted remaining resources, driving households into poverty; and it destroyed the very fabric of society. The Roundtables also emphasized the importance of political will, expanded partnerships and sufficient funding to achieve the Millennium Development Goals on health and education. Political will and national commitment were especially important as reaching these goals would entail difficult choices in resource allocation. Both substantial increases in domestic resources and external funding for countries that had developed good health and education policies and practices were required. Also, donor coordination of development assistance based on recipient country targets and priorities was essential. In order for initiatives in the health and education sectors to be sustainable, they needed to be demand-driven and country-owned.

The reporting was followed by four Ministerial Roundtables on issues that had not been thoroughly discussed during the preparatory process. The discussion at these four Ministerial Roundtables were summarized by the Chairs of the Roundtables, H.E. Mr. Kwesi Ndoum, Minister for Economic Planning and Regional Integration of Ghana; H.E. Ms. Ann Therese Ndong-Jatta, Minister for Education of Gambia; Mr. Jacobus Richelle, Director-General for Development of the European Commission; and Mr. Julio Frenk Mora, Minister of Health of Mexico.

The discussions on key issues continued in a number of Ministerial Roundtable Breakfasts, which were organized to bring together key stakeholders from Governments, civil society, including NGOs, academia and foundations in an informal setting to discuss face to face our common efforts to improve human resources, particularly in developing countries. These Breakfast Roundtables covered 12 topics over a two-day period ranging from the implications of food security, shelter, regional cooperation, ICTs to gender mainstreaming for optimising human resources development—issues not fully addressed in the preparatory roundtables. The Ministerial Roundtable Breakfasts added depth to the formal discussions and showed very clearly the need for a multisectoral approach to human resources development.

“PROGRESS TOWARDS MILLENNIUM DEVELOPMENT GOALS FOR HUMAN RESOURCE DEVELOPMENT IN AFRICA”

ISSUES PAPER PREPARED BY THE UNITED NATIONS
DEVELOPMENT PROGRAMME (UNDP)

Despite some success stories during the 1990s, on balance the record of Sub-Saharan Africa in moving towards the Millennium Development Goals (MDGs) has been inadequate, especially for the poor: 23 countries are failing in half or more of the goals, and 12 do not have enough data to be assessed, which leaves a mere 10 countries on track to meeting half the goals or more.

Progress was slow for child mortality, basic education, malnutrition, improved water supply, maternal mortality and gender discrimination in primary enrolment. With the exception of safe water, regional progress during the 1990s was less than one-tenth of the agreed target. Since the MDGs are to be achieved over a 25-year span starting in 1990, 40 per cent of the road should have been covered by 2000—meaning that Africa’s progress represents about one-fifth of what should have been accomplished by now. Even worse, little or no progress was achieved in reversing the HIV/AIDS pandemic, which continues to have a devastating effect on families and communities.

Between 1990–1999, the number of poor increased by one-quarter, making Sub-Saharan Africa the region with the highest proportion of people in poverty. At current trends, Africa will account for nearly half of the poor in the developing world in 2015, up from less than one-fifth in 1990. Only 16 countries are on track to halving hunger by 2015, by which time Africa may be able to feed less than half its population.

The region saw some progress in expanding the net primary school enrolment ratio but, at the present rate, it will not witness universal primary education until after 2100. There has also been some progress in closing the gender gap in literacy and in net primary enrolment ratios, although the pace will need to accelerate considerably if the goal of gender equality is to be met by 2015. Progress in sanitation and access to safe water has been slow too, and the same applies to under-five mortality rate (U5MR), which declined during the 1990s but at too slow a pace to achieve

a two-third reduction by 2015. Only seven countries are on track to reach this target.

Levels of immunization against major childhood diseases remain inadequate—and have even dropped for measles. There has only been minimal change in the proportion of births attended by health personnel during the 1990s, which helps explain why Sub-Saharan Africa has the highest maternal mortality ratio in the world. The progression of HIV/AIDS is adding further burdens to the region, aided by the lack of open and frank discussions about a disease that thrives in a climate of silence and ignorance.

Key issues to be addressed in accelerating progress toward the MDGs in Africa- through the implementation of NEPAD are:

- How to produce consensus on practical steps to accelerate work toward the MDGs.
- How to institute a robust MDG campaign agenda in the region.
- How to ensure an effective monitoring and reporting mechanism on progress toward the MDGs.
- How to accelerate progress toward the education target, given its key role in unlocking positive externalities and synergies with the other MDGs, including for the reversal of the spread of HIV

SUMMARY OF DISCUSSIONS

The Ministerial Roundtable was co-chaired by H.E. Dr. P. Kwesi Ndoum, Minister for Economic Planning and Regional Integration, Ghana; and Mr. Mark Malloch Brown, Administrator, UNDP. Dr. Lincoln C. Chen, Director, JFK School of Government, Harvard University acted as Moderator.

The Roundtable looked at how Africa's is doing in relation to achieving the human resource development goals contained in the Millennium Declaration. The Roundtable benefited from a rich and interesting debate with a good cross-section of opinions from all the major stakeholders and partners of Africa—from the North, South and civil society. There was also a good exchange of information on how development partner programmes in the area of health and education to achieve MDGs.

The Roundtable expressed deep concern at the slow pace in progress towards reaching the human resource development related MDG targets and the widening gap in a number of areas, including child mortality, basic education, hunger, improved water supply, maternal mortality and gender discrimination in primary enrolment. Africa's progress represents one-fifth of what should have been accomplished by now; however, there was a recognition that there was considerable variation in the performance of individual African countries. In fact, a few African countries are close to meeting specific goals.

Many participants underscored the importance of supportive and sound macro-economic policies. At the same time concerns were expressed about the moving goal posts as many African countries adjust their policies based on advice by international financial institutions and other partners.

The Roundtable emphasized the fact that failure to meet the health-related and education targets will reduce the chances of reaching the other MDGs because of their positive externalities and synergies.

The Roundtable noted the need for success stories in human resources development that can stimulate local and international support for scale-up interventions.

A number of participants cited obstacles such as the economic and social impact of HIV/AIDS, political instability and conflict in a number of countries as reasons for the lack of progress towards reaching the MDGs. In this regard, there should be closer cooperation between the Security Council and ECOSOC, particularly through the ECOSOC Ad Hoc Working Group on African countries emerging from conflicts.

In order to improve the prospects for the region for reaching the MDG goals by 2015:

- There should be rapid and substantial improvements in access and quality of education and health services and to safe water and sanitation. ICTs offer new opportunities to increase efficiency in the delivery of basic services, including health and education.
- Because of its impact, it is essential to cross-cut HIV/AIDS measures in all policies for achieving the MDGs. In this connection, it is essential to provide adequate resources for the Global Fund for HIV/AIDS, Malaria and Tuberculosis;

- Ensure that debt relief provided and the terms of new financing result in sustainable debt.
- There must be a strong political commitment to resolving conflict and putting in place post-conflict peace building activities in countries emerging from conflict.
- Greater efforts must be made to reduce the marginalization of women, helping them participate effectively in economic, political, and social life and increasing their involvement in the development of policies that affect their lives.
- There is need for stronger partnerships, including with civil society, to support Africa's efforts to reach the MDGs.

In this connection, the Roundtable welcomed New Partnership for Africa's development (NEPAD) as a promising initiative and the G-8 Action Plan for the continent which focuses on many aspects of human resources development.

Despite the anxiety over present trends, it was felt that economic growth had resumed in many countries, there was political commitment to human resources development, and, in the new democracies there was a more favorable environment for the participation of civil society and communities in policy formulation and program implementation.

The Roundtable noted that there are considerable variations in the prospects of individual African countries. Those implementing sound economic policies and improved governance are likely to make progress in the future. Those countries in conflicts or with poor governance are unlikely to make progress.

Actions were called for in three main areas:

- Deepening of macroeconomic reforms, and enhancing domestic competitiveness and efficiency as foundations for favorable investment climate and pro-poor growth.
- Strengthening democratic institutions and systems of public budget and financial management to ensure that governments are accountable to their people, especially for the effective use of public resources.
- Investing adequate resources in human development.

- A more effective framework for channeling increased assistance—PRSPs at the national level and NEPAD at the regional level. These countries will need the support of the international community if their progress is to be sustained and accelerated—and if they are to improve their economic and social performance and move towards the MDGs.

The Monterrey conference resulted in new commitments by the international community to increase official development assistance—the challenge ahead is to ensure that these commitments actually become available, and are more effectively deployed than in the past. Towards this end the Roundtable discussions proposed the following:

- Allocate at least half of new aid to Africa. (for those countries in conflict or facing serious governance problems—assistance for post-conflict rehabilitation and institution building is needed to begin to lay the groundwork for development)
- Future assistance should be more predictable.
- Development partners should harmonize their procedures and instruments for the shared objective of poverty eradication and thereby improve the efficiency of aid.
- The quality of assistance in support of the PRSP process needs to be improved
- Industrialized countries need to reduce agricultural subsidies and remove remaining trade barriers, especially for the poorest countries
- Ensure that debt relief provided and the terms of new financing result in sustainable debt.
- Developed countries should continue to support the production and supply of essential global and regional public goods—address the problems of communicable diseases, low levels of agriculture technology and environmental degradations.
- NEPAD should be fully supported by the international community to reenergize Africa's development efforts and to help African counties accelerate their progress towards attaining the MDGs.

**“PARTNERSHIPS FOR HUMAN RESOURCES DEVELOPMENT:
WHAT ROLE FOR DEVELOPMENT COOPERATION, INCLUDING
SOUTH-SOUTH COOPERATION, CITY-CITY COOPERATION,
PRIVATE SECTOR AND NON-GOVERNMENTAL ORGANIZATIONS?”**

ISSUES PAPER PREPARED BY UNITED NATIONS FUND FOR
INTERNATIONAL PARTNERSHIPS (UNFIP)

There is an increased recognition of the mutual benefits to be gained from being responsible “global citizens”. Participation and local responsibility are at the very heart of active citizenship and good governance. As the Secretary-General has said, “Peace and prosperity cannot be achieved without partnerships involving governments, international organizations, the business community and civil society. In today’s world, we depend on each other”. The United Nations 2002 International Year of the Volunteer raised the visibility of volunteering.

As part of the UN partnerships with civil society, corporate and foundation partners and with non-governmental organizations, a continuing challenge is how best to capture the talents of citizens and link expertise with the attainment of the Millennium Development Goals.

In the area of human resources development, partnerships can be instrumental in strengthening south-south cooperation to promote advocacy and capacity building in developing countries. One example of such partnerships is the UN ICT Task Force working group on Human Resource Development and Capacity Building. The Working Group is working closely with relevant United Nations agencies and other partners from the private and public sectors, together with educators and researchers in both developed and developing countries, to promote the use of ICT for capacity-building and human resource development. A key priority of the Group is to harness ICT for education, with particular attention to overcoming existing disparities in educational and training opportunities and achievements between males and females. Another example is the joint UN ICT Task Force, UNIFEM, UNFIP and Digital Partners effort to bring together prominent individuals from the Africa Diaspora, as well as leaders from technology corporations, foundations, and non-profits interested in advancing Africa, in order to develop a network that harnesses the knowledge, experiences and resources of the group in service to Africa.

In addition, Internet based networks can facilitate cooperation, mutual support and information exchange among participants, be they institutions, international organizations, NGOs or corporations.

Volunteering is another element that might be built upon. Volunteers from both the public and private sector can provide a much-needed input to human resources development (such as the case of the UNV led UNITEs).

A successful example of partnership in this area is the Cisco Networking Academy Program, which has been established in more than half of the world's LDCs to train students for the Internet economy. Seventy academies have been established at universities, secondary and technical schools. In Africa, women comprise 23% of the enrolment. The goal is to give students the same quality training in information technology (IT) as in advanced countries. The partners include Cisco Systems, UNDP, the United Nations Volunteer Programme (UNV) and the United States Agency for International Development.

Some key questions in regard to building sustainable partnerships:

- What makes partnerships work?
- What undermines them?
- What is needed to establish and sustain effective partnerships?
- How to best bring together efforts of UN entities (UNU, UN Staff College, ILO, UNRISD, UN-OHRM and others) with work of Academia, private sector and NGOs.
- How to best support the development of an “international open university” linking universities across the globe to create a dialogue for the purpose of human development and peace?

Hopeful outcomes include:

- Framework for Partnerships for human resources development at country level;
- Encouragement of Corporate Social Responsibility in the area of human resources development;
- Support for initiatives such as ‘Global Universities Network’, NetAid and Cisco’s Networking Academies.

SUMMARY OF DISCUSSIONS

The Ministerial Roundtable was co-chaired by H.E. Mrs. Ann Therese Ndong-Jatta, Minister for Education of the Republic of Gambia; and Mr. Peter Hansen, Commissioner-General, UNRWA. Ms. Imelda Henkin, Deputy Executive Director, UNFPA acted as moderator. The importance of United Nations partnerships with the private sector, non-governmental organizations and civil society was highlighted during the roundtable discussion. Participants agreed that these partnerships can make concrete contributions to the realization of the goals contained in the Millennium Declaration.

While the issue of partnership was important, partnering for the sake of partnerships must be avoided: it is the outcome of these partnerships that counts. Barriers and blockages must be looked at, as not all partnerships are successful. It was stressed that strategies for what makes an effective partnership should be taken into account.

Participants felt that domestic capacities for human resources development must be enhanced, especially in developing countries. The issue of ODA was considered to be extremely important, particularly if the Millennium Development Goals are to be met.

In the implementation of disaster relief mechanisms partnerships should be strengthened, particularly between government and civil society members, so as to cope with natural disasters.

In the area of human resources development, partnerships can be instrumental in strengthening south-south and city-to-city cooperation to promote advocacy and capacity building in developing countries. Strengthening confidence building amongst all parties was considered imperative.

Further efforts are needed to establish and maintain sustainable partnerships for human resources development. There was a lack of coherence in view of conflicting priorities and interests. It was necessary to work together to ensure that policies and priorities of the international community and the public and private sectors worked together to achieve coherence and to directly address the problems encountered by the local communities.

The UN had a central coordinating role and should take the lead in efforts to strengthen the network of partnerships and to serve as a model for operational assistance.

Participants concluded by stressing the need for a concerted international effort in human resources development. Partnerships for human resources development require strengthening the capacity of all levels of governments and of partners, such as local authorities, community organizations, private sector and non-governmental organizations.

“STRENGTHENING INSTITUTIONAL CAPABILITIES FOR SUSTAINABLE DEVELOPMENT”

ISSUES PAPER PREPARED BY UNITED NATIONS DEPARTMENT
FOR ECONOMIC AND SOCIAL AFFAIRS (DESA)

The UN Conference on Environment and Development in Rio de Janeiro, in June 1992 provided, through Agenda 21 and other related outcomes, a clear agenda for sustainable development. However, ten years later, despite many initiatives and activities, progress towards the goals established at UNCED has been slower than anticipated and in some respects conditions are worse than they were 10 years ago.

In this context the World Summit on Sustainable Development in Johannesburg, 26 August–4 September provided a major opportunity for the international community to agree on key actions to enhance the implementation of Agenda 21 and achieve global sustainable development.

An effective institutional framework for sustainable development at all levels is key to the full implementation of Agenda 21, to the follow-up of the outcomes of WSSD and meeting emerging sustainable development challenges. In this context, good governance at all levels, both in government and in civil society and stakeholder groups is essential for sustainable development. An effective institutional framework for sustainable development, should also include the following:

- Strengthening of coherence in implementation, including in particular through integration of the economic, social and environmental dimensions of sustainable development in a balanced manner;
- Enhancing participation and effective involvement of civil society in implementation of sustainable development; and,
- Strengthening capacities for sustainable development at all levels, particularly in developing countries.

At the international level a key issue in strengthening the institutional framework is to strengthen collaboration within and between the UN system, the International Financial Institutions and the WTO, both at the inter-agency-level, utilizing such mechanisms as the UN Chief Executive Board, and at the inter-governmental level, through such bodies as ECOSOC.

While the General Assembly should continue to give overall political direction to the implementation of Agenda 21, ECOSOC should increase its role in overseeing system-wide coordination, and balanced integration of economic, social and environmental aspects of the United Nations policies and programs aimed at implementing sustainable development. In this regard ECOSOC could:

- Organize periodic consideration of sustainable development themes in regard to implementation of Agenda 21;
- Making full use of its high level, coordination, operational and general segments to effectively take into account all relevant aspects of the work of the UN on sustainable development;
- Promote greater coordination, complementarity, effectiveness and efficiency of the relevant sustainable development activities of its functional commissions and other subsidiary bodies; and,
- Ensure that there is a close link between ECOSOC's role in the follow-up of both the WSSD outcomes and the Monterrey as well as the internationally agreed development goals, including those contained in the Millennium Declaration.

The Commission on Sustainable Development (CSD) should continue to be the high level commission on sustainable development within the UN system, but the CSD could give more emphasis to implementation.

Implementation of sustainable development could be strengthened through enhanced action by regional institutions, including the UN Regional Commissions, in collaboration with other regional and sub-regional bodies. Such regional action could address both regional (or cross border) sustainable development issues as well as support global and regional institutional frameworks for sustainable development.

Strengthened institutional arrangements and enhanced coordination and coherence at the national level are a key factor for achieving sustainable development.

In this context, the international community should continue to support developing countries efforts to strengthen institutional arrangements for promoting sustainable development, including through capacity building related to human resource development and in regard to tools and methodologies for implementing sustainable development goals.

Good governance at the domestic level is particularly important for enhancing sustainable development. This includes sound environmental, social and economic policies, democratic institutions responsive to the needs of the people, the rule of law, anti-corruption measures, gender equality and an enabling environment for investment.

SUMMARY OF DISCUSSIONS

The Ministerial Roundtable was co-chaired by Mr. Jacobus Richelle, Director-General for Development, European Commission; and Prof. G.O.P. Obasi, Secretary-General, WMO. Mr. Carlos Magariños, Director-General, UNIDO moderated the discussion. The participants underlined the importance of the Millennium Declaration as setting specific targets for sustainable development, and the Monterrey Consensus as providing the means for implementation of international commitments. Implementation at international, regional, national and local levels is key, it was stressed.

An effective institutional framework for sustainable development at all levels is key to the full implementation of Agenda 21, to the follow-up of the outcomes of World Summit on Sustainable Development and meeting emerging sustainable development challenges. Ongoing efforts, even after Johannesburg, will be required in this regard. Concrete progress must be made in the areas of water, energy, health, agriculture and bio-diversity.

The participants noted that strengthening of coherence in implementation is key, including through integration of the economic, social and environmental dimensions of sustainable development in a balanced manner. ECOSOC could play an important role in this respect, it was stressed.

There was agreement that sustainable development will not be achieved without the enhanced participation and effective involvement of all stakeholders, including the civil society. Transparency and accountability is crucial for effective participation of all stakeholders in decision-making. Regional networks including all stakeholders was proposed as a means to facilitate their participation.

Greater efforts are needed to strengthen capacities for sustainable development at all levels, particularly in developing countries, the participants concluded. The international community should continue to support developing countries efforts to strengthen institutional arrangements for promoting sustainable development, including through capacity building and in regard to tools and methodologies for implementing sustainable development goals.

“POLICY COHERENCE AND FINANCING HUMAN RESOURCES DEVELOPMENT”

ISSUES PAPER PREPARED BY UNITED NATIONS DEPARTMENT
FOR ECONOMIC AND SOCIAL AFFAIRS (DESA)

The Monterrey Consensus emphasized the importance of policy coherence, at both national and global levels, for the creation of an enabling environment leading to growth, poverty eradication and sustainable development. Human resources development is an essential form of productive investment for the development process. Its significant impact on this process implies that social sector expenditures should be seen as investments, rather than as costs and the balance between social and economic objectives less as a trade-off. This might require policy-makers to change perspective and stop thinking in rigidly sectoral terms.

First and foremost is the need for greater priority to be given, in national programmes and budgets, and in poverty reduction and other strategies, to support for the health and education sectors. There are many competing demands, but this needs to be seen and wrestled with, as issues of fundamental importance.

Then too, experience suggests the existence of strong cross-sectoral synergies in the field of human resource development. Progress in the area of health reinforces progress in the education sector and vice versa. Health has a major impact on children's ability to learn and teachers' ability to deliver education services, as seen in the case of the HIV/AIDS pandemic. Similarly, education has a major impact on health outcomes. The level of mothers' education has been found to greatly affect the well being of children in terms of lowering mortality, morbidity, and malnutrition.

Exploiting these synergies entails an integrated approach to human resources development and inter-ministerial policy coherence. In addition, only by fully integrating health and education policies into poverty eradication strategies can the Millennium Development Goals (MDGs) be achieved. Coherence in the policy advice provided to Governments by bilateral and multilateral agencies is also important.

In this regard, key questions include the following:

- How can Governments give greater priority, and embed potential synergies and increase policy coherence in defining development policies? How can the productive dialogue be increased with Finance Ministers and line Ministers in Health, Education and Labour on budget allocations that maximize these long-term dimensions of development?
- How can the international community—international institutions and bilateral donors alike—increase the coherence of the assistance process in terms of the programmes and budgets they can bring to bear?
- How can the United Nations system best support efforts at the national, regional and global levels to integrate human resources development programmes into poverty reduction strategies on the basis of national ownership and priorities?
- How can donor countries and international funding agencies best promote the inclusion of South-South components in development cooperation programmes to promote cost-effectiveness and sustainability?

In spite of increased international commitment to health and education, progress towards achieving these goals remains uneven and inadequate. In order to achieve the Millennium Development Goals (MDGs) by 2015, investments in health and education must be significantly increased. Domestic spending in this area needs to be increased, as well as its efficiency improved in terms of service delivery. Moreover, new partnership efforts by Governments, donors, international organizations, private sector and civil society can foster the desired human resource development goals and must be encouraged.

The Commission on Macroeconomics and Health estimated the minimum financing for essential health interventions to be USD 30 to USD 40 per person per year. Actual health spending in the least developed countries averages approximately USD 13 per person per year. Even with appropriate policies and domestic resource mobilization, poor countries cannot on their own mobilize sufficient funds. Therefore, greatly enhanced external assistance is paramount. The Commission report's estimates of annual additional resources needed range from USD 27 to 38 billion for health and around USD 13 billion for primary education.

Moreover, currently less than five per cent of DAC donor assistance goes to basic education and basic health combined. These sectors clearly need higher priority in aid budgets. The trend towards budget support, rather than project support, is a positive change that should be fostered. Likewise, the increasing interest in sector-wide approaches (SWAPs) in development assistance should be encouraged to ensure a single programme of activities with a common set of objectives, procedures and time-frame, as well as a single budget and a common agreed funding framework.

A new action plan for education was endorsed by the Development Committee of the World Bank at its 2002 Spring meeting, offering a financing framework to 'fast track' universal primary education by 2015. As reported by the Bank, the value of this is its focused approach to fulfilling the Education For All (EFA) targets and the related agreed goals in the MDGs, and the fact that countries which are creating the policy environment in which EFA targets can be met have an avenue to receive the external support they need to help them fulfill the goals. Other such avenues need to be created, notably for health.

In this regard, possible questions for consideration include the following:

- How can we ensure that human resources development is given the backing and priority it needs? How can national and international partners be engaged in this task?
- How can the United Nations system assist to enhance monitoring of results achieved, as a way to improve aid effectiveness and aid volume?
- Could a plan and commitments be envisaged to "fast-track" health-related actions national and international actors, draw-

ing upon the model launched by the World Bank in the area of education?

- How can the voluntary contributions to relevant UN programmes and specialized agencies, such as UNFPA and WHO, be increased so that they will be in a better position to assist countries to achieve the MDGs?

SUMMARY OF DISCUSSIONS

The Ministerial Roundtable was co-chaired by H.E. Dr. Julio Frenk, Minister of Health of Mexico; and Dr. Jeffrey Sachs, Special Adviser of the Secretary-General on the Millennium Development Goals. Dr. David Nabarro, Executive Director, WHO moderated the discussion. The roundtable considered challenges for making further advances, the responsibilities of national and international actors, the financing needed to make real differences, the practicalities, and a range of related matters that are at the heart of the debate, and are central to meaningful agreements, in the Council's High-level segment.

The International Conference on Financing for Development in Monterrey emphasized policy coherence. The role of ECOSOC will be important for "staying engaged". The key word will be implementation.

Designating human resource development, and especially health and education, as investments in development gives a very different outlook to the relevant expenditures. We have moved from the old paradigm that macroeconomics is what counts for growth and that some of the benefits of growth can be spent on social services. We have come to understand that improved health creates the conditions for growth. It is a long-term investment that yields an exceptionally high return.

Similarly, having come to a better realization of the vital importance of these development undertakings, it is possible to take a stronger stand in relation to external assistance as well as national efforts.

The right combination of aid and accountability—from both rich nations and poor ones is essential. Accountability is needed not only of recipients to donors but also to their own people. It is also needed from donors to recipients.

At the national level, we discussed the importance of greater priority, greater synergies, greater coherence in defining development policies. In

this context we especially gave attention to greater productive dialogue between the Ministries of Finance and the line Ministries of Health, Education, Labour, etc.

Internationally, the focus was on two themes—coherence and volume of assistance. The Report of the Commission on Macroeconomics and Health has shown the tremendous importance of analysis and synergy of actions necessary to transform the conditions of health in developing countries. The gap in funding of human development needs are too large to be covered by domestic resources and substantial increases in international assistance are necessary if the MDGs are to be achieved.

The roundtable also noted, as Professor Jeffrey Sachs and others have emphasized, that one has to recognize, on the one hand, that the poorest countries have no way to rise out of their poverty without significant, sustained help. On the other hand, such help—targeted to achievable targets and indicators within the framework of the agreed Millennium Development Goals, can have a tremendous positive economic, social, political impact.

Targeted efforts highlighted included those for reduction of AIDS, tuberculosis and malaria, as well as the recent “fast track” approach to “education for all” goals by the World Bank. Jeffrey Sachs indicated that the next necessary step is analysis and costing of programs at the national level. “Gaps still need to be filled, but we are moving in the right direction”, he noted.

“INFORMATION AND COMMUNICATIONS TECHNOLOGIES (ICTS) AND HUMAN RESOURCES DEVELOPMENT”

ISSUES PAPER PREPARED BY UNITED NATIONS DEPARTMENT
FOR ECONOMIC AND SOCIAL AFFAIRS (DESA)

Information and Communication Technologies (ICTs) are a central issue for development in the “Information Age”. Not only are the new technologies a key to unlocking economic growth; they impinge on and can impact virtually all aspects of development. At the same time, a large portion of the world’s inhabitants are currently excluded from access. Cognizant of the importance of the issues involved, the High-level segment of ECOSOC in 2000 adopted a Ministerial Declaration that led to creation of the United

Nations ICT Taskforce <www.unicttaskforce.org>. The Taskforce brings together senior participants from governments, private sector and civil society as partners in a multi-stakeholder concern.

Most recently the General Assembly convened, on 17 and 18 June, a meeting devoted to ICTs for development. This included presentations in plenary session, including by the President of Senegal, and informal presentations by prominent panelists. The panel participants focused on two main themes—how to leverage development through ICT to meet the Millennium Summit Goals, building on multi-stakeholder partnerships; and the UN's role in supporting efforts to promote digital opportunity, in particular in Africa and the LDCs. In grappling with these, participants representing governments, major corporations, foundations, entrepreneurs, and other institutions identified numerous issues, opportunities and challenges deserving further attention.

Taking the next step, during the current ECOSOC High-level segment, focus can be given to the aspects of ICT most relevant to the theme of human resources development, including health and education.

Leveraging development, and multi-stakeholder partnerships

At the General Assembly, panel participants emphasized that the key issues concerning ICT for development are not technological but pertain more to purpose, governance, mind-set, leadership, policy, vision, willingness and resources. ICT can have considerable leverage to promote development and reduce poverty, but there are many complications.

A very noticeable barrier is that created by high phone, connectivity and bandwidth costs in the countries most at the margins of telephone and internet usage. Then too, one finds not one digital divide but several—urban/rural, young/old, rich/poor, salaried/wage-earner, male/female, etc. Access problems can include electricity, infrastructure, computers and other devices, skilled users, and content. Moreover ICT does not stand alone; the impact for human resources development comes from integration into other efforts, with adequate financing and skills from various quarters. But ICT is not a luxury. Greater reliance upon this can do much to facilitate the work of governance, to promote economic opportunities and to improve education and health. ICT is not an alternative to other expenditure

but is a requisite tool for development. It thus deserves priority attention even in conditions of limited infrastructure and budgets.

A particular concern is how to build partnerships that merge the goals of business and development. As business interests naturally focus on earnings, the market opportunities of development must be emphasized, making it evident that bridging the digital divide is good business, and produces higher living standards.

As suggested by the representative of a major ICT corporation at the General Assembly panel, in devising multi-stakeholder partnerships the United Nations and public officials might especially wish to call upon the technical expertise, networks and other competencies of the private sector. Participants agreed that a growing partnership among the United Nations, private sector and civil society is important for leveraging development through ICT.

Key issues to be discussed include:

- What are some actions, under government health and education budgets, where greater use of ICT can have notable impact for human resources development?
- What are some prime areas for partnered efforts to facilitate growth of ICT, especially in the areas of health and education?
- What new mechanisms may be needed to encourage such partnerships?

The UN's role, especially in Africa and least-developed countries

In the General Assembly panel discussion, speakers noted the value of the multi-faceted involvement of the UN in ICT, and considered it important to think how best to use the comparative advantage of the Organization. Particular merit was attached to the role of the UN in helping to elaborate frameworks of equitable rules, as well as helping to foster greater communication, consensus-building and policy coherence.

Speakers noted that international donor assistance would be a supplement, but the driving forces for expansion of ICT for development in Africa and LDCs, as elsewhere, would be the realities of government policies, and commercial, investment, and business and government requirements. Despite, and even because of poverty, geographic, infrastructure, institu-

tional and other difficulties, many opportunities could be identified for greater use of ICT.

Main opportunities for the UN system, as seen in the panel, include: (1) helping to shape global policy making; (2) promoting dialogue and commitment in various international settings for work on ICT for development; (3) strengthening UN-Bretton Woods cooperation in support of the relevant public goods; (4) supporting capacity building in country settings; and (5) encouraging a greater sense of partnership among government, private sector, and civil society actors to work together for mutual advantage.

Key issues for discussion include:

- Drawing from the above, what are some immediate priority areas for UN work, in its areas of comparative advantage, for promoting greater access to ICT?
- How can the UN help to ensure the potential of ICT to increase gender equality? How can some of the greatest barriers to participation, in the several digital divides, be overcome?

SUMMARY OF DISCUSSIONS

The Ministerial Roundtable Breakfast was Co-Chaired by H.E. Dr. P. Kwesi Nduom, Minister for Economic Planning and Regional Integration of Ghana and Mr. Nitin Desai, Under Secretary-General, DESA. The following points were raised during the discussion:

The participants noted that bridging the digital divide has two key components—building the basic infrastructure and reaching users with services. ICT infrastructure is a fundamental element for providing ICT services to all, however, the participants noted that many developing countries, especially in sub-Saharan Africa lack adequate infrastructure. Reviewing existing legal and regulatory frameworks on telecommunication, such as liberalization of telecommunication, was suggested as one of the means for widening the access.

The participants agreed that a very significant barrier is also created by the generally high cost of accessing ICT infrastructure and services. The situation is particularly difficult in the countries with least access and more need of information and communication services. There is not one but

several digital divides—urban/rural, young/old, rich/poor, salaried/wage-earner, male/female, etc. No single solution can be offered to break these barriers.

There is a general perception that ICT requires large investments in developing countries. While agreeing on the importance of investing the infrastructure development, the participants discussed low-cost ICT solutions for various use in the development process. Some countries, for example, have successfully adopted license-based least-cost subsidy schemes as a means to bring private capital into the market. Grameen telecom was also quoted as another successful approach to overcome this bottleneck. The cost effectiveness of multi-media tele-centers was mentioned, as these centers could be provided for multi-purpose use, ranging from community development, education, to economic and health activities. The empowerment of women was mentioned as one of the various positive effects of these community-based ICT solutions.

The challenge posed by the lack of electricity was also raised as a barrier to the diffusion of ICT in low-income communities. Where there is no electricity or telephone line connections, many countries are adopting solar power, diesel generator and portable satellite with microwave link for the ICT access. The Roundtable was informed that the Economic Commission for Africa supports its member countries in providing such access, and noted that this is the area that the United Nations could support member countries.

It was noted that the United Nations could provide support on regulatory issues related to telecommunications. The United Nations could address these issues through promoting partnerships.

Human Resources Development

The Roundtable shared many ideas and current practices on distance education, especially, the potential of open universities for human resources development. Open universities have the potential to function as a storage of information data-base which could be commonly shared among universities and other institutions. A number of the United Nations agencies have been supporting projects with similar objectives, which could be better coordinated to maximize the benefits of resource-sharing.

Partnership with academic institution could further promote ICT for development especially at higher-education level was emphasized. Investment in higher education should not be ignored, it was felt. Projects being implemented by UNU/IIST (International Institute for Software Technology) were good case studies for low-cost human resources investment in ICT and the technology transfer.

While ICT training on youth would be a crucial investment for the country's future, that of older generations is important especially for the creation of job opportunity, it was noted. The needs of the second stage training was also seen to advance human resources development. As for formal education level, there was a general consensus at the Roundtable that not enough attention has been paid for the ICT use at school curriculum.

Human resources development does not only result in poverty alleviation but it could be a driving force for cultivating innovative means of economic development. An example was cited that over-supply of skilled computer personnel promoted the blossoming of software industry in India.

Partnerships

In many cases the private sector is a driving force for the development and prevalence of ICTs. In this regard, partnership with the private sector for the use of ICT for development was seen as essential. Partnership could be promoted in specific areas like health and education. Fostering partnership among developing countries could also be a useful means for knowledge and technology sharing. For example, technical cooperation between India and other developing countries for software development was shared at the Roundtable. South-south cooperation could be fostered to address human resources. This could be supported by the United Nations or other inter-governmental arrangement.

Conclusion

The participants emphasized the importance of content development, particularly tailored for local needs in local language, was emphasized by several participants. Many interesting and useful country case studies were exchanged during the discussion and the participants felt that there was a strong need to collect these case studies and best practices more systematically so that countries could learn from each other experiences.

“FOOD SECURITY FOR HUMAN RESOURCES DEVELOPMENT”

ISSUES PAPER PREPARED BY THE WORLD FOOD
PROGRAMME (WFP)

No nation can afford to waste its greatest national resource: the intellectual power of its people. But that is precisely what is happening where low birth weight is common, where children fail to achieve their full potential growth, where micronutrient deficiencies permanently damage the brain, and where anemia and short-term hunger limits children's performance at school. Hungry and undernourished people have less energy to undertake work, are less able to attend school, and once there, are less able to concentrate and learn. Increasingly, the intellectual resources rather than natural resources determine national power and economic growth. How can a nation compete internationally when 20–50% of its population is physically and intellectually compromised?

New scientific evidence on the generational and intergenerational links between nutritional status at different stages of the life cycle is compelling. Undernourished adolescent girls and women give birth to underweight and often stunted babies. These infants are less able to learn as young children, and are more likely themselves to be parents to infants with intra-uterine growth retardation and low birth-weight. Moreover, they are less able to generate livelihoods and are less well equipped to resist chronic disease in later life. Such lifecycle and intergenerational links demand sustained, long-term ameliorative action. Investing in food and nutrition security is a necessity, not a luxury.

But how can these problems be resolved? The first three years of life, plus life in the womb, are the most important periods in terms of mental, physical, and emotional development. It is during these critical windows of time that basic human capital is formed. Most growth failure occurs between 6 months and 24 months of age. Early damage due to anemia, iodine deficiency, and chronic malnutrition can only partially be reversed in later life. Preventive programs, therefore, must be accorded high priority. Health, family planning, and nutrition programs for women before and during pregnancy are critical to assure that mother and infant leave the childbirth experience in optimal physical and mental condition. After birth, growth promotion and development programs, integrated early childhood programs,

and parent education are critical—and cost-effective. The return on investment in growth promotion and micronutrient programs varies from 7:1 to 84:1, and early childhood development programs are calculated to have a benefit-cost ratio of around 2:1.⁸

Trials of preventive protein rich foods and iron fortification in the first two years of life have found considerable benefits to children's intellectual development up to 10 years later. Targeted fortification of weaning foods is cost effective and has been credited with eradicating most anemia in Sweden and the United States. Food fortification programs (salt iodization and iron fortification of staple foods) are inexpensive and effective in addressing most of these micronutrient deficiencies in the whole population.

Remedial efforts targeted at older children such as preschool programs, school health and nutrition programs, and adolescent interventions do help children do better in school, but because of an absence of interventions earlier in life, children often enter school as “damaged goods.”

There is much debate about whether schoolchildren, particularly adolescents, can catch up in their physical growth or in their mental capacity. Although it is likely that children are most vulnerable to the effects of nutritional deficits in the first few years of life and that some of these effects may be irreversible, much can still be done to improve the learning potential of malnourished schoolchildren. Under-nutrition is widespread among school children (particularly in South Asia and Africa), and their nutritional status often deteriorates during their school years. Anemia is a particularly pervasive problem of schoolchildren. De-worming and iron supplementation or fortification programs will help them work at their best. School feeding—particularly breakfasts or morning snacks—can help hungry children both stay in school and stay attentive.

Early nutrition, health, and psychosocial stimulation can prevent malnutrition and its impact on learning. This powerful synergy between psychosocial stimulation and nutrition suggests that integrated attention to the young child is critical and that early childhood is the most cost-effective period for investment in education. Later interventions with schoolchildren are useful remedial measures where children have suffered early insults and continue to suffer from malnutrition.

8. Nutrition: A Foundation for Development; Geneva: ACC/SCN 2002

Key questions with regard to food security for human resources development are:

- Although good nutrition is key for economic growth, it is rarely found in anti-poverty strategies. How can we make nutrition and food security a key element in poverty reduction?
- Educating women has been found to be highly effective in reducing malnutrition. Although there are several global programs that address female education, it is still a major stumbling block in many countries. How can we “fast-track” educating girls without a negative backlash in the population?
- What are some of the best ways to increase programmes on micro-nutrient fortification?

SUMMARY OF DISCUSSION

The Ministerial Roundtable Breakfast was co-chaired by H.E. Mr. Juli Minoves, Minister of Foreign Affairs for Andorra and Mr. James T. Morris, Executive Director, WFP.

The participants noted the existence of generational and intergenerational links between nutritional status at different stages of the life cycle, which demand sustained and long-term ameliorative action. The participants agreed that investing in food and nutrition security was a necessity, not a luxury, and that there was a need to find sustainable solutions to hunger.

The participants addressed the links between economic development and food security in developing countries. Economic development was seen as a prerequisite for food security in a country and poverty reduction was considered to be an essential component in the fight against hunger.

There was consensus that food is a basic human right. An integrated, holistic and rights-based approach to food was required needed on the international, national and local levels to tackle the problem of hunger. Participants underlined the importance of seeking national solutions to hunger. On the local level, education, capacity-building and the involvement of women were seen to be essential components of a sustainable solution to hunger. On the household level, especially women need to be empowered to make decisions relating to food.

The importance of political will to address the question of food security was underlined. In countries suffering from chronic hunger, food needed to be made a national priority. There was consensus that a two-track approach was necessary to address food production in countries suffering from hunger. Both rapid growth in agricultural production through targeted programmes and more long-term strategies to build sustainable food production capacity, including the sustainable development of agricultural lands and land reforms, were seen to be necessary.

The participants noted the existence of modern technologies to increase food production, such as genetically modified crops, and agreed that there was need for capacity-building on such technologies in developing countries. Participants called for increased North-South and South-South cooperation to build capacity in developing countries. However, it was pointed out that despite the potential benefits of biotechnology, the science did not provide a magical wand to solve the problem of hunger.

It noted that when addressing the question of food security, the nutrition of children was vital. Participants suggested school feeding programmes as one measure to meet the Millennium Development Goal (MDG) of eradicating extreme hunger.

“CAPACITY BUILDING FOR TRADE AND INVESTMENT”

ISSUES PAPER PREPARED BY UNITED NATIONS INDUSTRIAL
DEVELOPMENT ORGANIZATION (UNIDO)

One of the current challenges faced by developing countries is how to increase their share in international trade. The lack of productive capacity, quality and productivity infrastructure, services and related skills prevent developing countries from accessing global markets and to benefit from globalization. In addition, export products have to comply with a myriad of technical standards, health and safety requirements set by the importing markets.

The TBT (Technical Barriers for Trade) Agreement of WTO seeks to ensure that those technical regulations and standards do not create unnecessary barriers to trade. At the same time it necessitates a full-fledged infrastructure and systems for certification, accreditation and metrology.

To benefit from international trade developing country exporters need the following operational capacities: national and/or regional standards and standardization body, metrology system, a certification/conformity assessment system, an accreditation system, technical support and information services.

The present international dialogue is almost exclusively focused on capacity building related to the negotiating and trade information aspects. Insufficient attention is paid to the technical infrastructure and capacities required.

The following issues in capacity building in trade should be emphasized:

- Market access can be enhanced when the developing countries have internationally recognized standards infrastructures, such as product certification schemes as well as laboratories and management certification systems.
- Capacity building should include the following aspects: improvement of supply capacity for competitive and sufficient quantity of products; achievement of compatibility of national with international standards; strengthening of the quality and conformity assessment capacities; and advisory services to analyze potential technical and non-tariff barriers to trade.
- Capacity building includes also human resource development to increase negotiation capacities of developing countries in trade agreements and forthcoming rounds at international level.

Flows of investment to developing countries, especially LDCs are very low, despite economic policy liberalization, measures to improve the investment climate and the creation of institutions such as investment promotion agencies.

The following issues in capacity building for investment promotion deserve attention:

- Capacity building at national level requires constant efforts to improve the business climate and sharpen marketing techniques. These efforts could be supplemented with promotion of partnerships between foreign and domestic small and medium-sized enterprises (such as technology transfer, sub-contracting, joint marketing and other forms of strategic agreements);

- Would this be an effective approach to stimulate domestic and foreign investment and achieve better leverage out of foreign investment in terms of enhancing local industrial capabilities?
- Would promoting “non-equity or pre-equity” partnerships lead to better mobilization of financing?
- What would be the implications of this approach in terms of capacities required at the national level and private sector involvement in the investment promotion effort?
- More emphasis should be placed on establishing linkages between FDI promotion efforts and the financial infrastructure. Mechanisms whereby donor-funded capacity building and promotion activities can directly leverage special-purpose equity or credit funds could be established. Capacity building could include local management of equity and venture capital funds. Such mechanisms would be instrumental in integrating FDI promotion more directly with portfolio investment.
- National investment promotion agencies in developing countries often attempt to draw on the experiences of successful institutions, mostly from the developed countries. However, most agencies, especially in LDCs, do not have access to the same level of resources as these. Therefore much of the advice and best-practice guidelines do not get implemented. More practical strategies with limited resource requirements, need to be articulated to demonstrate success and thus convince governments to allocate more resources to national investment promotion agencies.
- Such strategies could be based on the actual needs and intentions of the small number of existing investors. For this, more detailed analysis of the existing investor base in LDCs would be required.
- Capacity building will involve technical staff training in projects viability, economic and financial analysis and feasibility studies, based, inter alia, on UNIDO software COMFAR.
- Capacity building to foster cleaner and environmentally sound investment. Specialized tools are required to illustrate the potential for financial viability of “eco” investments. In this respect traditional feasibility study methodologies should be adapted to highlight the costs and revenue benefits of eco certificates/waste reduction and linking these to funds targeting green investments.

SUMMARY OF DISCUSSION

The breakfast was co-chaired by Mr. Carlos Magarinos, Director-General, UNIDO and H.E. Mr. Carsten Staur, Secretary of State, Ministry of Foreign Affairs, Denmark. Participants in the roundtable addressed challenges faced by developing countries for increasing their share in international trade and in encouraging greater flows of foreign direct investment. They saw on the one hand external problems of access and production requirements that served as barriers to expanded trade, as well as financial institutional impediments. On the other hand, they recognized needs and specific possibilities for building developing country capacities to engage in these extremely important economic activities.

Participants spoke of capacity building for trade in terms of strengthened ability to gain market access through knowledge of and targeting for opportunities; improved production quality to meet standards required by European and other markets; strengthened competitiveness, etc. Capacity building for investment was recognized to include not only efforts aimed at specific promotional purposes, but broader institutional strengthening including greater assurance of property rights, improved regulatory systems, enforcement of the rule of law, and a climate of sustainable national security.

As concerns both trade and investment, participants emphasized that the issues were complex and countries needed time, resources, and pre-existing capacities in order to make headway. Developing countries would thus automatically be in a position of disadvantage in general, although areas of high capability existed in certain specific areas.

Participants emphasized the importance of the outcome of the Doha meeting of the World Trade Organization, where development issues had been put high on the trade agenda. Speakers also welcomed the elimination of trade barriers for least developed countries in the "Everything but Arms" policy of the European Union.

Participants urged practical steps to be taken by the WTO, UNCTAD, UNIDO, the World Bank, Regional Banks, the Common Fund for Commodities, and other international organizations to create some sort of a clearinghouse in support of better coherence, coordination, and availability of information to benefit developing countries. This could be seen as part of the follow-up to Doha, and it was recommended that the WTO

put this on its agenda. There was need for a “global consolidator” of information at the international level as a resource and reference to facilitate practical aspects of steps to improve competence, access, and marketability through increasing knowledge on the developing countries’ side.

As was highlighted by one speaker (from Burkina Faso), tremendous barriers to capacity building and economic participation exist because norms and standards required for international trade are often unknown, unavailable, mostly written in English, or require more staff time and resources than are generally available in developing country government offices.

“HUMAN RESOURCES CONCERNS IN POVERTY REDUCTION STRATEGY PAPERS”

ISSUES PAPER PREPARED BY THE UNITED NATIONS
DEVELOPMENT PROGRAMME (UNDP)

In Poverty Reduction Strategy Paper (PRSP) dialogue and formulation, the issue of human resource development (HRD) has entered the discussion in three distinct ways :

- Highlighting education as an instrument in the poverty reduction strategy
- Stressing the notion of skill formulation and building human capital for productive employment
- Emphasizing the notion of capacity development, particularly within the government.

Education has been highlighted in many PRSPs as a basic social service, access to which has been argued to be critical for overcoming the broader dimensions of poverty and social exclusion. Education not only provides people with a means for livelihood, but it also gives them knowledge, self-esteem, confidence, and social skill for to participate and interact.

Human capital and skill formation are important elements for productive and remunerative employment, a critical ingredient for overcoming poverty. But again, productive employment is an important notion that gives people self-esteem, satisfaction, a sense of achievement, and a means for participation in the society.

The issue of capacity development has taken many routes in the PRSP process—creating and upgrading human resources for strategy formulation, for policy and programme implementation and for monitoring and evaluation, all in the area of poverty reduction.

In the PRSP process, UNDP has been and is deeply involved in these areas in a number of countries. UNDP has helped countries like Cameroon, Rwanda and Uganda to bring the issue of education as a major theme in their PRSPs. Both in Burkina Faso and the Gambia, UNDP helped countries in linking the issue of information and communication with education. UNDP assistance to PRSP in Madagascar was instrumental in emphasizing the importance of human skill formation as an instrument against poverty. Its support to Central African Republic resulted in integrating training as an element of the National Poverty Reduction Plan and also for its PRSP. UNDP has also been very active in including the complementary issue of micro-credit the PRSPs of Cote d' Ivoire, Guyana, Nepal and Pakistan. UNDP's major contribution in the area of HRD has, however, been in capacity building for poverty reduction. And it has taken various forms in different countries: capacity building for poverty assessment and monitoring, capacity building for economic management and capacity building for poverty statistics. UNDP has undertaken a review of PRSP experiences in 60 countries.

Some basic key questions that need to be focused in areas of human resources and PRSP include :

- How can the access to education be put as a center stone to overcoming multidimensional poverty and what strategies can be developed to enhance such access?
- How can the issue of information technology be linked to education?
- What strategies should be put in PRSPs for creating better human capital through training and skill formation for productive and remunerative employment?
- What needs to be done to develop capacity building, both within and outside the government, for formulating poverty reduction strategies, for implementing them and for poverty assessment and monitoring?

SUMMARY OF DISCUSSIONS

Participants discussed in concrete terms, ways to improve the PRSP process. The Roundtable, chaired by Mr. Jacobus Richelle, Director-General for Development, European Commission, was well attended by the UN agencies, reflecting their level of interest on the issue.

The need to integrate human resources development and poverty eradication strategy was stressed. Linking the HIPC Initiative to PRSPs resulted in increased resources for human resources development, but further scaling up was needed to enhance the delivery of health and education services. Beyond sectoral concerns, the Strategy needed to address how developing countries could integrate into the world economy, by upgrading the productive sector in a way that nurtures flexible workforce. ODA tended to concentrate on basic health and education, but vocation and tertiary education were also important to enhance productivity and to train doctors, teachers and other professionals for human resources development.

Much emphasis was placed on the need for PRSPs to be based on national ownership, be demand-driven, respect existing national plans and allow for differentiated approaches. The difficulty of getting the PRSP process off the ground was noted, due to highly political choices to be made and priority-setting and policy coordination involved. Poverty Reduction Strategy should help rethink macroeconomic policy and its consequences on various income groups and gender.

The participants agreed that the PRSP process must be truly participatory. Greater efforts were needed to enhance interaction among all key stakeholders in the PRSP process. To this end, sensitization, skill sharing and training were required. Consideration could be given to ensuring the translation of PRSPs into local languages to promote participation in decision-making.

Gender perspectives needed be fully integrated. Mobilizing and empowering women, and ensuring their access to financial means were key to poverty eradication.

It was pointed out that the three-year timeframe of PRSP did not capture the long-term progress which was important, especially in a sector such as education where results were not necessarily immediate. PRSPs needed to be linked to long-term perspectives, particularly where national

plans with longer time horizon existed. It was also noted that the MDGs of 2015 must be put in a long-term perspective.

Currently, a large gap exists between the need for statistics and data to build PRSPs and the capacity of developing countries to produce available and reliable data. Therefore, statistical capacity building must be addressed as part of strengthening governance in international development cooperation. PRSPs should take into account the urgent need for assistance in this regard, since statistics can only be meaningful if data has time series. Monitoring should also be linked to policy options. The monitoring work under the “Millennium Project” led by Prof. Jeffrey Sachs should be coordinated with other statistical work to ensure policy coherence.

Regarding the use of ICT for development, focus should be on making it part of the strategy.

UNFPA and WHO shared their findings from reviewing PRSP experiences in 44 (including Interim PRSPs) and 10 countries, respectively. They found that a more balanced architecture was needed. The current PRSPs contained a rather mechanical treatment of the social sector, de-emphasizing the need for education and health of the poor. The division of sectors into productive and non-productive was seen as treating people merely as means to increase production. It was felt that the current structure had a built-in bias that neglects investment in people.

It was further noted that PRSPs focused on the correlates (e.g., where the poor live, how many) and quantitative results but lacked identification of causes (e.g., lack of educational opportunities and disease prevention). The qualitative aspects needed to be taken into account. Furthermore, although needs were identified, they were not carried through in programming.

Lack of human rights perspective was also noted. UNFPA mentioned that according to their review, only 6 out of 44 included a reference to human rights.

Given that remittance flows were important source of national revenue for some developing countries, it was also noted that migration issues were not sufficiently reflected, including concerns regarding the integration of capacity and know-how of diasporas into capacity building.

Harmonization among donors was needed, though too much harmonization could risk overlooking the complexity of development issues. Nev-

ertheless, streamlining of process was needed to minimize transaction costs and not overburden recipients.

Since the announcement of additional development assistance at Monterrey, effective plans were needed to release the funds. It was suggested that the focus should not be on producing a “perfect” Paper, but to answer all the necessary questions in the process.

The major improvement of PRSPs over instruments of the past was acknowledged. Despite having some room for more improvements, PRSPs were still an agreed tool for support coordination. It was important to undertake frequent assessment and stocktaking of PRSPs to make necessary adjustments to an instrument that is work-in-progress. In this regard, the European Commission and the World Bank had been discussing the organization of a conference to share PRSP experiences and consider how to improve methodologies. In revising the PRSPs, the question may not be about how much more can we load on, but rather about what can be loaded off. In this respect, making choices and prioritization must be done at national level.

**“CONSERVING HUMAN RESOURCES: A COMPREHENSIVE
APPROACH TO HIV/AIDS TREATMENT AND CARE”**

ISSUES PAPER PREPARED BY THE JOINT UNITED NATIONS
PROGRAMME ON HIV/AIDS (UNAIDS)

The first twenty years of the HIV/AIDS epidemic has exacted a human toll on an unprecedented scale, an estimated 60 million HIV infections, 20 million deaths and 13 million orphans. The epidemic has struck down many skilled individuals in their prime, individuals in whom societies have invested considerable resources and upon whose shoulders rest the fate of future generations. Heavily affected countries are already seeing a reversal of hard won development gains; what would the future hold for those whom we reach with prevention strategies, if the social institutions that should nurture and mold them into productive adults were to collapse ?

The continued erosion of this fragile base of human capital threatens to do exactly that and so places at risk the many investments aimed at creating safe, productive and equitable societies. Many parts of the world that are currently less affected, nevertheless display an abundance of those factors

predictive of an explosive expansion of the epidemic, a scenario whose effects would further dim the prospects of attaining a world of peace and shared prosperity. Even as we speak, nature and HIV/AIDS have colluded to produce a famine that threatens much of sub-Saharan Africa.

While not entirely nimble in its response, the world has not stood idly by while this epidemic has raged. We understand the dynamics of the epidemic better. We know who is at risk and why. We know what works and what does not. We know that prevention and treatment, care and support are indivisible components of an effective response. We know that other sectors must be engaged in the design and execution of this response

The past decade has seen the evolution of treatment regimens including antiretroviral drugs, which have improved and extended the lives of countless people living with HIV, most notably those in rich countries. Pilot programmes have demonstrated that such regimens can be safely and effectively administered in resource poor settings and with inspired thinking and bold action, it has been possible to begin to scale up and sustain larger programmes. While certain countries like Brazil have been in the lead in this regard, continued action across a broad front promise to bring such treatments to within reach of many in poor countries. It is estimated that six million people living with HIV in developing countries are in need of antiretroviral treatment today, yet only 230,000 of these have access.

The collective wisdom articulated above, is enshrined in the Declaration of Commitment adopted at last year's UN General Assembly Special Session on HIV/AIDS. In adopting this document, the international community has defined clear, time bound targets. It has put together a roadmap to address and prevent HIV/AIDS and mitigate its impact on humanity and societies, on development and political stability, in countries and across borders, regionally and globally. We are mobilizing our collective resources in order to meet the epidemic at scale and thus be in a position to deliver on these commitments. But even as we do so, we encounter an underlying tension that mirrors countless discussions that take place in poor countries each day—how best to allocate limited resources across a range of priorities. Even as the prospect of expanded access to the full range of therapeutic options becomes increasingly real, the pressure to address this urgent demand has begun to highlight worrying divisions between treatment and

prevention advocates. While most national decision makers recognize that the debate is actually about delivering prevention *and* treatment, care and support, it would be important to establish how the balance between these elements is set at the national level.

To further facilitate the discussion, participants may wish to reflect on the following issues and respond to them in their interventions.

- Is the national HIV/AIDS response approaching the level that is needed, where are the perceived gaps, what are the obstacles ?
- Experiences in achieving and sustaining a multisectoral response; successes, obstacles and opportunities ? To what extent are non health sectors engaged in the national response and are these efforts appropriately resourced ?
- What approaches to human resource planning are adopted in different settings and how is this reflected in national strategic plans ?
- Given the resource that civil society and particularly persons living with HIV represent, to what extent are they been integrated into the national response
- Where treatment with antiretroviral drugs is offered, how is it funded, who has access and what would be needed to broaden access ?
- In the same way that groups at particular risk are prioritized for attention in prevention activities, can an argument be made for offering preferential access to ARV treatment programmes for individuals with particular skills ?
- What support do national governments need from their development partners and the UN?

SUMMARY OF DISCUSSIONS

The Ministerial Roundtable Breakfast was Co-Chaired by Dr. Eve Slater, United States Assistant Secretary of Health and Human Services and Dr. Peter Piot, Executive Secretary of UNAIDS.

Participants expressed deep concern at the current and potential impact of HIV/AIDS, particularly in the education and health sectors. Teachers, students, nurses and other health practitioners are being wiped out with major implications for human capital.

It was noted that some countries have begun to make projections for a declining enrolment rate and declining number of teachers because of HIV/AIDS. The situation with regard to teachers is particularly urgent as plans have to be put in place early to replace those lost through death or attrition.

A number of country representatives spoke to their own experiences in prevention and care. One country has begun to incorporate HIV/AIDS into its 5-year development plan and all Ministries are now required to outline their plan on HIV/AIDS prevention. Another country representative spoke of how it combined high-level Government involvement with an active media strategy and cooperation with the United Nations on AIDS awareness to remain a low-prevalence country. Another country pointed to their aggressive approach to both prevention and treatment, namely the distribution of condoms to young people coupled with treatment with anti-retrovirals. With this approach, this country was able to cut the estimated number of infections in half. All participants noted the important role to be played by civil society in awareness raising, monitoring and care of the sick.

It was suggested that action be taken on the following points:

- Education for prevention should be targeted to high risk groups;
- Regional cooperation to prevent infection along transportation routes;
- Partnerships with civil society organizations, including faith-based;
- Peer support, especially for girls;
- Training of nurse practitioners and physician-assistants to treat and monitor HIV/AIDS patients;
- Scale-up best practices, even in low-prevalence countries;
- Improve institutional response;
- Find ways of increasing financing, e.g., taxing cigarettes for the Global Fund
- A tiered approach to funding, based not only on GDP but also on a measurement of disease burden.

**“GENDER MAINSTREAMING IN HUMAN RESOURCES DEVELOPMENT,
INCLUDING IN THE AREAS OF HEALTH AND EDUCATION”**

ISSUES PAPER PREPARED BY UNITED NATIONS DEPARTMENT
FOR ECONOMIC AND SOCIAL AFFAIRS (DESA)

Better health and education of women and men go hand in hand, with one reinforcing progress in the other. They facilitate the development of capacities, knowledge acquisition, empowerment and participation, are fundamental to the eradication of poverty, and the achievement of social development, gender equality and long-term economic growth.

Education and training of women has been at the top of the agenda of the four United Nations world conferences on women, yet substantial disparities in educational opportunities and achievement persist. Women's different and unequal access to and use of basic health resources, and unequal opportunities for the protection, promotion and maintenance of their health, also remains a major concern. The Convention on the Elimination of All Forms of Discrimination against Women, ratified by 169 States, covers both areas, as do the Beijing Platform for Action and the outcomes of recent global conferences and summits.

The Millennium Declaration contains specific goals on girls' and women's education and health. It identified the promotion of gender equality and empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate sustainable development. The road map towards the implementation of the Millennium Declaration provides strategies for moving this agenda forward, including greater efforts in the areas of maternal mortality, the prevention of HIV/AIDS, and gender sensitivity in education, as does the United Nations Girls' Education Initiative launched by the Secretary-General in April 2000 at the Dakar World Education Forum.

Public policies and international cooperation to enhance human resources development as a basis for achieving identified goals, including those of the Millennium Declaration, are incomplete, and may even be counterproductive, if gender-based differences are not explicitly addressed at institutional, individual and household level. Any successful approach to human resources development must ensure adequate responses to the wider societal patterns of discrimination and disadvantage that shape the

opportunities, resources and options available to individual women and men. Health and education systems in particular must actively support gender equality goals, and should thus explicitly promote gender equality as a contribution to development.

Challenges in ensuring the integration of gender perspectives in human resources development include:

- Lack of awareness, or “gender blindness”, on the part of policy- and decision-makers with regard to gender-based differences in access and opportunities, leading to gender bias in decisions related to education and health, including budgets;
- Insufficient attention to gender equality goals in human resources development;
- Lack of explicit attention to gender perspectives in policies and strategies;
- Lack of, or insufficient, gender-specific data and information for the development of gender-sensitive policies;
- Insufficient institutional capacity to integrate gender perspectives in human resources development policies;
- Weak institutional links between national machineries for the advancement of women and Government ministries responsible for education, health, and human resources development;
- Gender stereotypes and biases in education (curricula, teaching materials, etc) and health systems (quality and appropriateness of care, research focus, etc);
- The low number of women in positions of decision-making in the education and health sectors.

Concrete steps are needed to address worsening situations, to remove biases and obstacles, and ensure responsiveness of human resources policies to gender equality goals, and to accelerate achievement of gender equality and empowerment of women. To that end, particular attention could be focused on the following issues:

- *Institutional capacity building*: what are some of the good practices that could serve as examples for strengthening cooperation between national machineries for the advancement of women and sector ministries, and how can such cooperation enhance

the capacity of sector ministries for gender-sensitive policy development?

- *Millennium Declaration Goals* in the area of education and health: how are national implementation processes linked to the implementation of the actions spelled out in the Beijing Platform for Action and the outcome document of the 23rd special session of the General Assembly?
- *Resources*: What are the main considerations in resource allocations for health and education? What role is given to gender equality goals among these considerations?
- *Information and communication technologies* (ICTs): What steps are being taken to ensure that new technologies effectively support human resources development and gender equality goals?
- *Opportunities and achievements*: Given the differential achievement levels for women/girls, and men/boys in regard to education and health status, what are some of the successful steps being taken to remedy these differences?
- *Development cooperation and the role of the United Nations system*: How can better synergies be achieved between support for human resources development and gender equality?

SUMMARY OF DISCUSSION

The Roundtable Breakfast was co-chaired by H.E. Ms. Zeljka Antunovic, Vice Prime Minister of Croatia and Ms. Angela E.V. King, Special Adviser on Gender Issues and Advancement of Women.

Ms. King welcomed all participants to the ministerial roundtable breakfast on “Gender mainstreaming in human resources development including in the areas of health and education”. She referred to ECOSOC agreed conclusions 1997/2 which had established some important overall principles for gender mainstreaming. Intergovernmental mandates for gender mainstreaming had been developed for all major areas of work of the United Nations, including, for instance, macro-economics, health, education, trade and peacekeeping. Ms. King stressed that gender mainstreaming was a means to an end, namely to achieve gender equality.

Participants stressed the need for gender mainstreaming in all human resources development policies and programmes and called for greater

attention to gender mainstreaming at the country level. Full and equal access to health and education was critical for achieving gender equality.

Participants agreed that one of the major priorities in eliminating gender disparities in education was to ensure equal access of girls to high-level education. Although enrolment rates for girls in primary schools had increased, the drop-out rates of girls remained high. A major area of concern that would have to be addressed was the issue of sexual harassment at schools. The efforts of the Forum for African Women Educationalists (FAWE) to promote female education were acknowledged. In particular, the Centres for Excellence were creating a conducive education environment for girls by providing, for example, career counselling and ICT facilities. Such initiatives would have to be further supported. A closer cooperation between NGOs, international organizations and other actors in the public and private sector would be recommendable in that regard. The positive impact of the United Nations Girls' Education Initiative launched by the Secretary-General in April 2000 at the Dakar World Education Forum was also mentioned.

There was general consensus that women's representation in decision-making structures would have to be expanded. More awareness raising and advocating on gender equality issues and gender mainstreaming could play a crucial role in that regard. Quota-systems would be a useful tool for enhancing women's participation and influence in decision-making. It would be equally important to illustrate the relevance of gender mainstreaming by demonstrating that attention to gender perspectives and gender equality was enhancing efficiency, for instance, in the social and economic sector.

Participants also referred to the importance of gender-specific data and information for the development of gender-sensitive policies. In developing these policies cultural and religious issues would have to be taken into account. Institutional capacity building was mentioned as being fundamental for integrating gender perspectives in human resources development.

Participants also discussed the significance of the Millennium Development Goals (MDGs) in the area of human resources development. There was general consensus that the awareness of MDGs had to be increased at country level. Further efforts had to be undertaken by the United Nations in that regard. The Millennium Declaration, which identified specific goals on girls' and women's education and health, was recognized as an

important advocacy tool. It was mentioned that gender mainstreaming in the MDGs would have to be further strengthened. Reference was made to the goals of the Millennium Declaration, which were at different stages of implementation. In this context, participants stressed the importance of closely monitoring the implementation of the MDGs. It was noted that the Millennium Declaration contained a specific goal to achieve universal primary education by 2015, but no such goal existed for the achievement of basic health resources. There were three related MDGs aiming for the reduction of child mortality, the improvement of maternal health and the fight against HIV/AIDS, malaria and other diseases respectively. The promotion of age of marriage was suggested as an important contribution to the fight against HIV/AIDS.

It was stressed that partnerships could make concrete contributions to the realization of the goals contained in the Millennium Declaration. Involvement at the grass-root level could help to ensure that initiatives undertaken support gender equality objectives. Further coherence was needed for United Nations partnerships with the private sector, NGOs and civil society. These partnerships would have to pay closer attention to the problems encountered by local communities.

“IMPROVING THE DELIVERY OF HEALTH SERVICES”

ISSUES PAPER PREPARED BY THE WORLD HEALTH
ORGANIZATION (WHO)

Increasing recognition of the role of health in human development is both an opportunity and a challenge to health systems. It has begun to spur almost unprecedented global efforts to invest more in the health of the poor and focus on interventions that can achieve the greatest health gain possible within prevailing resource limits. Because this window of opportunity may not remain open for long, capitalizing on it is imperative. But such a shift in the use of resources by governments and development partners poses a significant challenge to current health systems, because they must become capable of absorbing the increased investments and translating them into improved health. In the countries where investment in health is most crucial, health systems are the most fragile. They need significant support and

strengthening to reach the capacity to make the investment in health effective and attainment of the Millennium Development Goals realistic.

Achieving a significant health gain for the poor will not be feasible without ensuring the maximum possible coverage of effective interventions against critical health problems such as HIV/AIDS, tuberculosis, malaria and reproductive/maternal and child health conditions. The differentials of health outcomes among socio-economic groups are striking. These differentials reflect, inter alia, inequalities in access, availability and quality of care. Progress towards the health goals of Millennium Declaration is critically dependent on making progress towards improving the delivery of critical health interventions and reducing existing inequalities in health. This requires an intensive search for best practices in the delivery of health services; better understanding of the impact of key health-system functions on the performance of health-service delivery; and identifying effective strategies to implement policies that are known to work.

The main issues in the delivery of health services are still access to health care, availability of sufficient human and physical resources, community-centred services and quality of care.

Key questions with regard to service delivery are:

- How to successfully target poor and vulnerable populations with effective health interventions;
- How to increase efficiency in using available human and physical resources;
- How to improve availability of key inputs into health service delivery such as essential drugs, vaccines and other technologies;
- Which service delivery models are most conducive to achieving high levels of effective coverage;
- How to improve the performance of providers and quality of services.

In order to increase the capacity of health systems, and of health-service delivery in particular, the role of effective stewardship is crucial. It involves setting and enforcing the rules of the game and strategically directing all the actors involved. It entails giving Ministries of Health the role and capacity to oversee and steer the health system in its entirety and set and implement regulations. One of the most important tasks of stewardship is to systemati-

cally monitor and assess the performance of health systems. It is the role of policy-makers—stewards—to use evidence on the performance of health systems to communicate with stakeholders and make policy decisions.

Key questions with regard to stewardship are:

- How to strengthen the capacity of countries to formulate politically feasible and technically effective health policies;
- How to ensure political will and commitment to increase resources for health systems, particularly for the benefit of the poor;
- How to equip national policy-makers with tools to exert influence and steer the process;
- How to set up information systems to collect evidence on the performance of health systems;
- How to forge effective public–private partnerships.

Health systems cannot perform without financial resources. The external investment in health systems advocated by the recent report of the Commission on Macroeconomics and Health should be viewed as a vital injection in health systems that will provide energy to internal mechanisms to mobilize resources and sustain the outcomes of investments. The health-care finance function should regulate these mechanisms of resource mobilization and ensure maximum allocative efficiency. The key requirement for the health-finance function is to guarantee a fair financial contribution from each individual and eliminate catastrophic health-care expenditures, which often pull even average households into absolute poverty. In many places, poor people still face formidable barriers to care in the form of excessive user fees and unofficial payments.

Promotion of more equitable prepayment mechanisms and larger risk pools is necessary to lower the financial barriers to health care for the poor.

Key questions with regard to health care finance are:

- How to reduce financial barriers to health care at the point of health-service delivery (user fees, unofficial payments, etc.);
- How to reduce the risk and burden of catastrophic health expenditures on the population;
- How to extend prepayment-based health-finance schemes to the population outside the formal employment sector and build large risk pools;

- How to set priorities for resource distribution in order to achieve the maximum health gain, especially for the poor.

Health systems require a significant amount of human and physical resources. Production of an adequate quantity of those resources and ensuring their quality and their needs-based distribution are keys to improving health-service delivery. In poor countries and regions where health-care needs are greatest, the availability and quality of human and physical resources are often far less than adequate. Obsolete technology, lack of essential drugs, commodities and supplies, dilapidated buildings, empty hospital beds, understaffed health facilities, poor communications networks and a chronic shortage of basic utilities such as water and electricity is a picture often seen where the toll of ill-health is the highest.

Key questions relating to resource generation for health systems are:

- How to establish evidence-based and strategic investment practices;
- How to reach an appropriate balance of human resources, reduce shortage and improve quality;
- How to harness maximum benefits from health-care technologies to achieve higher health gain in resource-limited environments.

Issues in health systems are numerous; solutions for most of them already exist or can be identified through research. Only strong and effective health systems can ensure the expected contribution of health to human development and guarantee sustainability of outcomes of investments in health.

The following key questions in health-service delivery have significant implications for attainment of the Millennium Development Goals:

- How to successfully target poor and vulnerable populations with effective health interventions;
- How to improve the availability and efficient balance of human and physical resources to deliver high-quality health interventions;
- How to forge effective public–private partnerships to improve coverage of populations with critical health interventions.

SUMMARY OF DISCUSSIONS

The Ministerial Roundtable Breakfast was Co-Chaired by Dr. Julio Cesar Ovando, Vice Minister of Public Health of Guatemala and Dr. David Nabarro, Executive Director, WHO.

A number of country representatives shared their experiences in improving access to and the delivery of health care. One country was able to increase access from 50 per cent in 1990 to 82–85 per cent in 2001 in a situation where the bulk of the population live in remote, rural areas without access to transportation with 23 different languages. This was done by systematic training of local communities and a tiered system of responsibility with 1 person with responsibility for ensuring health services for five families, another for 20 families and another 100 families etcetera. The goal is to have one doctor and one nurse for every 10,000 people. Another country with a medium-sized population with inadequate resources with plans to shift from curative to preventive health with focus on rural population was challenged by the mentality that resists change. It addressed its challenges through improving quality and cost efficiency and by promoting public-private partnerships. It ran a publicity campaign on the new approach to health care focussing on health workers and the larger community.

The following issues emerged from the discussion:

- In addition to increased resources, there is need for a better stewardship of the health sector with focus on improved planning and financial sustainability and overall better use of resources;
- More focus on primary health care—early childhood care and immunizations are critical as well as reproductive health care and HIV/AIDS prevention;
- More equity in access in health care with better targeting of the poor in establishing maternal and child health insurance;
- More public-private partnerships in rebuilding and strengthening health infrastructure, involving community-based NGOs and the private sector, with a mechanism to ensure accountability;
- Need for cultural adaptation of health workers to interact with a diverse population. In addition, there needs to be a more culturally diverse health workforce and cultural facilitators who could assist in communicating with minority groups;

- Increased training of health workers;
- WHO should assist countries by facilitating the exchange of best practices and lessons learned;
- Need to put in place systems for monitoring outcomes—in particular tracking and reporting;
- Need for the coordination of donor interventions under Government leadership;
- Need for harmonization among Ministries (e.g., Health, Education and Finance);
- Interventions should be carefully sequenced to maximize effectiveness and linked to overall poverty reduction strategies, particularly in the areas of education and nutrition

“EDUCATION FOR PEACE”

ISSUES PAPER PREPARED BY UNITED NATIONS
UNIVERSITY (UNU)

Humanity has reached a staggering paradox: Unprecedented wealth and technological innovation coexist with untold suffering and deprivation. In September 1999 the Secretary-General of the United Nations, Kofi Annan, stated in his speech to the UN General Assembly that: “we leave a century of unparalleled suffering and violence”. In that context he raised a number of issues not always at home in the United Nations, questioning the concept and practice of state sovereignty and arguing that the international community must move from a culture of reaction to a culture of prevention in the manner in which it collectively addresses common problems. International terrorism at the scale we experienced for the first time on September 11, 2001 makes such change even more urgent. Education for peace can and must play a crucial role in achieving a culture of prevention, of tolerance and non-violence and eventually a culture of peace as advocated by UNESCO.

Conflicts often originate from the inability of people of communities, to negotiate and settle their disagreements by peaceful means. The recourse to force and violence can seem the only way to settle a dispute. Such a recourse appears even more an option when people in dispute have only a

fantasized idea of each other. Situations and people that we do not know or understand are more likely to generate fear than those we comprehend. Lack of comprehension and the inability to put recognizable thoughts and words to recognizable situations tend to be frightening. People and decision-makers in situations of adversity, anticipating the worst from the unknown, are often lead by fear to choose war over peace, violence over reconciliation. Knowledge, contrariwise, has a domesticating, humanizing effect. It brings home the reality of the other without making it a source of fear. When knowledge softens the unsettling character of the unknown, situations triggering violence are less likely to arise. Rather than generating actions focusing on the divide, on the gap between “us” and “them”. Knowledge focuses on the bridge, on the sense of community.

Knowledge not only helps to diminish fear and the risk of violence, it also invalidates prejudice as a way of relating to a situation. Contrasting knowledge and prejudice is essential. Prejudices are more than false or misguided knowledge. They are in fact both expressions and tools of violence and war. Violence is not an accidental by-product of prejudice. It is one of its mechanical effects. Prejudice is part of a programme of violence. Knowledge, however, for the reason that it humanizes, is both pacifying and dignifying. Whereas prejudice downgrades and brings out the worst in humankind, knowledge, leading to understanding, tries to upgrade and enhance humankind.

Sound analysis and right actions cannot be based on wrong premises. No durable peace is likely to be generated out of fear and prejudice. Knowledge alone provides a sound basis for analyzing a tense situation and addressing what ought to be done to promote peace. Learning to understanding people coming from very different and diverse geographical, cultural, and socio-economical backgrounds, in short from different civilizations other than that in which one has been raised, socialized and educated, is therefore at the heart of any sincere dialogue, of any successful effort to understand. Dialogue among people should be a carrying forward of the best that different civilizations have contributed over history to humankind.

As far as education for peace aims at mobilizing the present and future generations for peace, some conclusions can be drawn from the foregoing which might deserve some in-depth discussion during the roundtable and thereafter:

- “Education for peace” should be present in all education; rather than a different subject or discipline at some stage, it should be a perspective which gets attention wherever meaningful and appropriate throughout the educational programmes; it can, however, also be a “holistic” project in programmes for different age groups, bringing together knowledge from different subjects or disciplines;
- “Education for peace”, therefore, must be part and parcel of all education, formal and non-formal, regular and non-regular, face-to-face or distance education;
- “Education for peace” is cognitive, as well as affective in character, contributing to a better understanding of the wealth of cultural diversity of humankind and to a behaviour based on tolerance and mutual respect;
- “Education for peace” thus will contribute to all four levels of learning as defined in Jacques Delors’ report “Learning: the Treasure from Within”: learning to know, to understand, to do and to be” (i.e. live a meaningful life, worthwhile to live);
- “Education for peace” takes on an extremely urgent character in areas experiencing violence or just coming out of violence: next to common issues like the “rule of law”, democracy and good governance, highest importance must be given here to reconciliation;
- “Education for peace” should give worldwide attention to issues of reconciliation between countries and peoples which have a long tradition of war and conflict: mutually accepted projects of screening schoolbooks within the framework of UNESCO or maybe regional institutions might help to open up a common future for future generations, instead of continuing spirals of hatred.
- “Education for peace” leads to a reformulation of the programmes of primary and secondary schools, as well as tertiary institutions of learning; to bring in the “peace” perspective in all education also asks for adaptation of teacher training programmes.
- “Education for peace” needs to make an optimal use of the contributions NGO’s and the media can make.

SUMMARY OF DISCUSSION

The breakfast was co-chaired by H.E. Prof. A. B. Aborishade, Minister of Education of Nigeria, Mr. Hans Van Ginkel, Rector of the United Nations University, and H.E. Ms. Maria Eugenia Brizuela de Avila, Minister of Foreign Affairs of El Salvador.

Participants began by tackling the question of who should be educated for peace. They reached the consensus that everyone—teachers, parents, government leaders, and the community at large—should be. Stressing the need to “speak with one voice,” one participant (Jordan) insisted that government leaders should have an understanding of peace in order to establish an education for peace.

It was agreed that the definition of peace has evolved over time, which must be taken into consideration when dealing with the implementation of education strategies. One participant noted that the meaning of the word “peace” has evolved from “peace security” to “human peace.” Another stressed the need to determine the kind of peace—military, political or social—that should be addressed in a given country. The Minister of Education of Nigeria emphasized the need to examine the reasons why the well-known community-level African customs of respect and culture of peace have been damaged, and the ways to repair them. It was stated (UNESCO) that because of changes in the nature of “war” as well as “peace,” education should focus not only on students’ knowledge and performance, but also on the type of citizens they will become. It was further acknowledged that school, which constitutes one of the environments where equal rights and universal values are practiced, should also promote acceptance for diversity, respect and opportunities for expressing opinions.

All the participants recognized that education for peace should be emphasized in school. The Rector of UNU urged that peace education be integrated in all subjects. Others stressed that education for peace cannot be taught without taking into account the local environment. The Nigerian Minister of Education stated that it was hard for students to internalize peace when the media commercialize violence with bad role models. Another participant (Bolivia) added that peace must be based on justice, equity and respect. In addition, it was stated that it is dangerous to have great numbers of people who have nothing to lose (Nigeria) and therefore,

in promoting peace, opportunities for success and responsibilities should also be provided (Jordan).

On the question of how to educate for peace, several recommendations were made. First, it was suggested that UN entities should do a quick survey to determine the number of countries that have included education for peace in their school curricula, which in turn would help in assessing the status and extent of need for more. Second, it was suggested that schools should have UN studies in their curricula. Third, it was stated that civil society organizations (NGOs, etc.) which already incorporate education for peace in their activities should make their experiences better known to the UN and other entities. The Rector of UNU noted that the formal education system should learn from the work done by grassroots organizations and NGOs in promoting peace, human rights, and education. Finally, it was emphasized that the UN bodies involved in peace-building activities should fully take into account the importance of education for peace. In that respect, one participant (UNHCHR) noted that the UN system should consistently incorporate human rights education in peace-building.

Several participants stressed the great importance for all concerned, and especially the United Nations as an advocate and catalyst, to look again at the “Declaration and Programme of Action on a Culture of Peace”, which was adopted as General Assembly resolution 53/243 of 13 September 1999. As a case example of adoption of such principles, the Minister of Foreign Affairs of El Salvador recounted the recent history of her country. She stated that with the adoption of peace accords in 1993, El Salvador decided to leave hostilities behind, allowing all parties to cooperate in the elaboration of many programmes for peace, reconstruction and reconciliation. Citing the example of the training of police forces in education for peace in El Salvador, she urged that peace should be taught not in school, but through all appropriate informal channels.

Concluding the meeting, the Rector of UNU congratulated the participants for their numerous suggestions. He also reminded all that since any work could always be improved, participants should not use the search for a clear definition of “education for peace” as an excuse to delay action. He urged that the various recommendations all be taken into consideration in order to establish programmes that were coherent and well adapted to

the different actual situations. In particular he recalled the points made on schools as vectors for education for peace, and the suggested surveys of nations already integrating education for peace in their school curricula. On the first, he insisted that education should be the “practice of peace” and give children a good perspective. On the second, he remarked that more valuable than a mere survey, the UN system, contributing States and other entities, especially NGOs, could together develop a set of information on “good practices” to show examples of coherence in achieving education for peace.

“REGIONAL COOPERATION FOR HUMAN RESOURCES DEVELOPMENT”

ISSUES PAPER PREPARED BY THE ECONOMIC COMMISSION
FOR EUROPE (ECE)

Human capital development is key to economic and social developments from developing to developed countries. Education and health are of vital importance for poverty reduction, and initiatives of UN regional commissions (in cooperation with other UN organisations, governments and local stakeholders) in education and health are numerous.

The initiatives must focus on the improvement of access to education (equal opportunities to everyone irrespective of income level, gender and age) and better use of human resources. For this, adequate social policies including education and employment policies must be defined. Governments’ investments in human capital should consider medium and long-term benefits in promoting growth and combating poverty and overcome a short-term approach (although fiscal austerity can hamper this).

Globalisation and the knowledge-based economy emphasise the need for updating human capital (e.g. in ICT) and the introduction of life long education. Growing competitiveness in human capital requires adequate responses from all stakeholders, individuals, governments, civil society, and international organisations. The commitments to increased human capital mobility (including professional, geographical) are crucial.

Despite the recognition of the importance of human capital, in various parts of the world, a process of deterioration of the quality of human

capital as a result of degradation of educational systems is ongoing (in Latin America, in most of transition states in the former Soviet bloc)

The rich human capital stock in the transition economies is a key element of their success: many transition states take advantage of high skills and low unit labour costs in attracting Foreign Direct Investment. However, some negative processes undermine this comparative advantage of countries with economies in transition: the alarming trend of declining enrolment in higher education in most of the CIS, the growing gender inequality in higher education as an implication to negative social developments and religious barriers), the growing differences in the quality of education systems.

Educational expenditure per student is low and increases very slowly. Due to the lack of links between education policies and innovation policy, the education of researchers in transition economies is declining rapidly. Policies are needed to promote cooperation between government, industry science and NGOs. It is important that FDI generates jobs of sufficient quality and pay, unlike in the first stage of transition when low qualified and low paid jobs contributed to brain drain from transition economies.

Conflicts have been a constraint to human developments in many regions. They undermine investments in human capital in education and health. The development of human capital is very much determined by the expansion of democratic rights and freedoms.

Health initiatives are focused on combating HIV/AIDS and other epidemics that spread due to poverty, lack of information and lack of resources. Therefore, there is a need for the involvement of UN agencies governments and NGOs. The improvement (or the reform) of health care is inevitable not only in developing but also in many developed states in order to improve the efficiency of health spending and the quality of health care services.

SUMMARY OF DISCUSSION

The Ministerial Roundtable Breakfast was Co-Chaired by H.E. Ms. Gun-Britt Andersson, State Secretary, Ministry for Foreign Affairs of Sweden and Ms. Brigita Schmognerova, Executive Secretary of ECE

The participants noted that regardless of the development status of the country, human capital development is key to economic and social ad-

vancement. Education and health were seen to be of vital importance for poverty reduction.

Regional cooperation allows for the learning of best practices, the development of standards and can contribute to all partners involved, it was emphasized.

The reverse progress in attaining universal access to education and health care has become a concern for some countries, mainly as a result of the transition of economies, conflicts and negative effect of globalization. Girls education and equal opportunity for women were identified as of particular concern.

Equally important to the physical access to education and health care is the quality of those services. equally important. For example, educational reform should be promoted in the areas of life-long education and ICT in collaboration with civil society. The improvement of health care system is inevitable in order to improve efficiency of health expenditure and the quality of services.

A good cross-section of opinions and experiences were exchanged at the Roundtable. Sweden provided a role-model for the benefits of regional cooperation, following a “natural” path for cooperation in their region, allowing them to build links between their societies and both learn and copy from one another’s successes and failures. This is especially true in the area of human resources development, where regional cooperation is very relevant. Most importantly, this openness allows countries to develop from the encouragement and criticism of one another.

According to participants, regional cooperation involving all development stakeholders can provide more effective support to the human resources development. It could also provide a significant contribution to the follow-up of the Millennium Declaration and other major United Nations conferences and summits outcomes.

The importance of donor coordination was also emphasized. As an example was mentioned the experience of West Africa where bilateral relationships, stemming from the colonial period, are influencing regional development balance between anglophone and francophone countries. Recently, however, there is more opportunity to effectively use resources, such as cooperations through the Economic Community of West African States

(ECOWAS). Regional organizations could function as an overseeing body on donor policies and their coordination.

South-South cooperation was also seen to be encouraging in the area of human resources development, linking universities and allowing for the exchange of students and ideas. As the Nordic countries have experienced these benefits from cooperation, regional cooperation has proved its importance in this area. South-South cooperation can go beyond regions, as seen in current practices of Asia-Africa and Cuba-Africa collaborations.

According to the participants, domestic policy coordination, especially among line-ministries, is equally essential in order to take coherent approach for human resources development. In this regard, too, regional body could provide a platform for exchanging and learning from best practices.

The participants called on the Regional Commissions of ECOSOC to promote policy dialogue, from regional priority settings to the follow-up of the World Conferences. They could also provide valuable platform for promoting dialogue of all stakeholders including NGOs and private sector. The recent initiative of ECOSOC promoting dialogues with civil society was noted with appreciation. A suggestion was made that the mandate and priority of the Regional Commissions should be driven by regional concerns identified by the member states. The importance of ECOSOC as a coordinating body for improving the regional commissions is obvious.

The participants identified many areas which regional organizations could play a vital role. While many positive and important roles of multi-lateral arrangements were identified at the Roundtable, the effectiveness of bi-lateral cooperation, especially in terms of financial aid, was pointed out.

The needs of education reform in response to rapid globalization was identified as one of the priorities for the human resource development. Regional platform, in partnership with the civil society, should be used more actively for setting/lifting regional standards and norms for educational attainment. According to the participants, due to the brain-drain resulted from globalization and the progress of ICT, human resources development, particularly that of developing countries, does not necessarily link to the national development. To voice this concern, the migration issue should be discussed in the context of the development issue.

“PARTNERSHIPS FOR A BETTER-EDUCATED AND HEALTHY WORLD”

ISSUES PAPER PREPARED BY UNITED NATIONS FUND FOR
INTERNATIONAL PARTNERSHIPS (UNFIP)

“If we are to achieve the UN Millennium Goals, we must move ahead as partners. Such partnerships must include not only governments, which have the primary well being of their population, but also the private sector, which provides most of the wealth in the world today, and non-governmental organizations.” SECRETARY-GENERAL KOFI ANNAN

Since taking office in January 1997, the UN Secretary-General has underscored the importance of the UN working more closely with the private sector, foundations and other representatives of civil society in order to identify new and additional resources to support key efforts such as the fight against the AIDS pandemic and the promotion of girls' education. The Millennium Development Goals (MDGs), in particular the ones addressing health and education, provide a challenge as well as an opportunity for new partnerships.

The UN recognizes that Governments cannot reach the MDGs alone and that civil society has an important role to play, both as advocates and as active partners. There has been considerable progress on new alliances as a result of the Report by the Secretary General at the 2001 General Assembly “Cooperation between the United Nations and all relevant partners, in particularly the private sector” (A/56/323). The United Nations Fund for International Partnership, UNFIP, is mandated to build new partnerships with the UN system, in close collaboration with the private sector focal points that have been appointed in 20 UN organizations. Considerable progress has been achieved in the health and education areas. In the health sector, for example,

- Global Fund to Fight AIDS, Tuberculosis and Malaria was established;
- The Rockefeller Foundation's efforts to build a multi-foundation coalition for Mother-To-Child-Transmission (MTCT) Plus initiative were supported;

- The Coca-Cola Company is using its vast infrastructure to deliver UN advocacy materials and supplies to remote distribution points in Africa.

In education, Cisco Systems, Inc. has entered into a strategic partnership with the United Nations. The Cisco Networking Academy Program has been established in more than half of the world's Least Developed Countries (LDCs) to train students for the Internet economy. Seventy academies have been established at universities, secondary and technical schools. In Africa, women comprise 23 per cent of the enrolment. The goal is to give students the same quality training in information technology (IT) as in advanced countries. The partners include Cisco Systems, UNDP, the United Nations Volunteer Programme (UNV), the United Nations Information Technology Service (UNITeS) and the United States Agency for International Development.

The challenge is enormous and rests on two fronts: in bringing in the private sector to better understand and work with expertise of the greater UN family, as well as in equipping the UN system to be flexible and responsive to the ways in which the private sector operates. Future solutions to problems of such vast magnitude as the fight against HIV/AIDS can only be found by building partnerships and alliances. In particular, building such partnerships at the community and national levels.

Key questions with regard to global private sector alliances:

- How can the UN system best respond to the interests of the private sector in tapping their expertise and utilize inventions and technologies?
- How can champions of industries be identified to assist in implementing the Millennium Development Goals?
- What processes should be used for private sector alliances? Examples might include company affiliation on a thematic basis in line with the MDG or *the* identification of champions for leadership roles on a geographical basis;
- How best to align UN outreach to the private sector with NGO's, business associations and service organizations?

Considerable attention has been given to western-based companies and foundations. Seeking new partners should be a global approach with increas-

ing attention given to regional strategies and philanthropy at the country level. Even the poorest of countries has philanthropy potential and traditional practices for community and family support.

Key questions with regard to country philanthropy for development:

- How best to align interests of the private sector, including family and medium sized enterprises to identify with development goals?
- How to build community support for development, including encouraging volunteerism?
- How can university and academia be tapped for community service?
- How can corporate social responsibility incorporated within university curricula?

It is vital to build on the new promise in the New Partnership for Africa's Development, NEPAD, and the commitment by the G-8 meeting.

Hopeful Outcome

- Framework for Partnerships for the Millennium Development Goals at country level;
- Encouragement of Government led business coalitions with the UN system;
- Support for initiatives such as Health InterNetwork, UNITEs.

SUMMARY OF DISCUSSIONS

The Ministerial Roundtable Breakfast was Co-Chaired by H.E. Dr. Andro Vlahušić, Minister for Health of Croatia; H.E. Mr. Radu Mircea Damian, State Secretary, Ministry of Education and Research, Romania; and Mr. Amir Dossal, Executive Director of the United Nations Fund for International Partnerships

The composition of the group signaled new alliances to implement the Millennium Development Goals with participants representing Governments, the private sector, foundations, NGO's and professional associations, academia and the United Nations System.

There was a universal accord that we must work together and a commitment by participants to assist the UN in this endeavor.

The key follow up and action points included:

- Partnerships between UN Organizations, Governments, NGOs, private sector, foundations and civil society are key to the success of any initiative.
- Recognition of the need for Government led business coalitions engaging all stakeholders in reaching the Millennium Development Goals (MDGs). The coalitions should include foundations and philanthropists for cohesion of action.
- Sensitivity to private sector needs and respect for expectations. The collaboration must be carefully planned and the element of transparency was identified as key in building sustainable partnerships
- Responsive to local needs. Many examples were given of powerful community efforts that are sustainable.
- Partnerships must not only secure financial resources but also ensure intellectual and technical expertise. Three elements identified as guiding principles for moving forward: people to people cooperation, volunteerism and time/talent/skills.
- The MDG's must be better known by all partners, including Governments and the public at large. There is an urgent need for outreach and advocacy. The mass media must be fully tapped for the global MDG campaign.
- Success stories and lessons learned should be used for replication and background for future action. In this effort, the Internet should be used to catalogue lessons learned.
- Participants agreed on the importance to create an enabling environment for giving, thus the need for legislation reform in countries to encourage philanthropy and eliminate artificial barriers to philanthropy.
- It was also essential to encourage social thinking among investors; a philosophy to "do good to do well". It was highlighted that the most successful philanthropists are those closely involved with their "social missions" and their giving implements their "passions, spirit and dreams".
- Examples of modalities for implementation included the international Open University concept of creating a concrete mecha-

nism for North-South cooperation, the WHO led Health Inter-Network initiative and the UNV led UNITeS initiative.

“HUMAN RESOURCES DEVELOPMENT: THE ROLE FOR BASIC INFRASTRUCTURE AND ADEQUATE, AFFORDABLE SHELTER”

ISSUES PAPER PREPARED BY UN HABITAT

The first two key issues, which we propose for discussion are:

- What is the most appropriate role of the international assistance agencies in training for adequate, affordable shelter and basic infrastructure? Direct training of target groups, or strengthening of national training capabilities?
- What are the best ways of strengthening of national training capabilities?

The cornerstone of UN-HABITAT human resource development (HRD) strategy in Member Countries is strengthening national capacity-building institutions to respond to training and institutional development needs—in short “building capacity to build capacity”. It is our experience that only national institutions can respond to the scale and dynamics of change of the needs, and do it in the national languages and adjusted to the local cultures and contexts. We implement this strategy, jointly with partners, through development of innovative generic manuals and handbooks, support of their translations and adaptations to local conditions, training of trainers and advisors, and methodological support to national programmes.

The next two key issues relate to the question “who needs to learn what?”

- Which are the top priority target groups, whose training would make most difference?
- What do they most urgently need to learn?

In relation to these issues, UN-HABITAT has conducted, during the recent World Urban Forum in Nairobi, the Assessment Workshop of Capacity-Building Needs for Cities Without Slums, in other words for affordable shelter and infrastructure. The main unattended human resource

development needs representing, in the opinion of the participants, key obstacles on the way towards these objectives were in the areas collaboration between local governments, central government agencies, private sector, and a wide variety of NGOs and community based organizations (CBOs). Making this collaboration more effective requires in particular a great improvement of knowledge, skills and attitudes needed for managing conflicts and differences and for participatory planning. Skills for policy formulation, at all levels, as well as for financial and general management were also emphasized. The key identified target groups for training were: local government staff and elected officials, NGO and community leaders, professionals in specialized agencies and enterprises and some central government officials and legislators.

The quality and level of basic services has a very direct impact on the quality of life in urban settlements, particularly amongst the urban poor. Poor infrastructure results in great suffering and misery but also has a huge economic impact on productivity and the potential for city growth. Recent evidence indicates that investments in infrastructure need the right combination of local resources combined with catalytic input from external support agencies, particularly in the area of capacity-building and human resources development. The critical needs for human resources development (HRD) lies with the operational staff of urban utilities and city authorities, which are responsible for the provision of basic services in cities. Human resources development can play an important role in improving the efficiency of service provision in a wide range of areas, such as service planning and design, community participation, water pricing, leakage detection and control, improved billing and collection of revenue etc. HRD is also crucial in gender mainstreaming.

Key issues with regard to good policy promotion and regulation for basic infrastructure services include:

- How to ensure that policy makers have realistic information on basic service coverage particularly in urban areas
- How to ensure that new multi-actor approaches to service delivery are effectively regulated
- How to strengthen the capacity of policy makers to quantify the economic costs of lack of basic services

The vicious circle of lack of investment in the provision of infrastructure results from lack of information on the real situation that exists in cities, particularly amongst the urban poor. As a result, national and local policies discriminate against the poor. Effective monitoring and evaluation systems are desperately needed for basic service coverage in urban areas, to ensure resources can be used more effectively for the needy.

The provision of infrastructure services in cities is a dynamic process. Recent changes in many cities throughout have resulted in basic services being provided by a wider range of actors, drawn from the public, private and community sectors. This has presented a new challenge to local authority managers, who were traditionally the provider of services. New management structures within local authorities are needed to ensure basic services are effectively regulated. The recent rush in many cities to privatise provision of water has resulted in reduced levels of service and much higher costs due to inadequate regulation. Policy makers need tools to justify the economic impact on woefully inadequate basic services. The economic impact of water and waste-related disease epidemics, is often discovered after the event, and in most cases, has a national impact with much greater financial implications than the investment needed to provide adequate services in the first place.

Key issues with regard to improving the effectiveness of urban service delivery:

- How to optimize the level of community involvement in the provision of basic services
- How can the efficiency of traditional water utilities be improved
- How can concepts of conservation and resource utilization be incorporated into service delivery options
- How can both local and external investments in infrastructure be more readily promoted

In many cities, although significant advances have been made in community-participation in urban service delivery, community groups have yet to be fully mobilised to be part of the local authority process. The development of community-friendly local authorities is a concept that should be promoted to increase dialogue between the two key groups.

Historically, provision of services has favoured supply-side approaches. There is little evidence of demand management, conservation or resource utilization. For example, many cities will face increasing problems finding adequate water resources if they continue with policies which encourage profligate use and wastage. Promoting demand management can reduce pressure on finite resources. Promoting wastewater reuse and urban agriculture for example can reduce pollution of water resources, while at the same time improving the livelihoods of some city residents.

The efficiency of investments into the basic services sector is still somewhat inadequate compared to other notable successes such as recent advances in mobile phone coverage for example. There is an urgent need to promote provision of basic services by social marketing, advocacy and awareness campaigns, for example, to highlight the benefits of improved service provision and create demand. This will result in increased investment when the returns are fully appreciated.

SUMMARY OF DISCUSSIONS

Participants discussed infrastructure development from a human settlement perspective. The Roundtable was co-chaired by H.E. Mr. Bernard Dompok, Minister, Malaysia, and Ms. Anna Tibaijuka, UN-HABITAT.

It was noted that access to adequate, affordable and safe shelter was a basic necessity and that urban planning and building basic infrastructure was the government's responsibility. Without proper infrastructure and services, the problem of shelter shortage could not be solved. Decentralization could be one way of alleviating shelter problems. However, reverse urbanization was difficult since urban areas are economic, political and cultural centers. Concrete policy for rural development was needed to relieve urban concentration, taking into account the need for balance in regional planning.

Participants noted that without link to income, sustainable provision of shelter was not attainable. Empowering the poor and ensuring their access to livelihood had been seen to enable public investment in free housing to be sustainable. In this regard, various categories of slums and squatters needed to be taken into account, e.g. poor who have reached certain sustainability with stable income, economic vs. social homelessness. Shortage of shelter, especially from influx of foreign migrant workers and rural

population, is also an important issue. Investment should be encouraged, not only in infrastructure but also in education and health.

Use of local material for construction of shelter could often be suitable for the local climate while making the most of human resources available. In this regard, care must be taken to prevent environmental degradation. Other environmental concerns related to shelter included toxic components in home environment from textile industry and poor infrastructure such as lead poisoning. Technical assistance in identifying and analyzing toxic environment was needed, using local expertise and resources.

Public-private sector cooperation was crucial in infrastructure development. At the same time, investment could not be attracted without sufficient infrastructure in place. Policy to encourage investment in infrastructure and services need to include incentives for private sector. To upgrade slums using private capital, appropriate regulation and legal framework (e.g., rent regulation, foreclosure laws) were needed.

To bridge the gap between funding needs for infrastructure and available domestic resources, the international community must find a way to finance infrastructure development of developing countries. International cooperation is important for infrastructure development. The implementation and follow-up of Monterrey Consensus must be ensured. ODA should be increased. Study of innovative resources for financing should continue. Malaysian proposal for international infrastructure tax was mentioned in this regard. It was pointed out that increasing taxes ends up burdening the poor, only to build settlements to be rented by lower-middle income families.

With proper project (e.g., UNICEF for children without housing), funding should be available. In this context, the participants called for the revamping of the Habitat Foundation needed to be revamped to be operationalized according to the General Assembly mandate.

South-South cooperation could play an important role. However, participants cautioned that blanket solutions do not work in solving slum problems. For example, eviction which was necessary for sanitary reasons in Malaysia, worked because the government provided with alternative housing. But this may not be replicated in other situations.

NGOs could mobilize resources and contribute to slum upgrading. Building a sense of community could contribute to helping each other

build shelter. Partnerships between cities (“City-to-city cooperation”) was gaining increasing recognition as a potentially cost-effective way of actively exchanging ‘lessons learned’ and of improving the management capacity of cities for sustainable urbanization.

**“EDUCATION FOR POVERTY ERADICATION: AN APPROACH
TO HUMAN RESOURCES DEVELOPMENT”**

ISSUES PAPER BY UNITED NATIONS CHILDREN’S FUND
(UNICEF)

Poverty in human development terms is not simply about lack of material wealth and resources. It is fundamentally about a lack of choice in meeting basic needs as well as in dealing with the forces that shape our quality of life.

The poor often do not have much choice over many things that affect them, ranging from food, shelter, health and safety to the more complex needs that require them to be active participants in the economic system and members of civil society. (e. g. employment, purchasing power, civic rights, etc). This is what equates poverty to subsistence and a powerless existence.

Yet the poor, like all others in society, have much to offer in terms of human potential. They have the capacity to contribute to the economic, social and cultural development of their communities and the nation at large. We need to activate and nurture this capacity to benefit the individual and the society.

It is through education that individuals realise their potential to contribute to production, wealth creation and execution of various roles that make for national development. It is also through education that they are able to benefit from the distribution of wealth in the economy, have a political voice and access social goods and services to enhance their living standards.

These facts are well known in development circles. What is lacking is the ability to make use of the transforming power of education as one of the most important tools for eradicating poverty. It is now clear that universal basic education of the right type is a critical pre-requisite for countries to progress on the path to sustainable development. Beyond this, quality basic education for all citizens can help to lift communities out of poverty. However this will involve sectors other than education. Poverty is

multi-sectoral and requires action on different fronts. Education for poverty eradication can also be a turbulent process. The newly educated demand their rights and agitate for more egalitarian and democratic norms to replace the old inequalities and injustices that often underlie poverty. These are the tensions that democratic and progressive societies must contend with on the path to development.

Against this background the roundtable discussion could focus on what are the immediate priorities if we are to promote and achieve education for poverty eradication. These priorities are already clearly outlined in the Millennium Development Goals, the Education for All documents, as well as in the World Fit for Children. Issues to be discussed include:

- How to reach out-of-school children (especially girls) with quality education
- Addressing the obstacles that prevent poor children from attending school
- Linking education to relevant life-skills and income generation opportunities
- Using education to empower the poor regarding their rights
- How to complement education inputs with service delivery relating to health, nutrition, food security, shelter, water and sanitation, etc.

In discussing these issues the roundtable needs to be aware that some of the factors that make for success include:

- Political will to provide access to quality education for all citizens, especially those who are disadvantaged. In most situations there is a strong gender dimension involved, so that girls and women tend to be more disadvantaged in all groups.
- Investment of a significant percentage of the public budget in education.
- Reform of the education service delivery process for greater efficiency.
- Promoting successful innovations and taking them to scale.
- A strong emphasis on girls education as a lever for achieving education for all.

There is a unique opportunity for all countries to make progress with education through the targets that have been set for 2005 and 2015 regarding education for all and gender equity in access, completion and achievement in education. Countries need to seize this opportunity, because it comes with the promise of financial and other resources being made available to assist countries that have a credible plan and are seriously committed to achieving these goals.

Countries need to strengthen their capacity to deliver quality education to all their citizens, especially the poorest. This is also a time to intensify partnership and co-operation with international and bi-lateral agencies as well as with NGOs. It is now clear that for some countries this will increasingly take the form of policy dialogue and programme agreement as a basis for investing and providing budget assistance to the education sector. These forms of co-operation include Sector-Wide Approach Programmes (SWAPs), Sector Investment Programmes (SIPs) and the Poverty Reduction Strategy Programme that is multi-sectoral.

Final point of advocacy for girls' education is that it offers unique advantages in terms of the ability of educated females to improve family care in general and the quality of life for households in the poorest communities.

SUMMARY OF DISCUSSION

The Ministerial roundtable breakfast was co-chaired by H.E. Mr. Tom Butime, Minister of State for International Affairs, Uganda; and Ms. Carol Bellamy, Executive Director, UNICEF.

There was general agreement that progress in education reinforces progress in health. The level of education of mothers has a direct impact on the well-being of their children in terms of lowering mortality, morbidity and malnutrition. Education is also a powerful tool against HIV/AIDS. Participants identified as challenges to the promotion of education for all especially in Africa: inadequate and strained resources, lack of capacity, poverty at the household level, and the menace of diseases, especially HIV/AIDS.

The participants noted that universal primary education is one of the Millennium Development Goals (MDGs) to be achieved by 2015. The participants were alarmed by the lack of progress made towards the achievement of the MDGs and called for a combination of both country-specific

policies and increased international cooperation to meet the MDG on education. Capacity-building especially in the Least Developed Countries (LDCs) was seen to be vital.

The participants agreed that education, or building human capacity, is one of the most powerful instruments for human development, reducing poverty and inequality and for laying the basis for sustained economic growth. There was consensus that spending in education needed to be seen as an investment both from the private and the social point of view.

The participants underlined the stability of education policies as crucial for achieving long-term results in education in a country. It was noted that in general, it takes several generations before the results of sound education policies become visible. The participants underscored the need to link educational policies to economic policies. Without economic growth, a society would not be able to absorb the outcome of its education system, it was noted.

The participants stressed the importance of the quality and design of education systems. It was noted that the design of education systems should meet country-specific needs. Also within countries there may be differing local needs that should be considered. Education should be linked to relevant life-skills and income generation opportunities. The importance of continued education and the upgrading of acquired skills were also underlined, as was the need to ensure the quality of teacher training.

Participants also noted the potential for a synergy effect between education inputs with service delivery relating to health, nutrition, food security, shelter, water and sanitation, and the need to ensure a multisectoral approach to education. Participants were concerned of the level of girls' under education, especially in rural Africa and the role of mothers in ensuring girls' education was stressed. It was suggested that rather than examining enrolment rates when assessing the success of education systems, focus should be on completion rates of schooling.

IV. CONCLUDING OBSERVATIONS

During the general debate of the ECOSOC 2002 High-Level Segment, it was stressed that the goals contained in the Millennium Declaration will not be realized without the enhanced participation and effective involvement of all stakeholders, including civil society. In 2002, ECOSOC took

a step forward by having the full involvement of civil society in all aspects of its work and direct inputs from the NGO Forum reported during the high-level segment.

In addition to the policy dialogue with the international financial and trade institutions, the panel discussions and various side-events, the high-level Roundtables and the Ministerial Roundtable Breakfasts greatly enriched the Council's deliberations and outcome. They brought together key stakeholders from Governments, civil society, including NGOs, academia and foundations, and the UN to discuss common efforts to improve human resources, particularly in developing countries. They covered a wealth of topics over a three-day period ranging from the implications of food security, the link to sustainable development, the situation in Africa, shelter, regional cooperation, ICTs and gender mainstreaming. They have added depth—as well as informality- to the debate.

The discussions gave a clear sense of direction on the way ahead for realizing internationally agreed goals for health, education and development. The Declaration adopted charts this same clear direction. The Ministerial Declaration sends out a clear and strong message of the centrality of human development to the goals of sustainable development and poverty eradication. It also embodies the full commitment of the United Nations and its family of organizations and the international community at large to place human beings and their well-being at the centre of international development cooperation.

During the discussions the dual role of human resources development—as a goal in its own right, and as a means to long-term economic growth and poverty eradication—was recognized. It was acknowledged that human resources development, particularly health and education, must be integrated into development policies at all levels. National ownership and capacity building are key in this regard, as is international development cooperation.

The discussions shed new light on the importance of a multisectoral approach to human resource development. They stressed that health, education, and progress in other sectors are mutually reinforcing. And they recognized that this relation was important in designing and implementing development strategies. The discussions underscored that delivery of quality services in health and education needs to be strengthened.

There was a strong consensus on the need for gender mainstreaming in human resources development policies and programmes. Vigorous efforts to increase girls' education must be continued and expanded. Efforts to combat diseases that disproportionately affect the poor must be continued. The fight against HIV/AIDS and other infectious diseases is of utmost priority.

Also highlighted was the urgent need for mobilizing more domestic resource and international development assistance for effective programmes in human resources development.

The uncertainty of recovery in the world economy will pose a greater challenge, as discussed during the high-level policy dialogue with the Heads of international financial and trade institutions. It is clear that further progress in the areas of ODA, debt relief, trade and investment is needed to create an enabling environment for development and generating resources for health and education services.

Trade represents the best opportunity for developing countries to realize their growth potential and achieve prosperity. It is a win-win proposition for developed and developing countries alike. The importance of market access to developing countries, especially in agricultural sector and sectors of export interest to developing countries, has been stressed, as well as the need for reversing protectionist signals from key trading partners and for equipping many developing countries to participate in the trade negotiations.

To close the funding gap, however, substantial increase in ODA is still needed. Recent announcements in Monterrey to increase ODA and the adoption of Africa Action Plan at the G8 Summit are encouraging signs that a new partnership is taking root and a positive inflection point has been reached in development cooperation. Following last year's high-level segment on Africa, ECOSOC once again expressed its strong support for the New Partnership for Africa's Development (NEPAD) which makes good governance, sound policies and increased trade and investment its cornerstones. The international community must further support Africa's efforts.

An important feature of the discussion was the commitments expressed by the delegations to build on the momentum created by the Monterrey Consensus, the Doha Ministerial Declaration and the outcome of the World Summit on Sustainable Development.

The outcome of the High-Level Segment should mobilize coordinated action by the UN system for implementing the human resources development goals set in UN summits and conferences. ECOSOC will continue to play its part in strengthening coherence in implementation. This will be an important dimension of its work for the follow-up to the Monterrey Consensus and commitments.

It has often been said, especially in the context of the discussion on the follow-up to the outcomes of major UN conferences and summits, that it is time for implementation. There is no time to waste; we are already one-fifth into the period in which the MDGs are to be achieved and 2015 is approaching fast. Targets should be set in order to be met, in other words more reliability is needed in delivering what has been promised.

CHAPTER TWO

Health and Development

I. OVERVIEW OF KEY ISSUES BY THE WORLD HEALTH ORGANIZATION (WHO)

Over a billion people have entered the 21st century without having benefited from the health revolution: their lives remain short and scarred by disease. Many countries are facing the double burden of having to deal with chronic ill-health and malnutrition among the poor while simultaneously responding to rapid growth in non-communicable diseases. Large numbers of other individuals, while not poor, fail to realize their full potential for better health because health systems allocate resources to interventions of low quality or of low efficacy related to cost.

MILLENNIUM DEVELOPMENT GOALS

The Millennium Declaration,⁹ endorsed by 189 United Nations Member States, has established a number of goals related to development, poverty eradication and health.

These goals are attainable, but it will require major shifts in the way governments and development partners all over the world use their resources. It will mean focusing more on interventions that we know can achieve the greatest health gain possible within prevailing resource limits. It will mean giving renewed attention to diseases like tuberculosis, which disproportionately affect poor people, as well as malaria and HIV/AIDS, and improved

9. Millennium Declaration A/55/2

maternal and child health, which we now recognize as major constraints to economic growth.

COMMISSION ON MACROECONOMICS AND HEALTH

The significance of increased investments in health is clearly presented in the report that has been prepared by the Commission on Macroeconomics and Health. It provides data and analysis which confirms that a significant scaling up of investments in health for poor people will not only save millions of lives, but also produce considerable economic gains. The Commission estimates that, by 2015–2020, additional spending of USD 66 thousand million per year on health could generate at least USD 360 thousand million—a six-fold return on investment.

The report backs up its claims by examining in detail the links between health, poverty reduction and economic growth. It produces scientific evidence to challenge the traditional argument that health will automatically improve as a result of economic growth, demonstrating clearly that, on the contrary, improved health is a prerequisite for economic development in poor societies.

In its agenda for action, the report argues for increased domestic spending on health in developing countries—aiming at an average increase in budgetary allocations of one per cent of Gross National Product (GNP) in the next five years, and of two per cent by 2015. Financing an essential set of health interventions and strengthening the necessary delivery systems will also require a massive increase in development assistance for health—from current levels of about USD six thousand million a year to around USD 27 thousand million annually by 2007, and USD 38 thousand million annually by 2015. The Commission therefore strongly supports the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The report proposes that the bulk of these additional funds be spent on country-level programmes, often as part of national poverty reduction strategies. However, the report also encourages increased investment in essential public goods for health, such as research and development for diseases of the poor. It recommends that of the proposed increases in donor spending, about USD five thousand million annually in the next five years should be allocated to such global public goods.

The report outlines a strategy for improving access to life-saving medicines that includes differential pricing schemes, extension of legislation on

orphan drugs, broader licensing arrangements, and bulk-purchase agreements. The strategy recognizes the need for continued protection of intellectual property rights and use of safeguards in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), and will build on the subsequent World Trade Organization (WTO) Doha agreement on TRIPS.

INCREASED INTEREST IN INVESTING IN HEALTH

As we have moved into 2002, there is increased political and public interest in (a) the potential of greater investments in health; (b) the prospect that additional national and international resources would be made available for health actions; (c) the interest in new mechanisms for transferring these resources to where they are needed—in ways that ensure accountability and country ownership; (d) the challenge of improving the performance of health systems in settings of extreme shortage of resources; and (e) the continuing need for regular and reliable monitoring of results achieved.

There is also increased interest in a range of global functions needed to support the intensified response, including (a) strategic research for, and the development of, necessary drugs and vaccines; (b) actions to reduce the price of drugs to improve access of poorer communities to medication; and (c) schemes for the effective purchase and equitable distribution of commodities.

GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

In relation to the desirability of increased resources, the Commission strongly endorses the Global Fund to Fight AIDS, Tuberculosis and Malaria which was first conceptualized at a G8 meeting in Okinawa (Japan) in July 2000 and given powerful support by the Secretary-General of the United Nations and the Director-General of WHO in early 2001.

By June 2001 there was a clear consensus that (a) the initial scope of the fund should be HIV/AIDS, tuberculosis, and malaria; (b) the main purpose should be to attract (and disburse) monies additional to existing development assistance; (c) the operation of the fund would not be business as usual, but would aim at devising more rapid channels for funding, with less bureaucracy for recipient countries, more effective use of donor resources, the emphasis on public/private partnership and fewer transaction costs for all; (d) resources provided through the fund would be con-

ditional on the achievement of results; and (e) the fund must be genuinely international, not belonging to one set of countries or tied to the United Nations, the World Bank or other institutions.

Commitments to the fund currently total about USD 1,5 thousand million. A key concern is to ensure that this financing flows both rapidly and in accordance with agreed principles. Priorities include establishing a robust and independent technical review process, drawing up guidelines for countries to use in preparing proposals, and establishing channels and systems for handling funds.

Organizations of the United Nations system (particularly WHO and UNAIDS) will join other development assistance organizations in supporting the operation of the Fund through offering technical expertise at global and country levels. WHO will be contracted to provide administrative support for operation of the secretariat. Located in Geneva, the Fund is registered as a Foundation under Swiss law. The World Bank is the Trustee of the Fund.

EVENTS IN 2002: INTERNATIONAL CONFERENCE ON FINANCING FOR DEVELOPMENT

The work of the Commission on Macroeconomics and Health and experience gained in the development of the Global Fund were significant contributions to preparations for the International Conference on Financing for Development and the World Summit on Sustainable Development, both of which were key contributors to ensuring a sustainable flow of resources for better health.

The International Conference on Financing for Development addressed the problems of development in a comprehensive way. It examined how public, private, domestic and international resources could be brought to bear most effectively on achieving the Millennium Development Goals. The work of the Commission on Macroeconomics and Health helps to quantify investments for specific health interventions, in terms both of the divide between domestic and external resources and of direct country support and increased funding for global public goods.

EVENTS IN 2002: WORLD SUMMIT ON SUSTAINABLE DEVELOPMENT

There was a growing consensus that health needed to play a more prominent role in the World Summit on Sustainable Development than it did at the Conference on Environment and Development (Rio de Janeiro, Brazil, 1992). A major concern of the Summit, which took place in Johannesburg, South Africa, from 26 August to 4 September 2002, was to find ways of tackling obstacles to the implementation of Agenda 21, the plan of action adopted at the Conference. These included integrating trade, investment and finance issues into action for sustainable development and addressing the causes of growing poverty and inequalities.

Globalization and poverty reduction figured prominently at the Summit. Specific conference themes included such issues as management of natural resources (e.g. fresh water), climate change, agriculture and food security, natural disasters, energy, trade, investment, and governance. HIV/AIDS was an important theme in its own right.

The Summit examined the case that health is central to the overall development process: health plays an integrating role, relevant to the social, economic and environmental dimensions of sustainable development. Secondly, the Summit declarations also demonstrated the more specific role of health in relation to the key themes of the Summit.

STEWARDSHIP OF HEALTH SYSTEMS

Scaling up health outcomes, and promoting health equity, calls for effective action through a health system that involves a range of providers. In most countries people use elements of the health system that depend on private (both for-profit and not-for-profit) providers as well as the services provided by the State. Effective stewardship means harnessing the energies of the private and voluntary sectors to contribute to the purpose of the whole health system—and thus to national health policy.

Stewardship is concerned with the oversight of the entire system. The practice of stewardship includes examination of health system performance and determining ways in which it can be improved. It means setting clear directions based on evidence and an agreed set of values. And it means providing leadership, and taking responsibility, but in ways that encourage

joint action without there being an automatic assumption that any one interested party directs what others do. Instead it means being able to manage and encourage a wide number of partners and collaborators in a way that all contribute optimally to a common purpose.

The importance of the stewardship of investments in health, by well-informed and responsive governments, is critical. This means governments taking responsibility for the careful management of resources that are used to promote the well being of an entire population. An emphasis on effectiveness and equity is the essence of good government. This means agreeing on priorities using local data and evidence about best practices.

Public health professionals seek to ensure the proper stewardship of resources for health. They will wish to ensure that they are adequate for the tasks expected, that they are wisely used, and that their impact is properly monitored. The challenge is to incorporate such skills in the stewardship of the range of resources and capacities that make up local and national health systems—and to do this in ways that permit the scaling up of effective health action.

INCREASING THE IMPACT OF DEVELOPMENT ASSISTANCE FOR HEALTH

As indicated above, the Report of the Commission on Macroeconomics and Health provides data and analysis which confirms that a significant scaling up of investments in health for the world's poor will not only save millions of lives but will also produce enormous economic gains.

The Commissioners argue for increased developing country domestic health spending and a massive increase in development assistance. They call for greatly improved access to effective services that offer a basic package of essential health interventions to all who need them, particularly poor people. They propose a focus on “close to the client” (CTC) services, a strong scientific basis for all development assistance for health, and the independent technical review of proposals for development assistance.

The Commissioners support the principles that underlie the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria, arguing that it is only through being explicit about the linkage of grants (of funds) to results (in terms of health impact) that we can expect to see the necessary

dramatic increases in development assistance for health. So, the achievement of demonstrable impact in the world's poorest societies in ways that promote the sustained development of national health systems is seen as an essential outcome. The challenge is to make this happen.

GLOBAL PUBLIC GOODS

Global Public Goods are those public goods that are needed for global consumption because their use and benefits are beyond local or national boundaries. They are singled out for particular attention because if they are supplied within individual nations through markets, the level of supply is insufficient for the achievement of the optimal global benefit. Many diseases—particularly those which are infectious, or result from environmental, food or water contamination—have implications for the public that extend beyond the populations where they are most frequently reported.

Efforts to tackle conditions with such global implications may require investment far beyond the means of any single government and its national programmes. A successful effort would, however, be defined as a “Global Public Good” and this could be used as a justification for significant additional investments over and above those considered appropriate in the local setting. This is the justification for proceeding with efforts to eradicate polio even in settings where the polio campaign is seen as low priority—polio eradication represents a sizeable Global Public Good.

The members of the Commission on Macroeconomics and Health identify the production of new knowledge, especially through investments in research and development (R&D), as some of the most important global goods. The challenge is to establish the right combination of advocacy, incentives and explicit rewards for investment in Global Public Goods for Health—especially those with an uncertain outcome such as research initiatives. A combination of scientific evidence, market intelligence, pragmatism and good fortune may be required to secure the right portfolio when considering options for investing in Global Public Goods for Health.

ACCESS TO MEDICINES

There has been much progress on the potential for increasing access to medicines of acceptable quality through affordable health systems. At

the WTO Ministerial meeting on Trade in Doha there was consensus that trade agreements “can and should be interpreted and implemented in a manner . . . to protect public health and, in particular, promote access to medicines for all.” The world trading partners arrived at a clearer understanding of the issue of access to medicines. This is an accelerating trend.

The WHO Model List of Essential Drugs is a guide for the development of national and institutional essential medicine lists. Most countries have national lists and some have provincial or state lists as well. Every two years since 1977, the Model List has been updated by the WHO Expert Committee on the Use of Essential Drugs.

The challenge is to ensure that basic health services can offer both the essential elements of basic health services that people need, and commodities, medicines and other support that are necessary for this care to be effective. Meeting that challenge means ensuring that people can access the medicines, which are essential given the conditions that they face.

CONCLUSIONS

Throughout the world, national governments, private groups, NGOs, academics and the international agencies are involved in the strengthening of health systems. The challenge, now, is to scale interventions up so that they respond properly to people’s political and humanitarian expectations, as well as to the commitments to better health outcomes made by World Leaders.

II. SUMMARY OF THE ROUNDTABLE ON HEALTH AND DEVELOPMENT

During Spring 2002, three Roundtables were organized in preparation for the high-level segment of ECOSOC on “The contribution of human resources development, including health and education, to the process of development.” The first Roundtable was held on 5 February 2002 on the topic of “Health and Development. The objective of this roundtable was to provide an opportunity for a group of political leaders, activists, scientists, technical experts, diplomats, the media, representatives of non-

governmental organizations (NGOs) and national governments to come together to brainstorm on how to strengthen health systems.¹⁰

The Roundtable was animated by a lively exchange of views on a number of issues, including stewardship of health systems, increasing the impact of development assistance for health, the nature of global public goods in health and access to medicines. The issue of resources elicited the most passionate interventions. In this connection, most participants agreed that the outcome of the International Conference on Financing Development was critical if progress is to be made in scaling up good practices and meeting the Millennium Development Goals (MDGs) in health. It was noted however, that there is an absence of social imperatives in the Monterrey Consensus and that it does not mention HIV/AIDS in the context of poverty eradication. While noting that the Monterrey Conference was about mobilizing resources for development, it was agreed that its follow-up should more directly address social issues.

Health is both a means and end to development and a fundamental parameter for well-being. Investment in health is one of the most important means to reduce poverty and foster development, however, the current level of investment in health is not sufficient. It was agreed that in order

10. The Roundtable was held by the President of the Council, Ambassador Ivan Šimonović of Croatia and chaired by Dr. Gro Harlem Brundtland, Director General of the World Health Organization (WHO). Dr. Brundtland was joined by Ms. Carol Bellamy, Ms. Thoraya Obaid and Dr. Peter Piot, Executive Directors of the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), respectively. Participants from capitals included Dr. E. Borst-Eilers and Dr. Ahmed Bilal Osman, the Ministers of Health of the Netherlands and Sudan, Dr. Eve Slater, the US Assistant-Secretary of Health and Human Services and Dr. A. Ntsaluba and Ms. M. Abel, the Directors General of Public Health of South Africa and Vanuatu. Foundations, NGOs and academia were represented by: Mr. Gordon Conway, President of the Rockefeller Foundation, Mr. Charles McCormack, President of Save the Children Fund/USA, Dr. Victoria Sharp, President of Médecins du Monde/USA, Mr. Nils Dulaire, President of the Global Health Council and Dr. Jo Ivey Bufford, Dean of the Wagner School of Public Service of New York University. Mr. Stephen Lewis, the Special Envoy of the Secretary-General on HIV/AIDS in Africa and Ms. Angela E.V. King, Special Adviser on Gender Issues and Advancement of Women, represented the Secretariat. A number of ECOSOC Ambassadors or their deputies joined the discussion.

to meet the Millennium Development Goals in health the following are needed: massive investment in health for a scale-up of health interventions to increase impact; a focus on the poorest and most vulnerable; and more public-private partnerships. The roundtable called for cross-sectoral approaches to health that would address education, human rights, gender inequalities, peace and security, food security, sanitation and broader poverty eradication initiatives.

The Roundtable pointed out that several factors were missing for adequate changes to take place. First of all, there is a considerable lack of implementers: those responsible for the execution of reports, decision-makers, medical professors, nurses, etc. Secondly, there is a gap between the allocation and health systems, and thirdly, there is no global labour market.

When developing effective, fair and responsive health systems the Roundtable proposed that the following factors be considered: the effective and transparent stewardship of health systems at the national level to increase the impact of health interventions in the context of limited resources; building human resources planning and institution strengthening activities into all health interventions to improve sustainability and strengthen health systems; improved cooperation between all stakeholders; continued international cooperation to reduce prices of lifesaving medicines and equipment; and the need to ensure all people access to medicines, diagnostics and other commodities needed for health.

Also, it would be necessary to identify strategies to fit specific country contexts and to build the necessary policy, institutional and technical capacity in countries to implement measures that are known to work and to take measures to address the brain drain in the health sector of developing countries. A number of internationally set goals in the area of health need to be implemented on country-level. These goals are cost-effectiveness, feasibility, population-based interaction, universal coverage of known preventive intervention, timely use of effective, curative intervention.

The access of developing countries to financial resources was stressed. In this context, the role of the international community was emphasized, as was the participation of national communities. The Roundtable called for greater interaction among the international community and the mobilization of different resources available which could be used towards solving health issues. The establishment of funds to combat diseases had to be

explored in depth. Current healthcare systems needed to be strengthened with more capital investments and personnel, better equipment and infrastructure. The roundtable called for governments to take greater responsibility in priority-setting and argued for a re-thinking of the roles of Ministries of Health and the building of strong health authorities. If serious about addressing the issue of health, governments should cooperate with representatives from both medical and educational profession, it was encouraged. The implications of the corporate labour market needed rethinking and human resources issues needed be addressed in all their dimensions.

The roundtable discussion identified HIV/AIDS, tuberculosis and malaria as global health priorities. More than five and a half million lives are lost every year to these diseases alone. Other global health priorities include maternal and child conditions, reproductive ill health, injuries and the health consequences of tobacco. Fighting HIV/AIDS and other diseases, as set out in the Millennium Development Goals, would require that the health sector be reformed, it was pointed out

The year 2001 was a breakthrough in the global response to HIV/AIDS, both at the political and country levels. The UN General Assembly had held a special session on HIV/AIDS, and at the regional level there had been a number of meetings and fora on the subject. At the country level there had also been a significant progress, it was noted

The roundtable emphasized that a multi-sectoral approach is fundamental to combat HIV/AIDS. Both personal and institutional reforms at the community and household levels are needed and good partnerships are essential. Within the next five years, resources need to be tripled to attend to increasing demands. HIV/AIDS had a strong relation to work, it was stressed. The disease usually affected people who are in the most productive periods of their lives, challenging the realization of proper work. It undermined societies by destroying those who help society, which is why investments in human resources are needed. Longer-term investments must be made in order to increase capacity and train more teachers, nurses, etc. to compensate for those who die. In this context the Roundtable proposed that four key issues are considered:

- Human rights: because of its implications, AIDS is a cause for violation of human rights;

- Employment: in order to achieve economic growth and social development the productive population needed to be as healthy as possible;
- Social protection: a minimum social protection system (pensions, health care, schooling) needed not only to be established, but also ensured;
- Social dialogue: dialogue and partnership between governments, workers and employers, as well as between the infected persons and the community was needed to combat the disease.

The roundtable also called for more efforts to be made to combat malaria, by for example making malaria medicaments more affordable.

The roundtable highlighted the importance of gender. In any successful approach to health, gender-based differences need to be addressed explicitly at institutional, as well as individual and household levels. Women remain under-represented as policy-and decision-makers, and as educators in many segments of the health sector. Inequality in access to training and education is one cause. This contributes to reduced access to resources and a lack of attention to women's health needs and priorities. The information collected and the findings generated are often inadequate for the implementation of gender-sensitive policies. There is considerable evidence that women and girls experience gender related constraints in their access to health services. Policy and strategy development at global and national levels must be based on a "bottom-up" approach that draws on lessons from the ground. Furthermore, there is need to understand that human rights, dignity and values can and should be incorporated in the health and education systems.

Community mobilization and political will were seen to be key factors for improving health. The roundtable emphasized the importance of establishing effective and broad partnerships between organizations, institutions and governments to improve the health sector across nations. The knowledge and sophistication of people at the community level and the considerable number of capacities available was recognized as impressive. If everybody was as involved as was demonstrated at the community level, a great step forward in improving the health sector could be achieved.

PAPERS AND GOOD PRACTICES ON HEALTH AND DEVELOPMENT

Dr. Gro Harlem Brundtland, Director-General of WHO

Fifteen years ago I chaired the World Commission on Environment and Development. That Commission's report, "Our Common Future", placed people firmly at the centre of development.

The Goals for global development agreed at the Millennium Summit remind us of the work, which lies ahead. The children, the women and the men who make up the poorest half of our world's population must now come to the centre of international attention.

The recent report by the Commission on Macroeconomics and Health, chaired by Professor Jeffrey Sachs, shows that if world leaders are serious about reducing poverty and fostering development, they have to invest in health. And, in its report, the Commission showed how health investments could be managed in order to achieve the best results. There is simply no way for poor countries to emerge from poverty if their people remain trapped by an enormous disease burden. The new Global Fund on AIDS, Tuberculosis and Malaria gives us a new mechanism to really start scaling up to another level of investment.

The impact of ill health on individuals, and on their societies, can be measured by estimating the number of years of healthy life they lose as a result of illness. Added up, the total number of healthy life years lost as a result of illness can be described as the "disease burden".

A study of the Global figures shows that three diseases: HIV/AIDS, tuberculosis (TB) and malaria are overwhelmingly important. Maternal and child conditions, reproductive ill health, injuries and the health consequences of tobacco, are also global health priorities. Any serious attempt to reduce the disease burden faced by the world's poorest people must concentrate on all of these conditions. Any serious attempt to stimulate global economic and social development, and so to promote human security, must be successful in addressing the burdens caused by AIDS, malaria and TB.

For example, if we reach the Millennium Goals to halve TB and malaria mortality, and significantly reduce new HIV infections within the next 15 years, will make a massive difference to the prospects of poor populations,

particularly in Africa. Unless this happens, Africa will face unprecedented economic and social devastation.

Of the burden caused by the three diseases, HIV/AIDS makes up just over half, both in terms of healthy life years lost, and mortality. Malaria and TB share the rest on a roughly equal basis. It means that more than 90 million healthy life years are lost to HIV each year, 40 million to malaria and nearly 36 million to TB. More than five and a half million lives are lost every year to the three diseases alone.

If we look in different regions, we see substantial differences. The AIDS problem is overwhelming in Africa, but malaria is also dominating. TB is predominantly linked to the large prevalence of AIDS. In South-East Asia, East Asia and the Pacific and the Americas TB plays a much more important role, while malaria is a much smaller problem. AIDS, of course, is a considerable factor in all regions.

Africa stands out both in absolute and relative terms with its share of the global burden of these three diseases. More than three quarters of AIDS deaths are found in Sub-Saharan Africa, 90 per cent of malaria deaths and 22 per cent of TB deaths, despite the fact that Sub-Saharan Africa contains just over ten per cent of the global population. South and Southeast Asia is the second largest area of disease. Seen in relation to its large population, East Asia's burden is less extreme, although still significant. The Caribbean's AIDS situation compares with that of Africa's. It needs special attention within the Americas region.

The Commissioners' report argues convincingly for a comprehensive, global approach to development assistance, which underlines the need for investments towards concrete goals within specific time-frames. I believe it will strongly influence how development assistance is prioritized and coordinated—for health, but also beyond.

It is, in fact, the first detailed costing made of the resources needed to reach key goals set in the Millennium Declaration, and in this respect, it provides lessons for the costing of some of the other goals of the Declaration.

The 2002 World Economic Forum provided an excellent opportunity for Heads of State and Ministers from developing countries, Ministers from countries offering international development assistance, together with senior executives of private corporations and NGOs, to focus on the Millennium Development Goals and the implications of the Report of the Commission

on Macroeconomics and Health. Many of the Forum's participants realized the importance of making existing health interventions more widely available and thus scaling up our collective response to global ill-health. They saw that this called for a coordinated effort that involves a range of sectors, and several companies CEOs committed themselves to intensified efforts.

I look forward to a rich and formative discussion on how we can best support the different interested parties that seek to scale up their collective action for health in this new kind of ECOSOC gathering. We know that many of them do not come from the formal health sector—this increasing commitment is inspiring but it also presents us with many challenges.

Most of the effort will be undertaken within developing countries as they seek ways to increase their own investments in health and make the best use of development assistance. At the same time, they have to make difficult decisions on trade and on priorities in other non-health sectors that may have a bearing on health outcomes, with the support of the United Nations system.

Indeed, we who work in the inter-governmental system have an important role in supporting and facilitating such processes. Together we must make available the knowledge, the information and the expertise necessary to help all countries to make the right decisions. At the same time, we must ensure that development assistance is effectively used to support country action.

Additional resources are vital. But if they are to be used effectively, we must catalyze new partnerships that harness the energy and creativity of the private sector and civil society in the search for health solutions. This brings me to the four themes of today's meeting.

The first is the effective stewardship of health systems, in ways that enable different interested parties to make an optimal contribution. There is no substitute for informed and enlightened stewardship by all committed to development action.

The second is the need for all parties—the United Nations system and international organizations, working with national governments and civil society—to work better together to increase the impact of the limited development assistance that is available.

The third is the need for continued international cooperation to reduce prices on lifesaving medicines and equipment and to ensure new research.

This knowledge, and the products resulting from its application, represents global public goods.

The fourth is to focus on the complex issue of ensuring that all people are able to access the medicines, diagnostics and other commodities they need for good health.

Dr. Ahmed Bilal Osman, Federal Minister of Health of Sudan

It is well known that the period of the past quarter of a century has been characterized by unprecedented increases in the rates of economic growth for the world economy taken as a whole. It is, however, generally accepted that this growth has been very unevenly distributed both within and across nations. In the developing world, only a few countries have been able to attain growth that has brought substantial benefits to the poor. In the great majority of countries, not only has growth failed to bring about any tangible improvement in the living standards of the poor, but has often led to their absolute impoverishment. This situation, which was accompanied with rising cost of health services, has created a financial gap in the health sector of most countries. This has led to a real problem for distribution of health services. The distribution of health services in most of the countries today only benefit those who have money to buy these resources and live near medical centers, mainly in larger cities. Those who are poor, and especially rural poor, have little benefit from health services.

To remedy this situation there is a great need to bring health into the top of the policy-making agenda. Redefinition of health should be the first step towards achieving this goal. Health should be redefined from the old notion of absence of disease and the more recent idealistic definition as a state of complete physical, mental and social well-being. Health should be looked at as a capacity or resource, which corresponds more to the notion of being able to pursue one's goals, to acquire skills and education, and to develop. This broader notion of health not only recognizes the range of social, economic and physical environmental factors that contribute to health, but also gives health a central role as an essential prerequisite for economic development. The central position of human resource development in the overall process of development of societies is also well known. In the health sector, human resources need to be developed, not only in terms of increasing the number of human resources, taking into consider-

ation that indicators for human resources in almost all of the developing countries are below the accepted rate, but also in terms of capacity and skills. This is also complicated by the problem of mal-distribution of the health cadre. In many countries, in spite of the fact that rural needs are overwhelming, most of the doctors and the majority of other health personnel are located in the larger cities. Moreover, the quality of health services is below the expectations of most societies. Therefore, there is a need for a fundamental reorientation of health services and health manpower development to meet present and foreseeable future community needs. This reorientation should emphasize the need to: a) benefit the users rather than the providers of health services; b) conserve scarce physical and human resources; c) provide health promotion and prevention rather than sophisticated disease interventions alone; and d) meet the needs of those at present receiving little or no health care at all.

Another point deserving discussion is the lack of coordination between responsible health services and those responsible for education of health personnel. In most cases educational institutions have been set up independently from the authorities who are responsible for health care. This perceived autonomy has become an "acquired right" to be defended, and it is sometimes misinterpreted to mean isolation from participation in solving community problems. In the same manner health services have been developed separately from educational institutions and often remain uncoordinated. To solve this, true coordination mechanisms need to be set. True coordination entails an intimate partnership and sharing of responsibilities.

The third point, which merits attention, is the need for a clear policy and planning framework for human resource development. This policy should rely on information on the population's true health needs. It should also be related to the socioeconomic and cultural characteristics of societies.

In this world of scarce resources, it is very important to maximize the outcome of these resources, and to utilize them better. It is the developing countries that suffer from this problem of scarce resources. Besides, they carry the burden of 90 per cent of the global burden of the diseases; it is these countries whose health systems are in greatest disarray. While a significant magnitude of the problems of health systems can be attributed to budget constraints, poor governance practices are also responsible. In responding to this problem, the tendency has been to treat the symptoms of

the problem rather than its sources. In order to address the issue of health services it will be necessary to take a much broader approach by developing good stewardship system in the field of health, thus enabling the active participation of those concerned in the formulation and development of policies, programmes and practices. Wide-ranging collaboration should involve a broad range of actors including government, the private sector, non-governmental organizations, civil society, and health services users and providers.

Health development is a part of overall socio economic development and does not depend only on the activities of the health sector alone. Individuals and groups associated within other sectors should also be involved in managing the health sector. It is now clear that while much of the action to improve the health status of population lies outside the direct control of the health sector, this sector can support health policies through broad participation and multi-sectoral collaboration. And while the responsibility of ensuring good stewardship of health systems often appears to fall on the Ministry of Health, it must be emphasized that this Ministry is often one of several active participants in the promotion of health issues. While the Ministry of Health ultimately determines health policy, it relies often on the involvement and expertise of other groups in developing and implementing policies and in the provision of services. Collaboration between these groups should be based on accountability and transparency in the decision-making process, decentralization and delegation of authority, and instilling in all concerned a sense of ownership in the process.

Overall global changes and challenges, including recent movement towards globalization, as well as advances in health technology and communication and macroeconomic reform have all broad effects on the state of health. It is generally accepted that public health interest includes access to new technological developments. Thus, it is important to ensure transparency with respect to research and development expenditures, clinical value of new innovations, and protection of national resources. In this context two major issues need to be discussed: the pricing of new drugs and the mechanisms for legal framework, in efforts to ensure that health programmes of developing countries are least affected. The issue of patents in new drugs and how patents are likely to affect efficacy and safety should also be addressed.

To achieve recommended changes, governments should take the leading role. Concerned United Nations' agencies also have a central role to play in supporting the efforts of developing countries to achieve sustainable development. Similarly, the United Nations role in ensuring that globalization becomes a positive force for all is indispensable. The technical experiences available within United Nations agencies will be widely instrumental in shaping global policies for human resource development in the field of health, and in providing formulations for the implementation of relevant policies in the world. The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria should be an important tool in the alleviation of the suffering of many people in developing countries. The release of this fund should be closely planned with health authorities of these countries.

***Ms. Angela E.V. King, UN Special Advisor on Gender Issues
and Advancement of Women***

A discussion of health and human resource development would be incomplete if we do not look at the different realities of those billion people mentioned in the issues paper who entered the 21st century without having benefited from the health revolution. I refer to the gender-based inequalities with which women and health have to contend, in addition to constraints associated with social class, race and ethnicity, and age.

While the Millennium Declaration established a number of goals related to development, poverty eradication and health, Heads of State and Government also resolved to "promote gender equality and the empowerment of women as effective ways to combat poverty, hunger and disease".

Gender-based differences need to be addressed explicitly at institutional, as well as individual and household levels, in any successful approach to health. Health systems must respond appropriately to ensure that wider societal patterns of discrimination and disadvantage that shape the opportunities, resources and options available to individual women and men are not perpetuated in health systems. An expert group meeting on mainstreaming the gender perspective into the health sector, organized in 1998 in Tunisia by the Division for the Advancement of Women in cooperation with WHO, UNFPA and the Commonwealth Secretariat put forward a series of recommendations on how this can be achieved. Section III of the report that emanated from that meeting drew up a feasible

framework for designing national health policies that integrate gender perspectives. Copies of the report are available in the room.

Existing social and economic inequalities mean that in many countries, women have difficulty in acquiring the basic necessities for a healthy life. This process begins in childhood, with girls in many cultures being less valued than boys, and continues into later life, where “caring work” predominantly performed by women is given lower status and fewer rewards.

Women remain under-represented as policy- and decision-makers, and as educators in many segments of the health sector. Inequality in access to training and education is one cause. This under-representation contributes to reduced access to resources and a lack of attention to women’s health needs and priorities. Large parts of health-related research continue to be carried out within the biomedical tradition and are not gender sensitive. As a result, the information collected and the findings generated are often inadequate for the implementation of gender-sensitive policies.

Concerns have been raised about gender bias with regard to access to medical care and the quality of care received. There is considerable evidence that women and girls experience gender-related constraints in their access to health services, with the poorest women being particularly affected. The obstacles they face include lack of culturally appropriate care, inadequate resources, lack of transport, stigma and sometimes the refusal of the husband or other family members to permit them access. The quality of care women receive is often inferior to that of men. Too many women report that their experiences are distressing and demeaning. The gender bias and superiority stance of medical and health professionals of both sexes too often intimidate women, giving them no voice in decisions about their own bodies and their own health.

The mainstreaming of gender perspectives is therefore vital at every stage of the policy process, from formulation, planning, delivery and implementation to monitoring and evaluation. Lack of awareness, or “gender blindness”, on the part of policy makers and planners frequently leads to gender bias in decision-making, including in health budgets. The latter by the way can be a very useful tool in ensuring the implementation of one of the four themes: increasing the impact of official development assistance (ODA).

In the context of health sector reform and development, and the growing diversification of the provision of care, equal access to care for women

needs to be addressed. Occupational segregation and discrimination as they exist in the health sector with regard to pay, working conditions and training need to be eliminated. Clients themselves, women and health advocates, including non-governmental organizations, need to be more involved in the design, implementation and evaluation of all services, as well as in the development of strategies related to women's health. Policy and strategy development at global and national levels must be based on a "bottom-up" approach that draws on lessons from the ground. Greater efforts are also needed to tackle women's health needs in a comprehensive manner that includes particular attention to, but is not limited to, women's reproductive health.

Stewardship for health systems, and thus for effective change in how societies provide health care, must therefore include concrete steps to remove the biases and obstacles women encounter and ensure responsiveness of health systems to their health needs and realities. As the Commission on Macroeconomics and Health has demonstrated, improved health is a prerequisite for economic development in poor societies. Efforts for scaling up investments in health for the world's poor require a sound understanding of the gender perspectives in relation to poverty and health so that effective actions can be identified. An integral part of such efforts should be human resources development and education that is gender-sensitive and that aims at enhancing the capacity of providers—doctors, nurses, trainers and advocates—to serve the needs of all clients.

"GOOD PRACTICES IN HEALTH SYSTEMS"

Mr. Orwill Adams, Director of Health Service Provision of Who

There are two major challenges for developing effective, fair and responsive health systems. The first is to identify strategies that will work in specific country contexts. This work involves generation of a strong evidence base. The second challenge is to build the necessary policy, institutional and technical capacity in countries to implement measures that are known to work. This requires advocacy, capacity building and technical support.

There are a number of examples of good practices in health systems that have proven effective in different countries. It should be underscored that these examples are very context-specific, and their successes may not

be replicable in another place at another time. Some of these good practices include:

- Improving financial access for the poor and socially vulnerable, and reducing catastrophic health care costs for the population;
- Efficient allocation of resources to achieve more health gain, especially for the poor;
- Effective targeting of the poor;
- Increasing the technical efficiency of the system to mobilize internal resources;
- Improving the organization of service delivery and strengthening quality assurance mechanisms;
- Fostering effective public–private partnerships;
- Sector-wide approaches and broader intersectoral actions.

Some of the effective strategies for improving financial access and reducing catastrophic expenditures include the creation of large national or subnational risk pools; increasing the proportion of prepayments in health care finance; reduction of user fees; and direct or indirect subsidization of the poor.

In 1993, Colombia enacted a Universal Health Insurance Law. The law introduced demand subsidies for those unable to afford health insurance. As a result, insurance coverage in the lowest two income quintiles increased from 8% to 57%, and from 30% to 67% in the highest two quintiles. In five years medical consultations rose by 214% and hospital discharge by 40%.¹¹

Abolishing user fees for primary care services in public sector in South Africa significantly increased utilization of services by the poor. The Low Income Card scheme (LIC) in Thailand entitled 20% of the population to free health care in the public sector. Within nine years

11. Savedoff, WD. Reaching the poor through demand subsidies: the Colombian health reform. A discussion paper. SDS/SOC Health Note 101. Washington, DC, Inter-American Development Bank, June 2000

after the scheme was introduced, 80% of the target population were covered.¹²

Efficient allocation of resources and targeting of the poor can be achieved by increasing investments in interventions that produce significant health gain for the poor; targeting diseases of the poor; geographical redistribution of resources to subsidize poor districts; and redistribution of resources to lower levels of the health system hierarchy.

In the 1980s and 1990s, equalization of resource distribution in Chile resulted in a tenfold increase in resources per capita in very poor municipalities.

In 1997 Mexico adopted an antipoverty welfare programme, PROGRESA. The programme provided substantial financial incentives to poor families to use health care interventions that could produce a significant health gain. Within one year, the programme achieved 23% reduction in morbidity among children.¹³

In 1996/97, by introducing a National Minimum Health Care Package (UNMHCP) Uganda managed to ensure universal access to treatment of the diseases that predominantly affect the poor and constitute 75% of the total national burden of disease.¹⁴

The rationale for increased efficiency in health systems is to redistribute efficiency gains for greater equity. Efficiency-producing strategies in health systems include: introduction of competition among providers and provider–purchaser split; reduction of inefficiency of provider behaviour through payment mechanisms; increasing the productivity of inputs; and improving the quality of investment decisions.

The health system rationalization plan initiated in Moldova in 1998 succeeded in halving the number of hospital beds and transferring more

12. Report on WHO study of national health policy and poverty reduction policies. Geneva, WHO 2001 (draft unpublished document, HSD/SDE/WHO)

13. Bolis M, ed. *Access to health services under NAFTA*. Washington, DC, Pan American Health Organization, 1999

14. Tarimo E. *Essential health service packages: uses, abuse, and future directions*. Geneva, World Health Organization, 1997 (unpublished document WHO/ARA/CC/97.7).

funds to primary health care. Introduction of a negative list of pharmaceuticals reduced the rate of prescribing by about 300,000 prescriptions per month.¹⁵

A capitation payment scheme in Argentina and Nicaragua succeeded in containing overall health spending, promoting greater use of primary care and reducing expensive inpatient procedures and length of hospital stay.¹⁶

Improvement of the quality of care and provider performance can be achieved by: effective quality assurance mechanisms; alignment of levels of decentralization, accountability, and financial and non-financial incentives; achievement of an optimal degree of integration; balanced distribution of human and physical resources; fostering public-private partnerships; etc.

Romania has managed to improve the supply of pharmaceuticals in rural areas by offering a new set of financial and non-financial incentives to young pharmacists.¹⁷

Integration of mother and child health services in Tanzania proved effective in increasing patient satisfaction and efficiency of health care providers.¹⁸

In Uganda, contracting out hospital services to NGOs resulted in the reduction of user fees and increased utilization, especially for vulnerable groups and children.¹⁹

Zambia has raised the morale of health workers and improved the availability of essential supplies at health care facilities by devolution of resources and increasing staff autonomy.²⁰

15. Saltman RB, Figueras J, Sakellarides C, eds. *Critical challenges for health care reform in Europe*. Philadelphia, Open University Press, 1998.

16. McPake B. Financing. In: Janovsky K, ed. *Health policy and system development*. Geneva, World Health Organization, 1996.

17. See footnote 5

18. Sikosana PLN, Dlamini QQD, Issakov A. *Health sector reform in sub-Saharan Africa. A review of experiences, information gaps and research needs*. Geneva, World Health Organization, 1997.

19. Bennett S, Ngalande-Banda E, Teglgard O. *Public and private roles in health. A review and analysis of experience in sub-Saharan Africa*. Geneva, World Health Organization, 1994.

20. See footnote 7

Many internal and external actors are involved in the process of health system development. Health system changes often require multisectoral actions in order to be sustainable and effective. Strong stewardship is necessary in order to apply comprehensive approaches to health system development and ensure intersectoral cooperation.

A number of countries have been quite successful in these efforts. For example, in Mozambique and Uganda, Sector-Wide Approaches (SWAPs) resulted in effective coordination of donor activities and integration of health and poverty-reduction efforts.²¹

In order to derive more general benefit from these examples and others, evidence of the underlying factors that contribute to making them good practices must be collected, analyzed and debated.

**“MAKING A DIFFERENCE—REACHING THE MILLENNIUM
DEVELOPMENT GOALS FOR HEALTH”**

***Mr. Yves Bergevin, Director of Health Section, Programme
Division of United Nations Children’s Fund (UNICEF)***

There has been a significant improvement in the health area in the last decade. In general, there has been much progress in the reduction of under-five mortality rate (U5MR), in polio eradication and in iodine deficiency. Unfortunately, however, the situation has not become better in Sub-Saharan Africa.

One positive example is Bangladesh, where there is a significant decrease while the GDP is slightly less than USD 400 per capita. This shows that a lot can be done even in countries with disparities.

Very high in Sub-Saharan Africa and South Asia, maternal mortality ratio varies among countries and within countries. It is also very diversified between the developed and the developing countries. General progress has been reversed due to HIV/AIDS and epidemic diseases. There has been quite an improvement as far as immunization is concerned. The situation was satisfactory until 1990, however, it has not improved since then.

The following goals are set internationally, but they have to be implemented in particular countries. They include: cost-effectiveness, feasibility,

21. Foster M, Brown A, Conway T. *Sector-wide approaches for health development. A review of experiences*. Geneva, World Health Organization, 2000.

population-based interaction, universal coverage of known preventive intervention, timely use of effective, curative intervention. We need to reduce infant and under-five mortality and also reduce malnutrition by one-third. What is urgent is total planning. There are quite a few intervention programs, but they don't reach everybody. What is most difficult to deliver is the curative response, especially for children under five. If children are healthy through their initial years of life they will remain healthy and productive.

In general, the results are good. However, we have to deal with recent reversals against the good results. The real impediments in implementing these projects lack political will and appropriate distribution of resources.

III. THE HIV/AIDS CRISIS

“THE DEVASTATING IMPACT OF HIV/AIDS”
Prof. Jeffrey Sachs, Director of Columbia University
Earth Institute²²

The HIV/AIDS was at the centre of deliberations on health and there was need for extensive discussions on this topic. On 1 May 2002 the United Nations Economic and Social Council was briefed on HIV/AIDS by Professor Jeffrey Sachs, Director of the Center for International Development of Harvard University and the Special Adviser to the Secretary General on the Millennium Development Goals, as part of preparations for the 2002 ECOSOC High-Level Segment. Professor Sachs said that beyond the very grave impact on human lives and entire populations, HIV/AIDS had devastating consequences for economic development in developing and transition countries. This was particularly true in Africa, which accounts for 75 per cent of people world-wide living with HIV/AIDS. He urged a dramatic scaling-up of access of the world's poor to adequate HIV/AIDS prevention and treatment regimes as a matter of priority for rich and poor countries alike.

“There has been shockingly low investment by rich countries in HIV/AIDS affected countries”, Professor Sachs said and pointed out that “with-

22. A web cast of the briefing can be accessed on the United Nations web site (www.un.org/webcast)

out money it is impossible to fight the disease". Professor Sachs stressed that since market forces responded to the imperatives of profit, they *could not* and *would not* take care of the health needs of poor countries. The fact that the bulk of research and development focussed on the diseases prevalent in rich countries rather than those that kill the most people and retard development in most of the world. The total biomedical research of the public and private sectors is estimated to be around \$60 billion per year. Research outlays for malaria, which is mainly a developing world disease, are only around \$100 million per year. Because of the relative insensitivity of the market to health needs of the poor, development assistance for prevention, testing and treatment of HIV/AIDS is *indispensable*. The empirical evidence shows that even with appropriate policies and domestic mobilization of resources, poor countries cannot alone reach the minimum amount required to maintain minimal health standards.

The needs to be addressed by the recently created Global Fund to Fight AIDS, Tuberculosis and Malaria far exceeded its resources. According to UN estimates, USD eight billion is needed to efficiently combat HIV/AIDS—an amount which is expected to rise to USD 15 billion by 2007. So far the Fund has received in pledges only one-tenth of the amount required. He noted that world military expenditure per year was USD 800 billion compared to the USD 25 billion estimated by the WHO report of the Commission on Macroeconomics and Health required for global public health needs. Professor Sachs said that timely and bold action could save eight million lives per year. The cost of intervention to stop the spread of the disease was much less than what would be required to deal with its economic consequences. Professor Sachs invited countries to submit new projects to the second round of proposals for the Fund to be considered during Summer 2002 and suggested that UN agencies assist countries to in the preparation of their proposals. UN agencies could also help countries to manage, monitor and evaluate HIV/AIDS projects more efficiently.

Professor Sachs acknowledged that there was a new spirit of international cooperation since the International Conference on Financing for Development held from 18–22 March 2002 in Monterrey, Mexico, but he characterized this as *fragile*. He expressed the hope that this spirit translated into specific targets for the Children's Summit, the World Food Summit and the World Summit on Sustainable Development to support the goals already agreed to by the Heads of State and Government at the Millennium Summit.

Professor Sachs also spoke of the risks in Asia and the transition countries, which could see their development undermined by their inaction on halting the spread of HIV/AIDS. The prospects for stopping the spread of the HIV/AIDS were quite positive since, unlike during the Black Plague of the Middle Ages, the world now has the technology to effectively fight it. Currently, the combination drug therapies are very effective in prolonging life, if taken reliably, (although there is the danger of drug resistance.) There are some promising scientific leads for prevention and a number of vaccine trials are under way at Merck and at Harvard and Oxford Universities with funding from the Gates Foundation.

That public health has to take precedence over intellectual property rights but acknowledged that ways have to be found to take care of the interests of both. In this connection, differential pricing and the use of generic drugs were ways of achieving this. While compulsory licensing is an appropriate response that has been effective in Brazil and India, he noted that this approach was only useful in countries, which had pharmaceutical industry with an adequate production capacity.

Professor Sachs expressed the hope that the Economic and Social Council would send the message that HIV/AIDS is a fundamental barrier to development and that the Global Fund should be fully funded. He also urged that each United Nations agency should help those countries that receive assistance from the Global Fund to monitor, evaluate and manage the funds entrusted to them, so as to increase effective and credible use of these funds.

GOOD PRACTICES ON HIV/AIDS PREVENTION AND CONTROL

“STRAIGHT TALK”

***Mr. Michel Sidibe, Director of Country And Regional Support
Department of the Joint United Nations Programme on HIV/AIDS
(UNAIDS)***

Straight Talk is a successful example of public-private partnership to expand knowledge and build the life skills of young people to fight HIV/AIDS.

The experience of Straight Talk in Uganda is appealing and innovative. It is appealing because the programme is targeting young people who rep-

resent 50 per cent of new HIV/AIDS infections. Simply put, it is appealing also because the good health of the productive force of a nation is an essential prerequisite for prosperity. It is innovative because of its holistic and participatory approach.

The Straight Talk Foundation started in 1993. The Foundation works through a number of media to reach young people both in and out school.

The overall goal is to empower young people pass through adolescence safely. The intermediate goal is to contribute to the reduction of unwanted pregnancy, Sexually Transmitted Diseases –STDs- and HIV/AIDS among young people by promoting positive sexual behaviour.

It combines mass media communication (straight talk paper publications and a radio show) and group and interpersonal communication methods (school visit programme, teacher sensitization, and debating clubs, for example).

The multi-disciplinary support teams, which the Foundation build and facilitate, include young people, teachers, youth-friendly doctors, nurses, counselors and other community members.

The approach is based on three principles:

- Access to accurate information: empowering young people to ‘own the fight’ against AIDS by improving access to information and their capacity to assess and analyze this information to change their own situation;
- Motivate young people to change their behaviour based on information;
- Create an enabling environment, making it easier for youth to access information, products and services that they need to protect themselves

The results of Straight Talk include:

- Young Talk Newsletter (target group 10–14 year olds): monthly publications with print run of 300,000 copies distributed in 12,000 primary schools in Uganda;
- Straight Talk Newsletter (target group 15–24 year olds): monthly for secondary and tertiary institutions distributed to 2,000 education institutions, distributed through 500 NGOs and community-based organizations; print run is 160,000;

- 10,000 young people are equipped with knowledge and skills, through training programmes, to become community mobilizers;
- Reduced information and knowledge gap between service providers and community members.

Areas where the programme has been very active and has successfully contributed to behaviour change:

- Evidence of increased condom use;
- Substantiated trend of falling infection rates among 13–19 years old girls;
- Among 15 year-old boys and girls, the proportion that had never had sex rose from about 20 per cent to 50 per cent between 1989–1999.

Lessons learned and challenges:

- Success is possible even in resource poor settings;
- Education and communication is key for empowerment of youth to take control over their own lives and protection from AIDS.

**“GENDER-FOCUSED INTERVENTIONS TO ADDRESS
THE CHALLENGE OF THE HIV/AIDS EPIDEMIC”**

***Ms. Stephanie Urdang, Advisor on Gender and
HIV/AIDS of the United Nations Development
Fund for Women (UNIFEM)***

The United Nations General Assembly Special Session on HIV/AIDS held in June 2001 hit a milestone: it identified in crystal clear language, that women’s empowerment and gender equality need to become a reality throughout the world, in order to reduce women’s vulnerability to HIV infection.

It was a milestone, because three years earlier, when UNIFEM launched its pilot programme on gender and HIV/AIDS, this approach was virtually nowhere to be found on the world’s development agenda, and when it was, it was usually in the context of fora devoted specifically to women’s or gender issues.

The programme objectives focused on strengthening the capacity of women’s non-governmental organizations (NGOs) and HIV/AIDS NGOs

to see gender as a critical issue; to broadening understanding and analysis of a gender perspective as central to all work on HIV/AIDS, and to developing effective partnerships to leverage political support in order to shape results-oriented policies and strategies.

The project—which was funded by UNAIDS, UNFPA, UNIFEM and the MacArthur Foundation—was based on a number of interlinked principles. Among these were:

- Gender is shaped by society and cultural norms, which proscribe the way in which men and women are perceived and relate to each other. These gender relations are unequal and are based on power.
- Women Can't say "No!" The reality is simple but devastating: Many, many women throughout the world do not have the power to say "no" to unwanted or unprotected sex, even when they know their lives are in danger.
- HIV/AIDS is a quintessential human rights issue. The gross violations of women's human rights, which are reflected in widespread stigma and discrimination and in violence experienced by women living with HMAIDS, are to be addressed within a human rights-based approach.

The programme was an extremely low cost initiative, which progressed through a number of steps. After identifying the six pilot countries, namely Senegal, Zimbabwe, the Bahamas, Mexico, India and Vietnam, it began with training, moved on to community-based research, got NGOs involved and connected, developed partnerships with UN agencies at the country and headquarters level, implemented advocacy work with the media, and began to develop mechanisms for influencing policy.

The process began with a highly participatory training workshop in each country for a group of key government officers, UN staff and NGOs. Separate workshops were held for members of the media. The interest and excitement that built up in each workshop was tangible and participants left with a new understanding and strong commitment to act.

The training manual has been adopted and, adapted in numerous settings, such as a course at the University of Hidalgo in Mexico, the Summer Institute designed by the Canadian Maritime Institute for Women's Excellence, Mahidol University in Thailand, and the College of the Bahamas.

A part time national programme officer was appointed in each of the pilot countries, who oversaw research aimed at identifying country-specific gender issues that could influence policy and, advocate for change.

In Zimbabwe for instance, the research focused on the socio-economic impact of AIDS on women's unpaid labour within the household. 77 per cent of those who experienced a precipitous drop in income as a result of AIDS, were women. The impact on their time was equally dramatic. Women caregivers interviewed said that when a family member living with AIDS suffers from diarrhoea, 23 buckets of water are needed per day for personal hygiene and for washing clothes and bedding. This level of care is one reason for the high number of girls from the school where they have the best chance of learning how to prevent infection. In Senegal it was found that cultural constraints that held women in a subordinate position, could give way to women negotiating female condom use if first trained in skills to negotiate safe sex. In India, women living with HIV/AIDS reported that they only got to know about HIV prevention AFTER they were infected. In Mexico where anti-retrovirals are provided for People Living with AIDS, almost one third were unable to access treatment because they are situated in the informal sector.

Each one of these research projects has far reaching implication for framing appropriate policies and programmes at the national level.

A key component of the advocacy campaign was the training of journalists to look through a gender lens when writing about the epidemic. Results were immediately tracked through the articles written, by these journalists after the workshop. To quote one participant from Mexico: "After working for three years on gender and HIV/AIDS, I was burnt out and tired. The workshop gave me new information and I was recharged. It stirred me to work on the issue". Lydia Cacho went on to write extensively on gender and HIV/AIDS and has won prestigious awards and recognitions for her writing on this topic, which has captured the attention of policy makers in her country.

Within three years the project had been upscaled to four more countries, namely Nigeria, Kenya, Swaziland and China, with others are expressing great interest from the wings.

The UNDP Resident Coordinator in Swaziland is modeling the country response to HIV/AIDS on this programme and has recommended that other countries in Africa do likewise.

In India, the programme has been significantly upscaled with the mainstreaming of gender and human rights issues into the largest public sector, the Indian Railway, which employs 1.8 million workers. Integrated initiatives are currently being developed, including gender sensitive peer counseling, introduction of gender sensitive sex education curriculum in railway schools, counseling and involvement of young adults, mobilization of women's associations and training of railway hospitals staff to reduce stigma and discrimination.

The initial pilot provided the justification and impetus for a broader UNIFEM Programme for Action, which encompasses working together, in, partnership with UN agencies and NGOs. For instance, a Cooperation Framework was signed between UNAIDS and UNIFEM last year. Collaboration on this issue has been strengthened with other agencies, in particular UNDP, UNFPA, ILO and UNICEF with whom significant collaborating activities are being planned.

In terms of influencing policy and supporting national governments, UNIFEM is embarking on a programme to train National AIDS Council on gender and human rights beginning with fifteen pilots in Africa, Asia, and Latin America.

In sum and, most importantly, this intervention has been able to help put on the map the now widely accepted view that gender equality and women's human rights must be central to all our work in responding to the huge and ugly challenge to reverse the epidemic. It has provided a critical mechanism for ensuring that both policies and results-based actions and programmes incorporate a fundamental reality: gender inequality more than any other single issue fuels the epidemic. The absence of women's empowerment is the spark that lights a devastating fire. It behooves every one of us here today to do our part in ensuring that this fire is doused immediately.

“HIV/AIDS STRATEGIC PLAN 2001–2006”

*Victoria Sharp, President of Médecins du Monde USA*²³

AIDS has become a global health emergency that can broadly be summarized in few figures:

- Since the 1980s over 24 million people have died from AIDS; In 2001, about 40 million people live with HIV/AIDS, from which more than 25 million live in Africa, mostly not even knowing they are infected;
- In 16 countries, more than 10 per cent of the adult population in the 15–49 age band are infected by HIV;
- In seven countries, all situated in southern Africa, at least one adult in five is infected with HIV;
- 70 per cent of adults and 80 percent of children living with HIV/AIDS in the world are to be found in Africa, which is home to ten per cent of the world's population;
- Since the epidemic began, three-quarters of the 20-plus million people worldwide who have died of AIDS were Africans;
- Without enhanced prevention and treatment activities, Asia and the former Soviet Union could see epidemics in a scale close to that in Africa;
- Asia accounts today for 20 percent of all infections worldwide;
- There are now 6.4 million persons infected with HIV/AIDS in Asia. Although prevalence rates are still low (exceeding 1 per cent

23. Médecins du Monde (Doctors of the World) is an international humanitarian organization founded in 1980. Its mandate is to provide independent medical assistance to the most vulnerable populations, in situations of crisis and social exclusion, around the world. Médecins du Monde carries out three types of programs: emergency, rehabilitation and long-term, all implemented with the participation of the local communities. Over the past ten years, Médecins du Monde has developed several HIV/AIDS programs for the benefit of the most vulnerable populations in the world, mostly aimed at prevention. In each program preference is given to a holistic approach, paying equal attention to the illness and to the social, political and economic factors, which predispose to AIDS-linked vulnerability and exclusion. Médecins du Monde is composed of 12 delegations (Argentina, Belgium, Canada, Cyprus, France, Greece, Italy, Portugal, Spain, Sweden, Switzerland, and USA), implementing 151 programs within 88 countries, with a total budget of Euro dollars 80M/US\$ 70M in 1999.

of 15–25 year olds only in three countries—Cambodia, Burma and Thailand), transmission is growing at a considerable speed. Transmission is particularly high among sex workers and injecting drug users (IDUs), who are numerous in the region of the Golden Triangle.

CHILDREN AND HIV/AIDS:

- Since the start of the epidemic, nearly 4.5 million children under the age of 15 have been infected with HIV, and more than 3 million have died of AIDS;
- In the most seriously affected countries, half of the adolescent population is expected to die from the disease, even if rates of infection fall in the coming years. If rates of infection remain high, more than two thirds of these young people will die from AIDS;
- More than 13 million children are orphans because of AIDS, and this figure could reach 30 million before the end of the decade;
- Another 1.4 million children are currently living with AIDS. More than 90 per cent of these children were born to HIV-infected women;
- Currently, almost 14 million women of childbearing age throughout the world are HIV positive. The prevalence of the virus is growing fastest among young people below the age of 24 who are at the peak of fertility.

To respond to this emergency, the international network of Médecins du Monde has decided to treat AIDS a priority for the next five years. It will address both HIV/AIDS and the related stigma. It has identified four priority axes in the fight against the disease.

The first axis is *AIDS and Conflicts*, where Internally Displaced Persons (IDPs), refugees, victims of sexual violence, child-soldiers, children/teenagers in situation of vulnerability, constitute populations particularly vulnerable to HIV, especially when infrastructure is non-existent. Médecins du Monde strongly advocates that the relationship between HIV/AIDS and conflicts be more fully explored and is in favor of the development of HIV/AIDS programs for vulnerable populations in conflict situations.

The second axis is related to *Access to Anti-Retroviral Treatment* for the most vulnerable populations living in developing countries. Médecins du Monde pleads for a strong commitment in favor of improved access to treatment, including treatment of opportunistic infections, which can decrease short-term mortality and improve the quality of life for persons living with HIV, and anti-retroviral treatment where possible. In countries where health care resources and infrastructure are poor, Médecins du Monde strongly advocates to support their development, in association with local partners; and to increase the accessibility to anti-retroviral drugs, generics or non-generics, at affordable costs, through arrangements with corporations and/or private and government funding agencies. Moreover, Médecins du Monde will continue to work on Prevention, with a particular focus on young people, sex workers, Mother-To-Child Transmission Prevention and voluntary counseling and testing (VCT).

The third axis will focus on *Harm Reduction*, in both developed and developing countries. Early in the AIDS epidemic the role of injecting equipment, specifically the sharing of needles and syringes contaminated with HIV, in the transmission of HIV was recognized. Due to the realities of HIV transmission, Injecting Drug Users (IDUs) infected from shared needles often spread the disease to their sexual partners. Many AIDS cases are associated with drug use. Harm reduction is a mechanism for prevention and treatment in order to protect IDUs and their partners (e.g. through needle exchange, behavior change education, etc.) and to support their access to treatment. This also has a direct result on reducing the HIV incidence in the population particularly in the regions with the most dramatic progression of AIDS (East Asia, Eastern Europe).

Finally, the fourth axis addresses *Excluded Populations*, without access to adequate health care such as migrants, ethnic minorities, trafficked women, and some specific institutionalized populations (e.g. in prisons, mental hospitals, etc.), are at particular risk for HIV in both developed and developing countries.

HIV/AIDS AND CONFLICTS

As a humanitarian organization, Médecins du Monde is particularly reactive to emergency situations. Emergency programs traditionally concentrate on four components: primary health care, sanitation, nutrition and vac-

cination. Field experience with disaster situations, particularly in Africa, led to the integration of a fifth component in emergency programs: HIV/AIDS activities.

Conflict and the instability which ensues from it, including breakdown in social and cultural structures, economic vulnerability, increased sexual violence and abuse, movement of civilian populations and combatants lead to an increase in Sexually Transmitted Infections (STIs) and HIV transmission. This reality is particularly clear with refugees and IDPs. The main factors for spread of HIV and STIs among refugees are:

- Vulnerability to sexual abuse and violence;
- Children becoming sexually active and adults having new sexual partners;
- Prostitution: increased demand and offer;
- Mix of the rural and urban populations;
- Lack of information;
- Absence of infrastructure.

Some examples:

Among refugees and IDPs sexual violence and abuse are often widespread, the main victims of this sexual violence and abuse being children and young girls. Some of them are forced to use sex to meet their primary needs (such as food, accommodation or protection). Women and children are also often victims of rapes:

- In the case of the Vietnamese refugees during the “boat-people” crisis in the late 1970s and beginning of the 1980s, at least 39 per cent of the women were raped or abducted, mostly by pirates;
- It is estimated that during the first five years of the civil war in Liberia, at least half of the women and children were physically or sexually abused;
- Similarly, it is estimated that almost 80 per cent of the women raped during the Rwandan genocide became HIV-positive.

There are other aggravating factors within refugee and displaced populations created by conflicts. In some camps, young people begin to have voluntary unprotected sexual relations with multiple partners from the age of

ten, which increases dramatically the risk of infection. Studies from some camps indicate that 25 per cent of adults had a new sexual partner since their arrival in the camp. Moreover, prostitution inside and near camps is often widespread. The ignorance about these diseases and the distrust which surrounds the means of prevention contribute to the fast expansion of the infection. The mixing of urban dwellers with rural populations, the latter having much lower prevalence of HIV infection, additionally increases the risks.

Quality HIV/AIDS programming in these settings includes:

- Distribution of quality condoms: These distributions have to take place through intermediaries to identify persons most at risk (soldiers, sex workers, adolescents, etc).
- Information and Communication program: Compilation, translation and distribution of culturally appropriate prevention materials.
- Education program: The sensitization to Sexually Transmitted Infections (STIs) and their treatment. Some STIs considerably increase the risk of HIV infection. The treatment of these STIs can easily be carried out with appropriate inexpensive antibiotics.
- Treatment of opportunistic infections: The use of cotrimoxazole results in a significant decrease in the prevalence of opportunistic infections.
- Anti-retrovirals: Introduction of anti-retroviral treatment where possible.

ACCESS TO TREATMENT AND HIV/AIDS PREVENTION

Prevention and treatment are inseparable elements of an effective action. The first step towards fighting the HIV/AIDS epidemic is prevention.

The Médecins du Monde International network has been working on HIV/AIDS prevention for over a decade, mainly focused on those most vulnerable to HIV infection, such as adolescents, women and young girls, sex workers, and injecting drug users.

Médecins du Monde's primary objective is to reduce as much as possible the influence of factors which place these populations at risk of HIV/AIDS infection and to protect those who are most exposed. The activities range from education activities, voluntary counseling and testing, and treatment of STIs and opportunistic infections.

MOTHER-TO-CHILD TRANSMISSION

Mother-to-Child Transmission (MTCT) is by far the largest source of HIV infection in children under 15 years of age. The transmission of the HIV from mothers to infants can occur before or during birth, or during breastfeeding. Where no preventive measures are taken, the risk of a baby acquiring the virus from an infected mother ranges from 15 to 20 per cent in industrialized countries, and between 30 to 35 per cent in developing countries. Evidence suggests that the risk of transmission is increased when the mother has a higher viral load (this is the case when a person is newly infected with HIV or is in an advanced stage of disease), or if the baby is highly exposed to the mother's infected body fluids during birth.

Several complementary strategies can prevent mother-to-child transmission of HIV:

- Taking steps to protect girls and women from becoming infected with HIV in the first place;
- Provision of efficient and accessible family planning services to avoid unwanted pregnancy and births;
- An integrated package of measures consisting of voluntary HIV counseling and testing (VCT), the provision of anti-retroviral drugs for HIV-positive pregnant women (and sometimes their babies), counseling on infant feeding, and support for the use of formula and bottle feeding;
- Access to anti-retroviral medicines, after delivery for HIV-positive mothers.

ACCESS TO ANTI-RETROVIRAL TREATMENT

It has long been established that prevention is more effective when treatments are available and easily accessible. Indeed, it has been proven that when there is a possibility for treatment, people are more able to positively address their seropositive status. Médecins du Monde advocates that prevention and treatment activities must be linked.

As a consequence, Médecins du Monde intends to conceive global health care strategies which:

- Strengthen the existing health care systems and apply priorities according to the local environment.
- Advocate for affordable appropriate treatment for all vulnerable populations.
- Provide support for the persons, households and communities living with HIV.

Médecins du Monde believes and will promote the idea that Highly Active Anti Retroviral Therapy, available to patients in western countries, can also be made accessible to populations in the rest of the world.

Through pilot programs, Médecins du Monde wants to demonstrate the feasibility of access to treatments for people living with HIV in developing countries. The price for one year's treatment in the developed countries is approximately USD 10,000. Médecins du Monde through arrangements with corporations, private and government funding agencies will aim to ensure that treatment (consisting in generics and/or non-generics) is available in developing countries for vulnerable populations at affordable costs to allow equitable access to anti-retroviral drugs.

Studies have demonstrated the viability of this type of project, if treatments are taken in a regular and steady way and adequately monitored. Compliance with medical recommendations in developing countries is very close to that of industrial nations. Certain cultural differences have to be overcome, but they do not affect the efficiency of the care and they have to be considered and integrated so as to optimize the actions undertaken.

Médecins du Monde aims to develop HIV/AIDS programs that will reach vulnerable populations that are often systematically excluded from governmental programs. Médecins du Monde will also advocate for the development of national strategies in close collaboration with the international community and the private sector to increase the quantity of necessary medicines for HIV-positive patients, especially anti-retroviral therapy for the syndromic subjects infected by the HIV.

HARM REDUCTION

Harm reduction is a mechanism for prevention and treatment in order to protect injecting drug users from HIV (e.g. through needle exchange, outreach etc.) and to facilitate their access to treatment. It is a model of public

health service aimed at reducing the health and social dangers connected to drugs, independent of the legal status of the drug. It is a pragmatic approach, respecting dignity and rejecting moralistic attitudes. It addresses all drug users, especially injecting drug users, and aims simultaneously to inform about health dangers and propose means of limiting them (disinfecting of used syringes, access to clean syringes, syringe exchange programs, replacement therapy programs, provision of condoms, facilitation of adequate access to health care, etc.)

Médecins du Monde wishes to develop “one-stop shopping programs”, which are an effective tool in the treatment of injecting drug users. These would provide IDUs: access to condoms and clean needles, primary health care, syndromic treatment of STIs, prevention and treatment of opportunistic infections and, access to anti-retroviral treatment.

In particular in the countries of the former Soviet Union and Eastern block, in numerous Asian countries, and in certain countries of South America injecting drug users constitute, together with sex workers, a group with higher HIV prevalence who increase the risk of transmitting HIV. Injecting drug users represent in certain areas between 50 and 75 per cent of HIV-infected people.

IDUs are often young and ill informed on the health risks. Once infected, mostly by sharing needles, IDUs often infect their sexual partners. Two consequences can follow: the conversion from needle to sexual transmission and the possible vertical mother-to-child transmission. Numerous countries such as Russia, Brazil, Burma, India, Pakistan or China are going to be or are already confronted with such situations, where the number of IDUs is multiplying and the public health infrastructure is unprepared to address the problems which ensue from it.

Two factors facilitate the transmission of HIV to drugs injectors. The first is lack of knowledge of risk for HIV infection and the second is the sharing of injection materials. The latter occurs either because of the difficulties of widespread, simple and fast access, or because of penalization for syringe bearing on the assumption of drug use. Whatever the local context, a behavior change for IDUs requires: information for the users about the risks associated with injection, and access to clean syringes.

In the last decade, the knowledge regarding harm reduction has grown. The current challenge is to reduce the political and economic obstacles

to the dissemination of this knowledge. Médecins du Monde, which has expertise on the subject, finds it crucial to participate in the transfer of this knowledge into practice.

AIDS AND EXCLUDED POPULATIONS

Excluded populations are at particular risk for HIV in both developing and developed countries. The Médecins du Monde International network is committed to addressing the needs of excluded populations in domestic as well as international activities.

Migrants, trafficked women. Ethnic minorities

In many countries, these populations often have difficulties accessing health care and/or are subject to discrimination when seeking health care. Most services and information are available only in the dominant local language and are frequently culturally insensitive. An estimated 125 million people live and often work outside their country of citizenship, and between two and four million people migrate permanently each year. Excluded populations have a greater risk for poor health in general and HIV infection in particular. They often face stigmatization and hostility.

These populations usually find strong barriers to access health care, motivated by their legal or social status and economic constraints. They lack of access to culturally adapted information about HIV/AIDS infection, recommendations for prevention, and treatment options for people living with HIV. As an example, it is recognized that messages promoting condom use in Europe often conflict with African cultural norms. Therefore, educational activities in Europe targeting African migrants should address their particular attitudes and beliefs.

In addition, as with other people living with HIV/AIDS, these populations who are HIV-positive are often subject to further stigmatization and discrimination, and often try to hide their HIV status as long as possible. Providing them with prevention and treatment requires innovative and culturally sensitive approaches such as cross-cultural communication, sensitizing health and welfare personnel of the host community, and involving community leaders of both the migrant and the host community.

Trafficking has become a major international problem during the last ten to fifteen years. Individuals are attracted to more developed countries with the hope of finding employment and a better future. However, upon arrival, many find themselves forced into sex work. Trafficked sex workers, for many reasons, have become a major risk group for infection and transmission of HIV.

To reduce the vulnerability of these communities with respect to HIV/AIDS, Médecins du Monde proposes several areas of action:

- Promoting awareness about HIV/AIDS in the communities, and their engagement into social action to fight HIV;
- Analyzing the specific challenges of HIV/AIDS prevention among these communities;
- Developing educational tools that are adapted to the cultural background of these communities;
- Mounting an international campaign to combat trafficking and increase awareness to trafficking related issues;
- Providing culturally sensitive and technically appropriate HIV/AIDS treatment for ethnic minority and migrant/immigrant populations.

Institutionalized populations

Institutionalized persons such as those living in mental hospitals or prisons are often at risk of becoming infected with HIV and hepatitis, as is evidenced by the high incidence of hepatitis and HIV among these populations. The institutionalized mentally ill and disabled are at particular risk for sexual assault and having their health care needs neglected. Institutionalized persons in prison systems may be subject to sexual practices and injecting drug use.

To reduce the vulnerability of institutionalized populations with respect to HIV/AIDS, Médecins du Monde proposes several areas of action:

- HIV/AIDS promotion activities for staff and institutionalized persons living in institutions that are appropriate to the context and population.
- Advocacy for access to treatment and prevention activities for institutionalized persons.

- Provide supplies such as needles and condoms.
- Promote treatment for persons living with HIV in institutional settings.

IV. FOCUS ON AFRICA

ARE WE GOING IN THE RIGHT DIRECTION FOR ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS IN HEALTH IN AFRICA?

The theme of the 2001 ECOSOC High-Level Segment was “Role of the United Nations system in supporting the efforts of African countries to achieve sustainable development.” In view of the grave health problems Africa is facing, there was special need to focus on Africa and the impact of the Millennium Development Goals on African countries. On 2 July 2002, a panel discussion was organized on “Health Priorities in Africa: Are we going in the right direction to achieving the Health Millennium Development Goals” as part of the ECOSOC 2002 High-Level Segment. The ECOSOC President, H.E. Ambassador Ivan Šimonović chaired the panel on the above mentioned subject organized by the World Health Organization (WHO) and the United Nations Population Fund (UNFPA). The panel considered a spectrum of challenges and lessons learned in health programming in Africa at the national, regional and global levels.

Among the panellists were Dr. David Nabarro, Executive Director of World Health Organization, Dr. Benson Morah, Director of the UNFPA Country Technical Support Team, Prof. Dr. Jeffrey D. Sachs, Special Advisor to the Secretary General on MDGs, and H.E. Dr. Awa Marie Coll Seck. The participants gave an overview of the current health situation in Africa, focussing on the disease incidence of HIV/AIDS and malaria, two of the biggest killers in Africa. The recommendations for costing of health initiatives in Africa, to meet the health MDGs, were outlined as well as possible sources for funding these goals. The shortage of skilled health professionals and care providers to meet current health service needs was mentioned.

**“MEETING HEALTH PRIORITIES IN AFRICA: CONSOLIDATING
COMMUNITY LEVEL ACHIEVEMENTS FOR DEVELOPMENT”**

***Benson C. Morah, United Nations Population Fund (UNFPA)
Country Technical Services Team, Ethiopia***

The Millennium Development Goals constitute an embodiment of the aspirations of the leaders and peoples of the entire global community. They summarize and at the same time express the key elements of human development. They reaffirm the global consensus of the 1990s on the moral necessity as well as the social, economic and political imperative of containing and in fact reversing the rising incidence of poverty in developing countries, especially in Africa. And although the MDGs are generally acknowledged as being realistic, and their achievement technically feasible and financially affordable, there are growing concerns about the likelihood of the being achieved by 2015 particularly by Sub-Saharan African countries.

The focus will be on the need to consolidate and substantially upscale community level actions of achievements so as the enable African countries attain the Millennium Development health goals. The focus will not be just on the priority diseases that afflict the region (HIV/AIDS, malaria, TB, other infectious diseases) but also on reproductive health because of the recognized synergies between improving reproductive health, investing in disease control and ensuring sustainable development.

The one message I would like to deliver loud and clear is that (in addition to other factors including greatly improved funding and political will which are always talked about) the chances of achieving the millennium health goals in Africa will depend a lot on substantially increasing investment in community level health actions, rather than in the ‘formal’ health system per se as is currently the case. It will depend a lot on empowering the African woman thereby unleashing her full economic and other potentials, on enhancing her reproductive health, and on investing in the girl child, especially in the education of the girl child.

Community level actions are important as driving forces for development in various areas, especially in health. This is particularly the case for Africa where communities still remain veritable forces for change; where access to the formal health system is still very limited; and where a far larger proportion of health outcomes is produced outside the ‘formal’ health system by

households and communities. In addition, a lot of the impediments to the attainment of good health have their roots in cultures and traditional practices; removing those impediments can only be done through dialogue with communities. This partly explains the importance attached to community participation in the primary health care approach common in all African countries.

Most of the community level achievements in health were made through community empowerment, mobilization and participation. Through empowerment, community members and institutions are enabled to identify and change the conditions that contribute to their poor health, to recognize and respond effectively to health problems affecting them, and to take care of the health of community members. Through mobilization and participation, community members and structures do engage in the direct provision of some degree of basic health services and care to community members, take part in the management of health facilities, as well as in the development, implementation and monitoring of health programmes.

Various categories of community members (known variously as 'village health workers,' 'community-based health workers,' etc) have been successfully and effectively used in the region to provide care or treatment for specific or minor ailments, to refer serious cases to higher-level facilities, and to provide essential health information and education. These workers are often linked with the formal health system from which they receive training, technical support and sometimes supplies.

Examples of successful experiences abound: in community-based programmes for TB care, for malaria control, and in the fight against HIV/AIDS prevalence rates in such countries as Uganda and Senegal are attributable to actions at the community level by community institutions working in liaison with formal health structures. Trained and supervised community-based agents have substantially increased access to family planning and reproductive health services, and thus contributed to increases in contraceptive prevalence rates especially in rural, remote and traditionally under-served areas. Community-based distribution of health commodities and services, as well as private sector initiatives such as social marketing, have been so successful in the region that they now constitute essential components of the health care extension systems of all countries. Similarly, trained and supervised traditional birth attendants have been effectively used to provide assistance

at delivery, to promote health education including clean birth practices, to address some of the classical 'delays' that contribute to high maternal mortality rates in the region, and to provide other essential reproductive health services. Community leadership structures and institutions have been effectively used to bring about changes in cultural practices that are harmful to reproductive health in particular or the health in general, including those that enhance transmission of diseases, especially HIV/AIDS.

Positive contributions of community level actions in health promotion in many African countries were made in spite of various constraints that still remain today and thus need to be addressed. They include, among others: limited resources; persistent and worsening milieu of poverty, illiteracy, low status of women; associated gender inequities and inequalities; the nature of the initiatives themselves; weak community level structures; and brittle linkages with the formal health system.

So what is the way forward? What else should we do, do more of, or do differently so as to maximize the contribution of community level actions to the achievement of the Millennium Development Health Goals in the Africa region?

Just a few key ones:

- Continue, and in fact greatly intensify, efforts to empower and enable communities to take on some responsibilities for their own health care. There is actually not much choice about this, given the health conditions in the region, the limited coverage of the formal health system, and limited resources available to governments.
- Intensify, expand and sustain education and communication activities, for they constitute the fundamental basis for community empowerment, mobilization, and participation. In addition, they should always take proper account of cultural, religious, and other community contexts. They should not only inform effectively but also aim to ultimately achieve behavior change.
- Build, nurture and sustain genuine and stronger partnerships with communities, and between all stakeholders that work at the community level, so as to maximize synergies and exploit comparative advantages.

- All agencies working to reduce poverty in all its dimensions at the community level should develop, implement and sustain creative mechanisms for inter-sectoral collaboration. This is because all the Millennium Development Goals are highly inter-related and the achievement of one inevitable affects the achievement of others. Furthermore, the solution to the poor health status of the people of Africa will ultimately lie in reducing the level and severity of poverty viewed in all its dimensions.
- Stop starving the goose that lays the golden egg. Governments and their development partners should focus much more attention and investment in household and community level actions that promote health, since most health outcomes have been, and are likely to continue to be, produced by households and communities. The current 'mental state' which posits that health is primarily produced by the formal health system (and so governments should concentrate investments therein) should be changed. This does not simply fit the reality.
- Direct developmental efforts at all levels and in all sectors towards empowering the African woman, towards investing in the girl child, and towards achieving gender equity and equality. For in Africa, it is the African woman who bears the greatest burden of disease and ill health. It is the African woman who is typically the poorest, the most powerless, and the voiceless. Yet it is the African woman who produces most of the health outputs, who has the greatest impact on family and community health. Consequently, the greatest and most enduring impacts on the health status of the people of Africa will be realized through empowering its women. And I want to single out here educating the African woman and the African girl child, not only because of the positive correlation between education of the woman and health status, but also because education unlocks other positive externalities. This way relevant community level health actions will be given greater chances of success, and of achieving the type of sustainability that lasts from one generation to the other.
- Finally, direct much more community level actions towards improving the reproductive health of African women. For a woman's ability to plan how many children to have and when to have them

is very central to her health, her quality of life, and the quality of life of her family and of her community. In most of Africa where emergency obstetric care is not easily available, accessible or affordable, access to such a simple service as contraception may in fact be a matter of life and death, as each pregnancy multiplies a woman's chances of dying. Using community based systems and actors to meet some of the unmet need for family planning would greatly reduce the number of unwanted pregnancies, recourse to unsafe abortion and the number of maternal deaths. That way we may begin to reduce the maternal mortality ratio in the region.

CHAPTER THREE

Education and Development

I. OVERVIEW OF KEY ISSUES BY THE UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION (UNESCO)

When the international community approved the constitution of UNESCO in 1945 it made the commitment to 'full and equal opportunities for education for all'. The vital link between education and development has always been recognized, although its priority has waxed and waned as fashions in development thinking have come and gone.

In the 1970s, for example, under the banner of 'investment in human capital', education had a high priority. Education systems expanded rapidly and many new schools and universities were opened. By the 1980s, however, the focus of development thinking had moved to macroeconomics. Education suffered as structural adjustment programmes de-emphasized the provision of services, including education, by the public sector. The backlash against structural adjustment was partly responsible for the more holistic and multi-faceted concepts of development that emerged during the 1990s. In this thinking education was a necessary, if not always a sufficient condition for development.

The end of the cold war increased the emphasis on education as a human right as well as a development tool but sadly, the peace dividend proved to be a mirage for international development assistance. In the 1990s progress toward the goal of education for all, which had been re-affirmed by at the Jomtien world conference in 1990, was slow and patchy. This became clear when assessments were carried out in preparation for

the Dakar World Education Forum held in 2000. In order to put greater operational impetus behind the commitment to Education for All (EFA), the forum set six targets and outlined a twelve-point strategy for achieving them. One element of the strategy calls for a high-level international group to meet annually. Its task is to review a monitoring report and take the necessary steps to maintain the political, financial and technical momentum of the EFA campaign.

There has already been another shift in the world's thinking about education in the present decade. Interpretations of the causes of the 2001 terrorist attacks usually include reference to the many divides—educational, digital, and economic—in today's world. Until recently lack of access to education—or dropping out of education early—was seen primarily as a handicap for those directly concerned. Today the world is aware that failing to educate many of its citizens can breed problems for all other citizens, either locally through phenomena such as street children, or globally through terrorist networks. The terrorists may themselves be educated people but their motivation is often to achieve justice for the dispossessed and the marginalized.

The challenge for education is twofold. First, it should enable all human beings to fulfill their individual potential in constructive ways. This is the creation of human capital. Second, it must help us all to learn to live together in harmony with respect and appreciation of our human diversity. This is the formation of social capital.

In the recent months these phenomena have all come together in Afghanistan as the world tries to help reconstruct this unfortunate country, which has some of the worst educational indicators in the world. Gross enrolment rates in 1999 were 38 per cent for boys and three per cent for girls. Adult literacy rates are estimated at between 20–30 per cent overall with a huge gap between men (45 per cent) and women (15 per cent). In the coming years Afghanistan will provide the acid test of the ability of the international community to make human resources development contribute to development generally.

This issues paper, which will be expanded and extended by contributions from other agencies, explores four areas of educational development. We begin with a commentary on the recruiting and training of teachers and educational personnel, a *sine qua non* for educational development in

other areas. Three such areas are then examined: the campaign for Education for All, with special emphasis on the targets for girls; technical and vocational education (TVE); and higher education (HE).

TEACHERS: SHORTAGE AND STATUS

All levels of education include a large social component—the interactions between teachers, pupils and students. The use of technology in teaching and learning may somewhat alter the roles of teachers and students, making both more productive, but it will not alter this basic fact. The worldwide shortage of teachers, which will become increasingly acute in the coming decade, is therefore a pressing problem.

This shortage is a worldwide phenomenon, although the contributing causes vary from region to region. In the industrialized world the teachers who led the expansion of education systems in the 1960s are retiring in large numbers. In some developing countries the progress being made towards education for all is generating massive demand for new teachers. In other countries the HIV/AIDS pandemic is decimating the teaching force. For example, the number of teachers dying each year from HIV/AIDS in Zambia is roughly equal to the annual output of the country's teacher-training establishments.

The teacher shortage has various causes but a common factor seems to be the diminishing status of teachers, and a concomitant decline in their working conditions, in many countries. This leads potential recruits to the profession to see teaching as a last resort and also to a serious problem of attrition as qualified teachers quit the profession for other work. In too many countries relationships between governments and teachers are unhealthily adversarial, with faults on both sides. Because teachers are usually a large component of the public payroll they often suffer first when governments hit financial difficulties. On the other hand the teachers and their trade unions have often been slow to address unprofessional behaviour such as systematic absenteeism and sexual abuse of pupils.

In addition to the recruitment and initial training of some 10–15 million new teachers over the next ten years there is also the challenge of retraining and professional development for the teachers already in place. This is necessary to help them address the requirements of a changing world and to update their pedagogy. UNESCO is particularly concerned

to see that teachers are equipped both to develop the individual potential of each of their pupils and to create schools where children learn to live together in harmony. The purpose of education is to create human and social capital at the same time.

Training in the use of information and communications technologies (ICTs) is an urgent priority for teachers and educational personnel everywhere. Whether one is optimistic or pessimistic about the help that technology can provide to education, it is clear that it will not succeed at all unless teachers are confident users of ICTs.

EDUCATION FOR ALL

As a result of the Dakar Forum and subsequent events, education is now high on the agenda of various international bodies. UNESCO has put EFA at the centre of its medium-term plan for 2002–2007. UNICEF has placed girls' education as the top priority in its Medium Term Strategic Plan (2002–2005). Education has risen rapidly up the agenda of the World Bank in the last year. The G8 has established an education task force to bring recommendations to its 2002 meeting in Canada.

The Dakar Forum called on countries to complete their plans for EFA by the end of 2002 and this is the major focus of effort this year. The purpose of these plans is to show how a country can achieve education for all its citizens in a sustainable manner. In the long run countries will need to support their education systems from their own resources, but the international community has undertaken to make resources available to help countries get to this destination. Specifically, the promise was made in Dakar that no country with a credible plan to achieve EFA would be prevented from implementing it due to lack of resources.

This promise will soon start to be called in by a significant number of countries. The discussions around the G8 meeting should help to focus the processes by which the international community will assess these EFA plans and contribute to their implementation.

One criterion will be the issue of quality. Research makes it increasingly clear that it is not enough simply to get kids into school, the number of years they spend there and quality of what they learn are even more important. Sustainable literacy, and the contribution to economic development that goes with it, require the completion of five to six years of education

of sound quality. The World Bank will likely address these issues at the Roundtable.

The first timed target set by the Dakar Forum is imminent. It is:

“to eliminate gender disparities in primary and secondary education by 2005, and achieve gender equality in education by 2015, with a focus on ensuring girls full and equal access to and achievement in basic education of good quality”

There is a considerable way to go to achieve this goal and if it is not achieved the credibility of the other five Dakar goals will suffer. The assessment provided for the Dakar Forum showed that 60 per cent of the 113 million children out of school are girls and that two-thirds of the 880 million adult illiterates are women.

There is an irony here because research also shows that girls' education has a greater developmental payoff than boys' education and is about the best investment in its future that any country can make. Educated girls become healthier women who have smaller families. Their children are also healthier and better educated. Outside the home, educated women have more of the confidence and autonomy required to play constructive and leading roles in their communities. This does not mean, of course, that in prioritising girls' education we advocate neglect of boys. Education for all requires an all-out assault on the barriers that deny all children, but this must be complemented by strategies that address gender-specific exclusion.

Eliminating gender disparities in education is not simply a matter of exhortation, although cultural and political attitudes play a significant role. The whole school environment needs to be reformed to make it girl friendly. At a minimum this includes ensuring that girls can travel to school safely, that schools have toilets and facilities for them and that teachers and staff do not abuse them. More positively it means making school a relevant and empowering experience with female teachers to provide role models and a curriculum that will equip them for a richer life.

Bringing all these changes about requires the involvement of a wide range of partners at the local, national, regional and global levels. The UN Girls' Education Initiative (UNGEI), launched by the Secretary-General at Dakar in April 2000, is an example of a global initiative that brings together 13 UN entities to support partnerships for girls' education at the national and regional levels. Gender disparities so prevalent in basic educa-

tion are almost always more extreme in secondary and tertiary institutions, which has a feedback effect on basic education. UNICEF will likely wish to expand on these issues at the Round Table.

Looking at progress toward EFA more generally and observing the planning processes underway it becomes increasingly clear that national commitment is the basic requirement. Countries that have invested serious political capital in the expansion of education have been able to change enrolment figures dramatically. A problem arises, therefore, wherever there is no effective government. It is not a coincidence that more than half of the children out of school are in countries that are presently experiencing armed conflict or have recently emerged from it. Since education is a human right there is frequently—though not always—a correlation between the state of democracy in a country and its commitment to educating its people.

TECHNICAL AND VOCATIONAL EDUCATION (TVE)

Universal primary education is an important goal because it seems to define the take-off point of economic and social development. It is not, however, an end in itself. Children understand that secondary education is the real key to their future. They will be more likely to complete primary education if they can see that it will lead to secondary education.

This means that many countries are now engaged in the expansion and reform of their secondary education systems. Throughout the world changes in technology and in the labour market are undermining the assumptions on which secondary education has been based. At present too much of the secondary education on offer will disappoint the expectations of children and their parents because the skills it provides do not match the world of work, formal or informal, that they will want to enter.

The answer is to integrate pre-vocational and vocational disciplines in secondary level general education so that its graduates are equipped with the knowledge, skills and attitudes for the world of work. This leads, however, to another problem, namely that TVE itself needs reform if it is to match the needs of today's world.

A first challenge to TVE is the rapid advance of technology, notably information and communications technology. Even in developing countries economies will increasingly be knowledge based and technology driven. If

these countries are to take advantage of the potential for industrial investment that globalisation brings, they will need to upgrade their TVE systems so that they can train the competent, flexible and adaptable workers that will be needed.

A second issue is that many current TVE systems were designed at a time when there could be an expectation of a job for life. Lifelong learning, rather than a lifelong job, is now the order of the day and TVE systems must face the responsibility of retraining workers who find themselves unemployed at various points in their working lives. These cycles of employment tend to reflect the underlying cycles of technological change. TVE curricula must be constantly revised to include new and emerging technologies.

Third, TVE systems must address the needs of rural areas in order to prevent young people from migrating to the cities in a search for employment that is often futile. Agriculture-based TVE can prepare them for self-employment in many areas while remaining in their home communities. These areas include bringing new technology to traditional crafts and adding value to agricultural products. In both cases, enhancement of their quality can make products more marketable in the world outside the community. In these and all cases TVE systems must raise the level of participation of girls and women, particularly in those fields that are traditionally identified as men's work.

A fourth challenge for TVE is that in developing countries a high proportion of the workforce is engaged in the informal economy. There is a requirement for non-formal TVE combined with training in entrepreneurial skills and micro-finance. This will assist these workers to improve their small businesses by raising the quality of products and services and marketing them better. Non-formal TVE also has an important role in making a quick impact on communities emerging from conflict by directing them to peaceful and productive occupations. In many cases, such as Afghanistan, these will be linked to the reconstruction of the country's infrastructure and institutions.

The state has a central role in facing these challenges. It is usually the major provider of TVE because of the high cost of instruction and equipment. However, state-organised provision tends to be inflexible and to have difficulty achieving the necessary articulation with the workplace and

the labour market. It is essential that professionals from the world of work be involved in TVE and that learners have access to relevant workplaces during their education and training.

UNESCO is working to help other states benefit from the experience of the sharply focused TVE programmes that have played a pivotal role in the rapid social and economic development of some Southeast Asian countries. It has recently published a normative instrument (standard-setting document) on TVE that will be published jointly with the ILO's normative instrument on training.

HIGHER EDUCATION

The academic traditions that underpin higher education go back almost a thousand years and universities are often accused of being refractory to change. Yet in almost all countries higher education is now in a state of rapid evolution because of changes in the political, economic and technological context in which it operates.

In the political sphere globalisation is entering education through the universities. Traditionally it is the state that grants educational institutions the right to operate and is the ultimate guarantor of their standards. The idea that educational quality can be assured internationally rather than nationally is rather new. Although there are a few examples, such as the International Baccalaureate Organisation, of transnational qualification-awarding bodies at the secondary level, it is in higher education that this phenomenon is developing most rapidly. As universities engage in border hopping, national authorities wonder how they should react. For the moment UNESCO is providing a global forum for the discussion of issues of quality assurance and accreditation in trans-border higher education.

The economic underpinnings of higher education are also in a rapid state of change. Whereas some countries have long had a mixture of public and private not-for-profit universities, the notion of a university operated for profit is rather new. Furthermore, many countries, particularly in Europe, have long taken it for granted that most, if not all, universities should be in the state sector and should not charge tuition fees. These assumptions are changing as states find that they simply cannot afford to fund all higher education in an era of lifelong learning.

Finally, it is in universities that new technology has had its greatest educational impact. Many of the new ICTs that are changing the way we live were, of course, developed in university research laboratories. Distance learning using a variety of technologies has been a major force in expanding access to higher education, especially in Europe and Asia.

These changes raise many questions. Here we shall concentrate on the issue of staff development. It has often been pointed out that higher education is one of the few professions that require no formal qualifications for entry. This accusation is somewhat unfair since the doctorate is a long and demanding course of study and research. However, it is true that universities have not, in general, required their staff to hold any teaching qualification. At a time when the teaching function of universities is increasingly important, and also increasingly visible, this anomaly is attracting more attention. Various countries are putting in place mechanisms, either compulsory or voluntary, to ensure that staff in higher education undergo systematic professional development.

All staff in higher education need help to engage with the increasing demands made on them. There are three components of these demands. First, universities and colleges face pressures to widen access dramatically. The demography of many parts of the developing world means that institutions will be hit by a tidal wave of additional demand in the coming years. Second, academics are also under pressure to improve the quality of teaching and learning processes and of the degrees and diplomas they offer. Finally, all this needs to be done at a lower cost.

Traditional approaches to teaching and learning in higher education simply cannot deliver increased access, higher quality and lower cost at the same time. The traditional link between quality of output and exclusivity of access in higher education, insidious as it is, does have its basis in the teaching techniques that are used. Fortunately there is now solid evidence that using the technologies of distance learning can deliver better access and quality at lower cost. However, these technologies require radical changes to the manner in which academic staff are deployed. The tradition of the cottage industry has to give way to professionalism and the division of labour. This is a major challenge of staff development.

There are also important needs for staff development in the administrative and managerial functions of higher education. In many countries and cities universities are among the largest employers. They have to manage a

complex set of teaching and research operations in an environment that is much more transparent, open and participative than the commercial sector. Leaders and managers working in this environment must be at least as skilled as those in the business world.

CONCLUSION

The links between education and development are many and varied. Basic education is the foundation for development. It will be shameful if the world community does not deliver on the promise it made in Dakar to ensure that any country committed to educating all its citizens is empowered to go the distance. Success in correcting the current gender imbalance in education will be the first test. Beyond the level of basic education the content of the skills and knowledge that are taught to young people will determine how development will occur. This is why the reform of technical and vocational education is particularly important.

Higher education is the most important nexus between national potential and the knowledge economy of the 21st century. Countries must nurture their universities and colleges, which means providing the professional development opportunities that will allow all types of higher education personnel to contribute effectively in a time of change.

Finally, as education systems attempt to become more learner centred the role of teachers will become more, not less important. All countries have an interest in enhancing the status of their teachers so that the profession can once again attract the brightest and most lively members of society.

II. SUMMARY OF THE ROUNDTABLE ON EDUCATION AND DEVELOPMENT

On 14 February 2002 a Roundtable discussion on “Education and Development” was held in preparation for the high-level segment of ECOSOC on the theme “The contribution of human resources development, including health and education, to the process of development.”²⁴

24. The Roundtable was presided over by the President of the Council, Ambassador Ivan Šimonović of Croatia and co-chaired by Ms. Carol Bellamy, Executive Director of UNICEF, Sir John Daniel, Assistant Director-General for Education of UNESCO, Mr. Johannes van Gin-

The roundtable benefited from a lively and useful exchange of views on an important subject for all countries—developed, transitional and developing countries alike—that is, how to achieve Education for All (EFA) and the Millennium Development Goals and improve the quality of education systems to meet the challenges of globalization and poverty eradication.

The participants noted a strong link between development, education and health and called for education in all its aspects to be placed at the core of all economic activities. Sound educational systems had an important role in turning developing countries into developed ones, it was emphasized. There was consensus on the need for greater investment in technical and vocational education as well as higher education, particularly if education was to fulfil its role to support national development and manage globalization. All participants agreed that there should be substantial increases in domestic resources for education as well as in external resources for those countries that had developed good education policies and plans. In that connection, the need for donor coordination of development assistance based on recipient country targets and priorities was urged.

The participants underlined the importance of a diverse education system with an emphasis on the technical and vocational education in addition to university education; the importance of political stability; and the importance of regional cooperation. Education and capacity-building interventions needed to be linked to poverty reduction strategies. Several participants underlined the importance of political will and national commitment to

kel, Rector of United Nations University and Mr. Kunio Waki, Deputy Executive Director of UNFPA. Participants from capitals included Ministers of Education Ms. Evelyn Jacir de Lovo of El Salvador, Dr. Edward Khiddu Makubuya of Uganda, Ms. Zobaida Jalal of Pakistan and Ms. Ann Therese Ndong-Jatta, Secretary of State for Education of the Gambia. Mr. James Hester, President of the Guggenheim Foundation and Professor Bruce Alberts, Co-Chair of the Inter-Academy Council represented foundations and academia. Other participants included, among others, Mr. Eduardo Doryan, Special Representative of the World Bank, Ms. Faith Innerarity, Chairperson of the Commission for Social Development, Ms. Jackie Shapiro, Co-Chair United Nations Working Group on Girls and Dr. Penina Mlama, Executive Director The Forum for African Women Educationists (FAWE). A large number of ECOSOC Ambassadors joined the discussion.

education, recognizing that this would require difficult choices to be made in resource allocations. While many underscored the need to improve access, including for girls, it was felt that there should be a simultaneous push on pupil retention and improving the quality of education.

Participants identified as challenges that must be addressed in order to achieve Education for All: lack of resources; disparities between the rural and urban populations; economic and political instability; and the fact that illiteracy rates remain high. Girls' education was a particular challenge, it was pointed out. While the reasons why girls did not attend school were known, not much progress had been made. A number of areas related to the girl child were highlighted, including promoting later marriages; having fewer children; reducing mortality rate; introducing child protection policies; addressing gender discrimination as a core issues of girls' rights; promoting gender sensitivity at schools; and avoiding stereotyping. It was also important to teach girls technology in order to avoid a digital divide alongside the Gender Divide and North-South Divide.

Strong views were expressed on the need to restructure existing curricula to a more science-based education with a commitment to research and education at the tertiary level. ICT (information communication technology) had a vital role to play in the improvement of education systems, it was stressed. The importance of non-formal education and distance education in vast countries with scattered populations was also stressed. Exchange programmes between developing and developed countries were highlighted as a means to build capacity in developing countries. However, there was need to avoid "brain-drain" from developing countries to the developed world by repatriating students after they had finished their higher education abroad.

Partnerships with the private sector, civil society organizations, especially in local communities, as well as with parents, were hailed as an effective way to support public policies. South-south and regional cooperation in education was also strongly recommended based on shared cultural background and similar historical experiences.

The meeting concluded with a warning from the President of the Council that without a recognition of the *urgency* for real progress, the 2005 gender parity target, and even the 2015 Education For All target will not be met. He said that the situation must be treated as an "emergency".

It became clear from the Roundtable discussion that strengthening education systems and reaching the Millennium Goals in Education would require:

- Education policy to be fully integrated and linked to poverty reduction strategies; equity and efficiency should go hand in hand. The search for efficiency should be informed by social realities and needs;
- In addition to widening access, attention should also be focused on pupil retention and improving the quality of education;
- Political will and national commitment. Countries that have invested serious political capital in the expansion of education have been able to change enrolment and retention figures dramatically; difficult political choices also have to be made in policies and resource allocations;
- Expanded partnerships with the private sector, civil society organizations, including churches, as well as parents, that are designed to support the public sector role;
- Governments which have formulated effective education policies must be provided with adequate and sustained resources by the development partners; adequate financing, both domestic and international, is essential;
- A multi-sectoral integrated approach that would also include addressing among other things, inadequate food and nutrition, water and sanitation, HIV/AIDS prevention and conflict prevention and good governance;
- A widespread and effective use of and training in information and communication technologies for students, teachers and education personnel including distance education. In addition, science education beginning from a young age is important to respond to and manage rapidly changing technology;
- A sustained campaign to close the gender gap in education by increasing the access of girls and providing a girl-friendly environment that addresses cost, appropriate facilities and safety issues. The retention of boys in school also needs to be addressed;
- Human rights education and education systems geared towards

promoting dialogue on issues related to cultural identity and diversity can also play a useful role in conflict prevention and mutual understanding;

- Basic education must be part of a sector-wide strategy that includes the entire system from early childhood, through secondary, technical/vocational and higher education;
- Technical and vocational education should be linked to enterprise development, the work environment and the requirements in technology and labour markets. This can be done by integrating and mainstreaming vocational disciplines in secondary education;
- Non-formal education is important to reach those in the informal sector;
- Restructuring of curricula is necessary. A science-based curricula should be taught from a young age if countries are to adapt and respond to rapidly changing technologies;
- Strategies and measures to reverse the brain drain should be put in place;
- South-south cooperation and regional initiatives should be used to support national education efforts;
- Improved donor coordination based on recipient country-owned and developed targets and priorities;
- In this connection, adequate support must be provided to higher education if education is to fulfil its role to support national development and also serve to help countries compete in the global economy;
- The Monterrey Conference is a unique opportunity to link financing to the Millennium Development Goals;
- Measures and strategies to reverse the brain drain;

As to good practices on education, the Roundtable discussion indicated:

- The critical importance of partnerships and coordination among United Nations agencies in the field;
- That for education interventions to be sustainable, they must be demand-driven and country-owned and -led;
- It is possible to successfully integrate reproductive health and life skills education for youth and adolescents through the formal and

non-formal sectors, as part of a larger effort to work with national partners in maintaining a lifecycle approach to education, health, population and development;

- Food is a simple, proven and effective tool to attract poor children to school. When school meals are offered, enrollment and attendance rates can double with a year;
- Training in international norms and standards is essential in meeting the competitive demands of the global economy;
- That such training must have build in mechanisms to ensure sustainability.

PAPERS AND GOOD PRACTICES ON EDUCATION AND DEVELOPMENT

“EDUCATION AND DEVELOPMENT”

Ms. Carol Bellamy, Executive Director of UNICEF

I would like to explain the special commitment to girls' education that UNICEF brings to the challenge of getting all children into school.

It is a reality that between a half and two thirds of the children of primary school age who are not in school are girls, and that progress to close the gender gap over the past ten years has been pitifully slow. It has never been clearer that goal of Education for All by 2015 will never be reached without massive efforts now to address the question of girls' education. The EFA target (and Millennium Development Goal) to achieve gender parity in primary and secondary education by 2005 is almost upon us. Unless the sense of urgency which the EFA partners now feel is shared more widely, and acted on, the world will have little to report on this ambitious target.

But the picture is not as bleak as it may sound. We now know what the barriers are to girls' access to learning. In the first instance, they are the same barriers that confront all children, boys and girls alike—lack of facilities, poor quality, high costs, child labour etc. Unless these fundamental problems are addressed there is little point in focusing on the problem of girls' access or completion of basic education.

One of the lessons of the decade, however, is that focusing only on obstacles that all children face can have the effect of reducing the number of

children out of school, but impacting little, or actually increasing the gap between boys' and girls' enrolment rates. In West and Central Africa, for example, there was an overall improvement of seven per cent in net enrolment rates between 1990 and 1998, but the boys' rate increased by almost ten per cent, while the girls' gain was a little over five per cent. Enrolment improved, but the gender gap widened. Unless we specifically target the additional obstacles that keep girls from school, we will never achieve the cherished target of EFA.

Not only do we understand the barriers that keep girls from learning, but we have learned a great deal about the approaches that are effective in addressing them. We know that abolition of fees, introduction of various incentives for attendance, child care for young siblings, introduction of labour-saving technologies and sensitisation campaigns can have a very significant impact on the barriers that originate in the family or household. We know that better allocation of public resources to education, and within education, better alignment of labour and education policies, and better legal frameworks that ensure the safety of girls in and out of school can make a huge contribution to eliminating the policy barriers to girls' access and completion. We have experience with a whole range of interventions that address the community beliefs and practices that help to keep girls out of school, and we know what needs to be done to schools and education systems to make them more "girl-friendly" so that girls will attend, and succeed.

We have also discovered the value of knowledge sharing, and of partnerships. At the global level we have seen the added value that comes from initiatives like the UN Girls' Education Initiative (UNGEI) which brings together the collective wisdom and resources of 13 UN entities, and promotes partnerships at country and regional level to share knowledge and help countries meet their commitments to EFA.

At the Regional level we have learnt the value of multi-country programmes (such as the African Girls' Education Initiative) that provide flexible but effective frameworks and mechanisms and help to mobilise resources for individual country programmes, and build on a shared understanding of the problems in the region.

At the country level, we are beginning to see the fruits of the drive for more effective coordination and focus that result from United Nations

Reform (United Nations Development Assistance Framework (UNDAF) and Common Country Assessment (CCA)) and Sector-wide Approaches that are effectively linked to the national development vision, whether or not it is yet articulated in a Poverty Reduction Strategy.

The message emerging from the Roundtable discussion must stress not simply the vital importance of education, especially of girls, to social and economic development, but also the urgency for significant acceleration of efforts. We know that it is difficult, but we know that it is doable. We know what is required, and we know how to do it. What remains is to convince the world leaders and decision-makers that it is an investment they cannot afford to miss.

“HIGHER EDUCATION AND DEVELOPMENT”

Prof. Johannes A. van Ginkel,

Rector of United Nations University (UNU)

The discussions on Higher Education should be based on some important conferences, seminars and studies in recent years, in particular the World Conference on Higher Education (WCHE), organized by UNESCO, October 1998 (resolution and framework for action); UNESCO/World Bank Task Force on Higher Education and Society (2000); and ECOSOC Panel on Higher Education in Africa in the Information Age (New York, 10 May 2001)

The WCHE signaled a major change in policy, calling for broad support for Higher Education, both in its own right and in its supportive role to the whole education system. To contribute more adequately to society and to development, the education-system must be strengthened at all levels and in all sectors. Strengthening primary education alone is not enough, because there is also a need for education in order to guarantee or at least contribute to good governance (a.o. civil servants of good quality); rule of law (lawyers); health care (doctors / nurses); education (teachers); public utilities (engineers).

Important issues related to Higher Education include globalization, internationalization, the rise of the knowledge society, demography, economy, ICT, staff development, new approaches to teaching and learning and increased demands on administrative and managerial skills in higher education.

In addition, however, it should be noted that education, including Higher Education has an importance which goes beyond the economic sphere. Two subject areas may be mentioned to illustrate this, first of all cultural identity and diversity as globalization and internationalization demand increased capacity for dialogue on an issue which has acquired much urgency because of the horrific events of 11-09-2001; and secondly, the environment and (sustainable) development—what role can education play?

It is evident that Higher Education must play a major role in both areas as the content matter on which the curricula in schools are based, as well as the teacher training belong to the responsibilities of higher education.

It is often claimed that universities have a long tradition. They did not survive, however, unchanged. The Higher Education sector of today is a highly diversified sector. One of the major dimensions of diversity in this sector is the relation between teaching and research. The other is the degree in which the teaching staff do develop the necessary teaching and learning material by themselves. Another dimension of diversity is of course the existence (or not) of an explicit job-orientation. It is evident: the issue of diversification of Higher Education is crucial in any discussion about the relation between higher education and development. In the WCHE this topic was dealt with in close relation to access, relevance, and service to society.

The dominant picture of higher education is one of innovation and change, as well as rapidly increasing differentiation. The word university does not apply anymore to very uniform and very specific institutions. Instead the word applies to a whole range of higher education institutions with very diverse profiles and roles. Their major characteristics are the post-secondary level and the combination of development, transfer and application of knowledge, in strongly varying degrees for each of the components. Higher education works for a rapidly growing and quickly evolving market. The total volume is already enormous and the market is increasingly world wide and characterized by international cooperation / networking of like minded institutions, as well as increasing competition and a high degree and still increasing differentiation of both supply and demand.

The following points need to be discussed at length:

- The present state: What strengths and weaknesses characterize, at present, the contributions of Higher Education institutions to development?

- Future opportunities and challenges: What should these institutions do or change to improve their contributions to development? Making good use of future opportunities and addressing adequately all future challenges to enhance their performance?
- What can/should governments do? And what should the education-related agencies do in order to strengthen these institutions and to challenge them to enhance their performance?

To conclude, I would like to repeat here one remark made by Prof. Komlavi Seddoh of UNESCO's Higher Education Division at ECOSOC's panel on Higher Education in Africa in the Information Age:

“Universities are frequently the most performing institutions in the country. They house the bulk of the continent's research capabilities and technical expertise. They are often the only national institutions with the skills, the equipment and the mandate to generate new knowledge through research. Very often their academic competencies are greater than those of the public and private sectors combined. Universities are the principal reservoir of skilled human specialized resources in most African countries. African universities should be mentioned among the key actors in national development. For the majority of the society, African universities will continue to be the principal producers of national, political officials, public administrators, business managers, secondary school teachers, public and private health personnel. One could easily imagine the heavy responsibilities of African universities as they are among the main levers for national development and the open gate towards our modern world with which they should remain on the same wavelength”.

“EDUCATION AND DEVELOPMENT IN UGANDA”

***Dr. Edward Khiddu Makubuya,
Minister of Education and Sports Of Uganda***

Although Uganda has been a signatory to several International and Local Declarations binding it to providing Education for all its citizens, it is only during the last 16 years that the Government's conviction about the pivotal role of Education in human resource and national development has

accorded education the highest profile in the history of Formal Education in my country.

The National Resistance Movement (NRM) Government assumed power in Uganda in 1986 and ended nearly two decades of misrule and civil strife which had resulted into near collapse of the social, economic and political infrastructure.

In the immediate post-conflict period in Uganda, the Education Sector was virtually on its deathbed. For example, at primary education level, the gross enrolment was a mere 50 per cent. Nearly 70 per cent of the school buildings had either been destroyed or were in a state of disrepair, 56 per cent of the teachers were untrained despite the increase in the number of Primary Teachers' Colleges. The teachers themselves spent less than 60 per cent of the expected time in the school premises and far less time on task. They were demoralized, pre-occupied with survival and attempt to top-up their income. They lacked the required syllabi and textbooks to teach effectively, while over 15 pupils shared one textbook in the major teaching subjects. The cohort completion rate was less than 30 per cent and the overall quality of education plummeted. Notwithstanding this, however, parents shouldered above 70 per cent of the cost of education at the first level. This situation was mirrored in worsening degrees, at all levels of the education system.

The National Vision of Uganda, which was later to be articulated in Vision 2025 document, was to develop a beautiful and productive country. A country with prosperity and harmony in diversity with equal opportunity for all. A country that is technologically advanced with rapid and sustainable growth. A country ridded of poverty and enjoying regional and international co-operation. A hard-working citizenry, and good governance and accountability. Underlying all of these promises are knowledge and skills for which Education in general and Primary Education in particular is a critical building block.

Ugandans reached consensus that a massive, comprehensive and systematic reform in the education sector and particularly at the primary education sub-sector would ensure that Uganda realizes its vision in a foreseeable future. The objective of the reforms was to increase access and achieve Education for All, improve quality, promote equity and enhance relevance of Education. This decision was strongly backed by our participation in

the Jomtien Conference and its Declarations (1990), the Uganda National Constitution (1995) and other concerns for Human Rights.

Faced with a weak economy, Government had to proceed judiciously. Before concrete plans were made for the reforms, several Studies were carried out to update sector knowledge. Broad consultations with stakeholders were also conducted by an Education Review Commission whose recommendations gave birth to the Government White Paper on Education (1992). While Studies were going on, Government was picking up the pieces and concentrating on reconciliation, rehabilitation and reconstruction. It is to be emphasized that the preparation for launching education reform was solidly preceded by studies and broad consultation.

From 1992, Government was armed with concrete facts and recommendations to increase access, given that access and equity constraints included among others low enrolment, high attrition rates, poor physical facilities and inadequate provision for the marginalised groups, especially girls.

Government, therefore, progressively introduced well-directed policies and favoured a shift from elitist education to massive education. These policies culminated into the UPE Policy which commits Government to reducing financial burdens on parents by providing free education for four children per household; 50 per cent of the children are to be girls. In addition, children with disabilities were also to be accorded priority considerations for free education. The UPE Programme alone resulted in an increase in gross primary enrolment from 69 per cent in 1992 to 136 per cent in 1999 or 2.9 million children in 1996 to 5.6 million in 1998 and 6.5 million in 2001. To meet the unique needs of marginalized children such as nomads, children of fishing communities, alternative basic forms of education were developed and are being implemented for the past fiveyears attracting over 20,000 children.

In the area of Special Needs Education, special support has been provided through special grants, purchase of equipment and learning materials, and training of teachers to competently handle the inclusive education. Classroom construction and other buildings are being constructed to provide more learning space. Since the UPE Programme was launched (1997) over 10,000 additional classrooms have been constructed.

Finally, girls have been encouraged to enroll in school through Incentive Grant Schemes and the introduction of appropriate policies that

promotes safe and conducive school environment. In fact, in the year 2000, Government launched a far-reaching strategy for Promoting Girls Education, which offers a bright future for girls at all levels of education structure.

Expansions have also been initiated progressively at all levels thereby preparing Post Primary Institutions to cope with expansions at the first level. This expansion has also taken place at the tertiary and university levels. In the past three years, there has been ongoing rehabilitation and strengthening of Technical, Business and Vocational Education and Training.

Implementation of Government policy to establish a community polytechnic at every sub-county has commenced. This aspect of Education will be complemented by vocational courses in Comprehensive Secondary Schools. Training at this level is to produce middle level managers and technicians who are very instrumental in national development.

Quality efficiency and relevance included overloaded and theoretical curriculum, outmoded assessment, dependence on untrained teachers, high attrition and low motivation among teachers, lack of institutional materials, low government funding and poor management as well as poor accountability.

Government has steadily increased funding for education from less than 15 per cent to 33 per cent of the overall recurrent national budget in 1986 and 2001 respectively. Government funding for Primary Education has averaged at 70 per cent of the recurrent budget for the education sector over the past four years.

Teachers pay has risen over ten folds between 1992–2001. This has contributed to improved teacher motivation and attendance. Meanwhile, teacher quality has also improved steadily through special in-service and pre-service teacher education and training programmes. Between 1992–1999 the percentage of trained teachers in service has risen by over 20 per cent. The textbook problem is being addressed through a textbook policy reform, which has liberated the production and distribution of books. In the past 6 years, for example, the pupil to textbook ratio has improved from 1:15 to 1:5 for core subjects even with the explosive enrolment after UPE. In addition, curriculum reform has been directed at improving quality relevance and gender equity. In practice the curriculum for primary teachers' colleges and primary schools have been revised.

The primary school curriculum takes into account the fact that primary education is the first level of formal education and often the last chance for a majority of Uganda's children. Therefore, they have been prepared to equip the learners with basic and vital skills that will enable them to earn a living. In this way, the curriculum aims at enabling the learners to contribute to overall national development. The primary teachers' college's curriculum largely provides for the knowledge, skills and attitudes to implement the primary school curriculum and provide guidance and counseling. Finally, we have also continued to improve the quality of the learning environment and that of planning and policy formulation.

The Government of Uganda has found value in emphasizing cross cutting strategies. The Government believes that it is important to strengthen partnership in providing education. This has been tackled through remaining open to as many partners as are interested to work with Government—so far Government Agencies, NGOs, the private sector and the civil society; defining roles and responsibilities; creating for a consultations of stakeholders; encouraging regular cross ministerial consultation; and encouraging joint planning, monitoring and evaluation.

The community has a major role in ensuring success of the education programmes. We have mobilized and will continue to mobilize communities to construct schools; provide instructional materials; monitor school funds; build a healthy teacher / pupil relationship; monitor children's performance; enhance discipline; provide place and time for children to study at home; and to manage family resources to support children in schools.

Decentralization of power, authority and responsibility has gone a long way in involving many more Ugandans in managing educational affairs. By policy, Primary and Secondary Education are decentralized.

In the course of our endeavours, we have learnt that the following inputs are needed for good practices:

- Ensuring strong political will. Political commitment, ideally from the highest level of Government, is critical. In Uganda H.E. the President's Commitment to UPE has translated itself into communities and all arms of Government and has resulted in great success in increasing participation at Primary School, provision of Secondary, Tertiary and University Education;

Backing up political will with financial support. Government's financial commitment is essential, particularly for improving

quality Education. Without an increased share of Government budgetary allocation to education, the education environment is likely to continue to be inadequate and the political commitment fades into a rhetoric.

- Consultation with stakeholders. Continuous, genuine consultation and communication is necessary. Information, communication and education of all stakeholders particularly parents is also critical to the success of Education programmes;
- Our experience is also that, to succeed in promoting quality Education for all, the value and merits of Education must be well understood. This is particularly important when reaching out to the unreached.

The following have been some of our lessons in bid for successful National Advocacy for Education:

- To integrate Education Programmes and plans into a wider National context e.g. of poverty reduction and development framework;
- To involve the Highest National Leadership to spearhead campaign to promote Education;
- To expand partnership for Education and to deploy them in London acting advocacy to various target groups;
- To carry out advocacy at several layers including National, Regional, Districts and Community;
- To train the various agents in advocacy.

The promotion of Education for All continues to be a challenging venture in the following respects: inadequate resources; very high demand, which strains the limited resources; inadequate capacity at all stages of delivery system; poverty at the household level; and the menace of diseases.

RECOMMENDATIONS

Education requires wide partnerships. In Uganda, this has included working with various United Nations Agencies. Although a great deal has been done, a lot remains unaccomplished because of the volume of the task at hand. Areas of possible continued collaboration include:

- Strengthening National Technical Capacity to develop plan to Train, Monitor and to evaluate programme;
- Creating network for sharing information;
- Providing direct funding;
- Providing technical assistance;
- Establishing a common framework of knowledge and understanding of what is happening in specific countries, regions and organizations;
- Increasing external finance for Basic Education;
- Ensuring greater predictability in the flow of external assistance;
- Strengthening sector wide approaches;
- Providing earlier, deeper and broader debt relief for poverty.

It is our intention and resolve to:

- Ensure that government ownership and management is strong;
- That partnership must be strengthened but must be built on mutual respect and trust;
- Ensure that all actions taken must as much as possible be based on clear and correct sector knowledge;
- Ensure that there are openings for graduates of every education level.

“EDUCATION AND DEVELOPMENT IN THE CENTRAL AMERICAN REGION—THE CASE OF EL SALVADOR”

Dr. Ana Evelyn Jacir de Lovo, Minister of Education of El Salvador

One of the essential elements for the creation of wealth and the achievement of development is knowledge. To learn and to know are two important components in the formation of human resources. Taking this into account Ministries of Education have the following challenges:

In this sense the expansion and accessibility of basic education is required. Dropout rates must be reduced and in order to accomplish these tasks Ministries of Education can not work alone, they must work together with other public and private organizations and entities dedicated to the formation of human resources. Also the inequity in the formation of human resources between regions and socioeconomic groups must be reduced.

The quality of education must be increased, in order to achieve the objective of forming students ready to compete in the globalized world.

The improvement on education not only would have as a consequence a decrease in the levels of poverty, violence but also would provoke an increase in the levels of competitiveness and a better income distribution among the population.

Elements of education that should be taken into account:

- Knowledge is being actualized day by day. The technical qualifications required to success in today's world grow and change constantly
- Knowledge depends of the technological development, which is also improving constantly. That is why adequate methodologies are required in order to allow the student to actualize at the same pace
- In these days students, workers and professionals are required to "learn how to learn". The essential abilities to be taught are: math—which is the ability to compress and handle important volumes of information and data; abilities to communicate; motivation to success; disposition to work in teams; and capacity to resolve problems

To offer a good education is important because of the following reasons:

- To form better citizens, improving their capacity to express and defend their demands in matters of public policies.
- To form better economic agents, forming in individuals the abilities to confront with success the problems presented by the labor world.
- To improve human resources in order to achieve sustainable development, improving society's ability to create wealth and in that way improve the quality of living of the population in general.
- Education is a good education when:
When the performance of students is more than satisfactory,
when the educational process achieves the objective of effectively granting a minimum of equality in teaching, compensating the differences or inequalities of students in learning,
when the content of what is being taught provides students with

knowledge, abilities and skills which allow them act effectively in their personal lives, labor market, cultural life and in their capacity to interact with others, when it promotes creativity, develops a responsibility sense, individual autonomy and promotes social solidarity in the student.

“EDUCATION AND GENDER”

Ms. Angela E.V. King, UN Special Advisor on Gender Issues and Advancement of Women

Education and training of women have been high on the agenda of the four world conferences on women organized by the United Nations. Since 1975, eradicating illiteracy, ensuring equal access to all levels of education and all forms of training, and eliminating stereotypes from education have been the cornerstones for the advancement of women in all other respects—from poverty eradication, to full enjoyment of human rights, to elimination of violence against women, to women’s role in decision-making.

The Millennium Declaration has given additional weight to this prerequisite for gender equality when it recognized the central role of girls’ education to the eradication of poverty. The road map towards the implementation of the United Nations Millennium Declaration provides strategies for moving this agenda forward, as does the United Nations Girls’ Education Initiative launched by the Secretary-General in April 2000 at the Dakar World Education Forum.

Education has a critical role in the empowerment of women and girls. With every year of schooling, women’s wages rise by between 10 to 20 per cent. Educated women tend to marry later, a trend, which has significant implications for economic opportunities, choices and fertility. Women’s education is associated with longer life expectancy, lower infant mortality and lower fertility, and the children of educated mothers, especially girls, are more likely to receive education.

Let me highlight some of the lessons learned in the follow-up to the Fourth World Conference on Women:

- Girls’ enrolment at all levels increases where there is political will and allocation of resources, for example, by taking specific mea-

asures and incentives that make schooling obligatory and thereby ensure that parents send their girls to school;

- Drop outs at secondary level are prevented when special measures are taken to keep girls in schools and equip schools to adjust to the needs of teenage mothers;
- Alternative and non-formal education systems are an excellent means to reach out to girls in indigenous communities and other disadvantaged groups;
- Directing girls to non-traditional fields of study and vocational training and improving access to science and technology works only when special initiatives are introduced.

We also know the types of challenges we face in achieving universal education and that affect the education of girls in particular ways. These include:

- Lack of resources to undertake reforms of educational infrastructure and curricula has a time-delayed impact on the education and training of women; persisting disparities between urban and rural areas are particularly negative for girls' equal access to schooling;
- Non-stable political and economic situations, civil unrest and armed conflict close schools and prevent equipment and widespread low esteem for education;
- Efforts to eradicate illiteracy among women aged 15 and above are insufficient. These rates remains alarmingly high in many countries, in particular among indigenous, poor and rural women and in Sub-Saharan Africa;
- Measures to eliminate gender stereotyping in vocational training, professional fields and in tertiary education have not had any large-scale success; and not enough attention is given to the link to the labour market, especially for women in higher education;
- Despite efforts in all regions to remove gender bias from education, the results are at best preliminary. Changes in textbooks and curricula, teacher training, sensitization workshops for educational policy makers and introduction of women or gender studies and other initiatives to eradicate gender bias in education need to be pursued in a coherent, multi-sectoral approach;

- The number of women in decision-making position at all levels of education, in educational policy-making and academia remains low.

This assessment gives us a clear idea of the challenges ahead. They include:

- Ensure equal access of girls to education and completion of basic education. Reach out to adult illiterate women through massive literacy campaigns by all modern means available and sustain acquired knowledge through post-literacy training;
- Achieve completion of basic education by all children as suggested in all global conferences;
- Investigate the feminization of tertiary education in many parts of the world and its consequences; pursue a balance in female and male enrolment in tertiary education;
- Strengthen and coordinate better efforts to remove gender bias from educational material, curricula and teacher training which are vital to ensure a more gender balanced education, reach out to all actors and multipliers; and
- Promote women into positions of decision-making in the education sector.

**“EDUCATION AND THE ROLE OF THE
INTERNATIONAL LABOUR ORGANIZATION (ILO)”**

Mr. John Langmore, Director of ILO Liaison Office to the UN

ILO education sector policy and work is largely set by the sectoral meetings on average once every four years, and by the Joint ILO/UNESCO Committee of Experts on the Application of the Recommendations concerning Teaching Personnel (CEART) which meets once every three years in Paris or Geneva.

ILO work has tended to concentrate for more than forty years on core human resource development issues which have a determining impact on access to quality education—best practices in areas of recruitment and careers, salaries and social security, conditions of work and labour relations—affecting primarily teachers. Since the 1950s, the ILO has worked closely

with UNESCO, based on the international standards monitored and promoted jointly by both organizations through the CFART.

The international standards are the *ILO/UNESCO Recommendation concerning the Status of Teachers, 1966*, and the *UNESCO Recommendation concerning the Status of Higher-Education Teaching Personnel, 1997*. The older Recommendation, despite being adopted in a totally different international context in terms of educational development, resources, challenges, etc, is still considered the most comprehensive and holistic set of guidelines on which to base policies and practices concerning the teaching profession.

The most recent ILO sectoral meeting on education, *the Joint Meeting on Lifelong Learning in the Twenty-First Century: The Changing Roles of Educational Personnel*, was held in Geneva, April 2000. The conclusions emphasized:²⁵

- the need for education and training systems to evolve towards integrating various stages of formal and non-formal learning (early childhood to post-tertiary adult education) into a learning chain from “cradle to grave”;
- a high level of investment in education and training (at a minimum 6% of GNP);
- concentration on developing a “learning culture” in schools and other learning sites with accent on individual learning needs;
- greater coordination of school and workplace learning opportunities;
- teaching based on a high degree of teacher professionalism achieved through elevated levels of initial education and more comprehensive and lifelong professional development for teachers;
- levels of remuneration to ensure recruitment of sufficient numbers of high quality teachers and maintain them in the profession;
- attention to key workplace components such as class size to favour individual learning, more flexible classroom and school organization and reduction in violence and stress in educational settings;
- full participation of teachers and other educational professionals

25. The full report is on the ILO Website: <http://www.ilo.org/public/english/dialogue/sector/techmeet/ceart00/ceart.htm>

in reform decision-making through social dialogue, mechanisms and institutions, including collective bargaining.

The CEART last met at its Seventh Session in Geneva, September 2000. Its conclusions highlighted:

- the “tremendous expansion of education against a background of pauperization of teaching and learning conditions—creating an environment unattractive to potential recruits and to teachers currently in service”;
- widespread exclusion of teachers from key decisions in favour of top-down management styles on the part of many public authorities, and the need to rely more on social dialogue to address key issues in education;
- the need to upgrade the large numbers of unqualified teachers in the world and a re-emphasis on professional development to meet new challenges, especially in ICT;
- the emphasis placed by the ILO joint meeting in April on developing integrated lifelong learning systems replace current fractured education and training approaches.

TEACHERS

There is an increasing shortage of qualified teachers. UNESCO and the OECD published an international report on teachers last year which particularly highlighted this challenge for the realization of Education for All (EFA) objectives. As a result of the Dakar Conference on EFA in April 2000, the objective is for the attainment of universal basic education by 2015, an objective that is unrealistic unless several million more qualified teachers are recruited during this period to replace retiring teachers, those leaving the profession prematurely, persistent regional and subject shortages and increasing demand. The problem has been chronic in many developing countries since the 1960s. It has become especially acute in many OECD countries in recent years due to a number of factors.

The ILO view is that ensuring an adequate level of recruitment and maintenance of qualified individuals in teaching cannot be realized without policies and practices which address the issues highlighted by the ILO's Joint Meeting and the CEART. Among these issues are:

- Initial education and professional development: maintenance of the relatively high levels of initial education which prevail in OECD and upper middle-income countries, but considerably more investment in continual professional development which is accessible to all teachers and is made obligatory to maintain a place in the teaching profession; in developing countries a greater adaptation of initial training to the needs of difficult teaching and learning conditions, especially in rural areas, the same emphasis on professional development, and an end to the spreading concept (largely in French-speaking African countries under the influence of World Bank policies) of “volunteer” programmes based on reduced training and remuneration;
- Remuneration: paying teachers at levels that reflect the investment in high levels of teacher education, are competitive with professions requiring similar training at national or regional level where labour markets operate more broadly, and especially in developing countries (but also some countries of the former USSR), an end to practices of non-payment of salaries for long stretches of time; hence the importance of a high level of national resource investment in education—at least 6% of GNP, a figure which is far from being realized in a large number of non-OECD countries;
- Teaching and learning conditions: much greater attention to the non-material side of teaching, especially the critical workplace components of class size, hours of work and excessive non-teaching assignments created by the growing demand for accountability to national standards and public perceptions. Increasing research suggests that the workplace stresses and strains not related to remuneration—individual teachers’ perceptions that they are undervalued, even considered an obstacle to reform in education which are undertaken much too frequently, their professional skills and judgements discounted and the stresses of teaching (disruptive pupils, violence in schools) not commiserate with the remuneration offered—are inhibiting recruitment and shortening careers, the combination leading to teacher shortages especially in OECD countries;
- Social dialogue in education: the imperative need to treat teachers

as real professionals in decision-making by strengthening social dialogue institutions and mechanisms so that teachers' perspectives on curricula, pedagogy, school organization and determinants of the teaching profession are a fundamental influence on decisions; this cannot be achieved without respect for fundamental human and workplace rights enshrined in ILO Conventions and the *Declaration on Fundamental Principles and Rights at Work*.

- Professional ethics: universal development of self-regulating codes of conduct or ethics which emphasize the professional responsibilities of teaching staff and other personnel along with their rights.

BASIC EDUCATION

The ILO supports a renewed emphasis on achieving universal, free, and largely public basic education up to the minimum age for employment. However, international emphasis on this foundation of learning must be placed in the context of the “learning chain” for lifelong education noted above, and must take account of the concept’s “learning culture” objectives. This means that adequate investments must be maintained in secondary, tertiary and post-tertiary education (with much more systematic and accessible funding for the latter), and a rush to universal access at the expense of quality considerations (training of teachers, remuneration and learning conditions) will undermine the ultimate objectives.

GIRLS EDUCATION

The ILO supports efforts to break down cultural, social and economic barriers to universal access of girls and women to quality education. It is a vital aspect of the effort to eliminate child labour. One key component of such efforts is a much greater emphasis on recruitment and conditions of teaching for women teachers.

**“FINDINGS FROM THE CONSULTATION ON GIRLS,
EDUCATION AND DEVELOPMENT CARRIED OUT BY
THE WORLD ASSOCIATION OF GIRL GUIDES
AND GIRL SCOUTS (WAGGGS)”**

Ms. Leslie Wright, Chair of WAGGGS²⁶

On January 16, 2002 at United Nations headquarters in New York, the World Association of Girl Guides and Girl Scouts held a consultation titled “Girls, Education and Development”. The consultation was held at the request of ECOSOC and was facilitated by the NGO Section, DESA, to prepare for ECOSOC’s High Level Segment.

Chairing the meeting was H.E. Ellen Løj, Ambassador Extraordinary and Plenipotentiary and Permanent Representative to the Permanent Mission of Denmark to the UN. Participating as panelists were representatives from UNICEF, UNESCO, the National Association of Negro Business and Professional Women’s Clubs, Girl Scouts of the USA and WAGGGS. Audience participation included representatives from the Missions of Germany, Costa Rica, Nigeria and Croatia. Further participation from NGOs included the UNICEF NGO Committee’s Working Group on Girls, the NGO Committee on the Status of Women, the NGO Committee on Education, Zonta International, International Federation of University Women, School Sisters of Notre Dame, International Sisters of Mercy, Baha’i International Community, WAGGGS, National Association of Negro Business and Professional Women’s Clubs, Anglican Commission, ECPAT-USA, Armenian Assembly of America, American Association of University Women, Soroptimists International. Also attending were representatives from UNICEF and ILO. The key findings were as such:

26. The World Association of Girl Guides and Girl Scouts (WAGGGS), founded in 1917, was granted ECOSOC status in 1947. One of the first non-governmental organizations working to support the aims of the United Nations, WAGGGS recently applied for and was granted general consultative status. For more than 50 years the United Nations and WAGGGS have continued to increase their activities and the scope of their work. Today the UN has 189 member countries, and WAGGGS operates in 140 National Associations, representing over 10 million members. WAGGGS is the largest voluntary organization for girls and young women in the world, offering non-formal education and values-based programs to all members.

- Education for girls is the most important pre-requisite for achieving international development targets on child poverty, education and health
- Girls who are educated grow into healthier, more affluent adults, whose family size tends to be smaller, whose children are better educated and healthier, and who have more options in life.
- Education for girls is a human right that should not be curtailed because of traditional roles, household barriers, infrastructure or economic barriers
- Barriers to the education of girls and young women can be overcome
- The international community is committed to the education of girls worldwide

The Economics of Education: Development assistance and loans are not appropriate long-term vehicles for sustainable education programs. Education, which is an investment in the future development of nations, needs to be sustained through the national budget. A major factor contributing to national governments' abilities to fund education is the debt burden. Solutions to this burden were discussed during the International Conference on Financing for Development in Monterrey, Mexico in March 2002. Too often education is not free, and thus governments find it difficult to make it compulsory. Poor families must make choices about which children, if any, can be educated. In addition to the expense of schooling, families are frequently asked to fund textbooks, materials and uniforms. Transportation to and from school is another expense, sometimes required from families. These costs lead to lack of universal primary education, and too often, because of the low status of girls, to their exclusion.

Development: The education of girls leads to increased national development. Girls who are educated can fill positions in the government and private sector needed for society. When half the population is ignored and not permitted to develop, countries cannot prosper. It is important that traditional expectations of girls be examined so that they can develop the same potential as their male counterparts to enhance opportunities for the society. In cases where much of the population has been lost due to disease or war, the education of girls and training of women is necessary to replace

human resources. In developing countries, both men and women must be trained to reach their full potential in order for the country to compete in a global economy. But economic pressures created as countries adapt to globalization restrict access to education. Women and girls are especially vulnerable to these conditions, but without a sound base of educated women, countries cannot reach sustainable development.

Empowerment: When girls and women are educated and they earn money, they have power. It is with economic power that they gain respect in their communities, and that violence against girls and women begins to decrease. Women with resources can choose not to stay in violent situations. However, girls are not yet equipped to have those choices, and require certain protections found in the UN Declaration on the Rights of the Child to keep them safe from the debilitating effects of rape, incest, slavery, early and forced marriage, restrictions from education, and other factors that will prevent them from becoming empowered in their communities later in life. When girls and women have income-producing projects, influential jobs and education, they can be positive agents of change, supporting development of their countries. When girls are educated alongside of boys, the quality of education for both is enhanced. Bringing girls into a gender-sensitive classroom that is supportive raises the value of girls in these communities. Though there is evidence that there needs to be options of separate educational structures for both boys and girls, there also needs to be opportunities when they are together to learn in a mutually supportive, non-exploitative environment.

Teacher Education: Too often there is no consistent program of teacher education. Low status and poor pay for teachers leads to selection of persons who are not trained educators. In addition, teachers have been found to sexually and physically abuse students. In many cases, girls fear rape, dropping out of school and seldom articulating the reason to family members. Rape of girls in many African schools has resulted in a death sentence for many girls because of the HIV/AIDS pandemic.

Impact of HIV/AIDS: The teachers being trained in Africa today will barely be able to replace the teachers needed in existing schools. In Africa,

where HIV/AIDS is prevalent among teachers, one-third must be replaced each year because of HIV/AIDS. These teacher shortages mean that expansion of education programs cannot occur unless the HIV/AIDS pandemic is mitigated.

Sexual and Reproductive Health: Girls and young women need access to information and education in order to protect themselves from unwanted advances and control. By arming girls with information they can know and understand their own bodies and what to expect. Girls and young women are frequently kept ignorant in order to “protect” them from being sexually assaulted. In some societies it is thought that girls can be protected from HIV/AIDS by marrying early, but recent studies show that these girls become the most vulnerable.

Marriage: Early and forced marriage isolates girls from their peers, leaving them isolated and uneducated. Education for married girls must be addressed. Too often governments determine that their responsibilities end with marriage. Likewise, the education needs of pregnant unmarried girls must be addressed. These girls will need to be raising families, and need to maximize their potential for earning a living.

Employment: Girls and young women are still considered by many to be at the bottom of the ranks of the employable, largely because of discrimination in educational opportunities. Girls and young women too often are needed to work in the informal sector in low-paying jobs with few opportunities for advancement. Without skills and often illiterate, these girls are the first to become subjected to disease. It has been shown that girls who are educated raise healthier families and have more access to resources and options. Many girls are kept from going to school because they are employed at young ages. These girls are doing household chores for their families; employed outside the home doing similar work in the informal sector; sex workers; sold to others for income for the family; sold into marriage, again for income for the family. Their human rights have been denied. With no support and no options, they are uneducated, illiterate, with limited future. Reaching these vulnerable groups of girls to provide education is a challenge.

School safety: Even in developed countries school safety is an issue. Children are acting out, bringing weapons to school. Teachers, poorly trained to protect children, can part of the problem. Other actors who are in the schools to protect children can be their exploiters. School personnel need to be trained to accept their responsibilities and people hired as caregivers need to be held accountable for their actions. No one who abuses girls should be allowed to do so with impunity. Children are sometimes abducted from schools to serve as child soldiers. Girls need to be informed about such dangers so they can understand how to protect themselves. Children, commuting to and from the school, are easy targets for abduction, abuse, drugs and rape. Parents are concerned that their girls cannot be protected and sometimes keep them away from school for that reason.

Sexual harassment and other harassment: Girls and boys experience bullying and harassment at school, but the harassment for girls is particularly disturbing and often prohibits them from going to, or staying in school. It affects self-esteem and keeps girls from speaking out. At puberty girls find that their self-esteem begins to be linked with appearance and sexuality, and harassment on these fronts can be especially disturbing to both sexes. Girls can be helped by rewarding them through educational goals at school or in non-formal education settings.

Vulnerable groups: Girls can be at risk in many settings, including in their own families. Certainly there are special vulnerable groups that need special attention, such as girls in refugee camps, in prisons and other institutions, and girls who are street children or sex workers. Girls who are abducted as child soldiers or are enslaved in other ways have special needs that must be addressed as well. Governments need to reach these groups of children—especially the girls—to educate them to give them increased options in their lives.

Traditional practices: It is important for girls and young women to understand where traditional views and practices are not helpful for their development. For example, communities where girls and young women are socialized to enter only traditionally accepted fields, rather than the more lucrative fields of science and technology, lose many people who

might enter those fields, and the girls themselves lose by limiting their choices and potential income.

Backlash against Women: In a recent study conducted by the American Association of University Women, international attendees to a conference on the *Political, Social and Economic Impact of Education for Women and Girls* warned about reform policies addressing the rights of women and girls that result in backlash from men. They warned that Western approaches might undermine progress in many societies. They called for a variety of community based models to be developed by women's NGOs working with education NGOs and governments to meet the education and development needs of girls. Adults making decisions about the education of girls will be aware of these social constructs, but need to also balance the advantages of the integration of girls and women into the economic and social structures enjoyed by men. If developing countries are to succeed, they will need the entire population to be educated to compete in the world today. Men and especially fathers must be enlisted to work for the education and integration of their daughters as well as their sons.

Self esteem: When girls and young women are socialized to be “unseen” they actually “lose their voice” and cannot discover a place for themselves in the larger society. For that reason, education—generally found in non-formal education programs—can result in positive self-esteem. Girls and young women often outperform their male counterparts in school, but during puberty they are vulnerable to socializing pressures that emphasize male achievement. Gender-neutral educational materials need to be used so girls can develop to their full potential. There continues to be tension between modern goals and traditional roles. Girls and young women need support to be able to develop their contemporary identities and skills while preserving their desired traditions.

Leadership development: Girls and young women need experience with leadership and role models to help them find their own leadership style. Many scholars writing about leadership refer to the different styles that are adopted by men and women, and note the appropriateness of these styles. As we enter into a more interdependent world, girls' leadership styles, par-

ticularly those emphasizing collaboration and team building, will become more important. Girls need to be encouraged to take leadership roles and their styles of leadership need to be enhanced. Many women have taken the lead in effecting peace through collaborative efforts, sharing power and responsibility. These methods also can be taught to their male counterparts. Non-formal educational opportunities give girls a chance to try out their leadership roles and to learn new skills. Programs of non-formal education need to be enhanced as part of the total educational experience, along with formal education for girls. Too often the socialization in the formal education classroom works against the development of the full potential of girls.

Gender-sensitive education training: Teachers need to be trained to use gender-sensitive techniques in the classroom to enhance girls' learning and participation. Girls report that they are often not called upon in class and are less rewarded for high performance than are their male counterparts. Through gender-sensitive training teachers can learn how to overcome these practices.

Technology: Girls are receivers of technology, and throughout the world are becoming acquainted with the use of technology. It is important to address the digital divide in educational programs for girls and young women before they enter the workforce. Girl Scouts of the USA have researched girls' attitudes toward ICTs and have found that girls in fact are very highly engaged with computers and use them on a par with boys when they have computer access. In fact, girls use computers as much as boys, but in different ways. Boys use them for aggressive games, but girls are more likely to use them for education and communication. They use them as a tool of empowerment, sharing, creation, and expressiveness. The study also noted that the games used by boys with female figures contain violent, negative messages, showing female characters with unrealistic, sexually provocative bodies, high-pitched voices and sometimes weak. If girls are undervalued in technology and they don't feel as if they can be members of the technology culture, computer skills may become irrelevant to their self-esteem. To help girls make a difference, it is important to understand and acknowledge the difference between female and male technical views.

- 113 million primary age children—60 per cent of them girls—remain out of school
- Millions more receive an education of insufficient quality or duration to acquire meaningful skills
- 880 million adults are illiterate, two-thirds of them are women
- The right to free and compulsory education has been recognized by the international community since the adoption of the Declaration of Human Rights in 1948.
- The Millennium Development Goals (MDGs) target universal primary education by 2015, and the elimination of gender disparity by 2005. The Zedillo panel in the Financing for Development noted that achieving these two goals would cost USD 12 billion per year. This is less than double the annual amount spent on ice cream in the US. It costs just USD 0.30 per child per day to meet the MDGs on education.

**“MODERN TECHNOLOGIES FOR CONTINUOUS EDUCATION:
A FOUNDATION OF SUCCESSFUL REALIZATION OF
HUMAN RESOURCES FOR SUSTAINABLE DEVELOPMENT
OF THE MODERN SOCIETY”**

***Prof. Yefim Malitkov, President of the
International Association Znanie²⁷***

In order to disseminate knowledge and possibilities of sustainable development and achieve the fight against poverty, we utilize our vast experience, newest technological, scientific, and educational bases, and most modern satellite telecommunications systems. In preparation for arriving at our recommendations, consultations were carried out in Eastern Europe with other NGOs, government officials and UN agencies. Representatives took part in a meeting in Moscow in January 2002 to discuss the results of these consultations and the theme: “Access to education and equal opportunities: Meeting the international development goals”.

Today, there are 880 million completely illiterate people in the world and 4.5 billion others left behind in today’s knowledge. Illiterate and desti-

27. The International Association Znanie, is one of the oldest non-governmental organizations, concerned with the dissemination of scientific, political, legal, ecological, and economic knowledge

tute people are easy prey for terrorism and narcotics business with its devastating consequences for everyone. There is a need to educate and train, which is a task for the world community. All adults, regardless of their age, are in need of constant training and life-long education. However, this view is not yet shared by all, including many state leaders

Globalization demands new technology in reeducating and training specialists in newly born types of industrial industries and other spheres of human life. Traditional technology of education, e.g. the direct transfer of knowledge from one person to another, is becoming less and less effective and social development is decelerating because of it. This is due to the fact that renewing knowledge is much quicker than its transfer from teacher to student. At the beginning of the last century working knowledge was renewed every 30 years, which afforded a person to acquire enough knowledge to get by in life from student times to retirement.

At present, however, knowledge renewal has accelerated at a rate of 15 percent per year. Including a six-year period for education or retraining, a society could go intellectually bankrupt and become ineffective in modern society. This creates marginalization and undermines the constitutional responsibilities and commitments of governments.

Modern satellite telecommunications and distance technologies in education and retraining can be important tools for meeting the ever accelerating flow of new knowledge and the requirements of sustainable development in harmony with human resources. For sustainable development to take place, governments must allocate six percent of Gross National Product to education and retraining. Without a competitive system of education and retraining of staff there cannot be a competitive work force, and without the latter there will be no competitive economy. Latest research by the World Bank indicates that "in the national wealth of any country, the industrial component contributes no more than 16 percent. The main component of wealth is human resources.

We feel that it a matter of urgency to change the social position of "education for life" to "education throughout life". And we strongly support that the work of United Nations should promote governments to give higher priority to this issue on their agendas.

Literacy and competency must be integrated for achieving successful sustainable development. Several ingredients needed include skilled experts,

as returns from investment in education and retraining are greater than any other expenditure. Another ingredient is the need to increase the number of well trained teachers.

The International Association “Znanie” is providing education to 141,000 students in 69 areas of specialization, through the Pilot Educational non-governmental Center, the Modern University of Continuous Education. Wide geographical representation is observed through 370 branches of our University in Russia and in other countries of the world. Over 1700 instructors and professors are involved and there are nearly 400 departments. A satellite teleport is being used through use of the American satellite networks. There are nine Scientific Research Institutes on technology and psychology, achievements in Scientific Technical Progress, modern electronic and computer equipment, latest educational technologies and methodologies, as well as our own textbooks. In addition, an electronic library provides textbook information and literature to all the University’s branches. More than 40,000 pieces of educational material are distributed every day, keeping the educational material or educational program updated in all of our institutes and branches. Students range from Cambridge University students to students interested in a new specialization in war zones such as Chechnya and in prisons. Boys are able to handle computers instead of guns,²⁸ and girls can browse a collection of hundreds of electronic books.²⁹ One class is taking a Law course from Cambridge, a few students study in English, and most others in their local language.³⁰ Another class is studying the modernization of the harvest process.³¹ Other students follow educational television on reviving barren lands around the little school.³²

28. Znanie/MUH has branches for higher education in the Republic of Chechnya where hundreds of young men prepare for a civil future.

29. At any of the 370 educational centers of Znanie/MUH there is access to an electronic library that is automatically updated.

30. Through a unique agreement with the Board of Continuing Education of Cambridge University, students can study a program in English Law and the Law of the European Union” in their native language.

31. One of the partners of Znanie/MUH is UNIDO with a wealth of experience in local development programs that can be implemented using Znanie/MUH’s educational technologies.

32. Znanie/MUH has its own studio and film crews that prepare educational support materials such as video and audio tapes and computer tutors.

Teachers count with books that do not fall apart, and do not have to be worried that new books never arrive,³³ since every day they receive their desired copies through the satellite. And, they also can take UNESCO-supported and locally co-developed teacher training.³⁴ At the end of the school day children wave at the mobile school, now filled with adults. Another mobile school makes its way to the next mountain village,³⁵ the third is on its way to high mountain pastures, and the fourth is driving to remote mining fields.

This is reality today within the educational network of International Association Znanie spread out over 370 educational centers in Eastern Europe and Central Asia. People are being educated for the future with the technologies of the future. Satellite links these remote places to the centers of learning and among themselves. Educational technologies designed for the 21st century make sure that learners in these places are not left behind but are empowered to develop to the best of their abilities.

We are a full-scale WEB-organization that disseminates knowledge and adult education. This factor of social development lies at the base of a sustainable development, in accordance to Chapter 36 of Agenda 21. The Znanie Association is ready to support and implement initiatives in the areas of educating and training. The Znanie Association is prepared, under UN's auspices, to organize our learning centers anywhere in the world and have decided to help the educational system in Afghanistan.

Znanie's proposals include to:

- Use the high authority of the United Nations to change the world's social philosophy and position towards success in the fight against poverty through continuous education;

33. All books in Znanie educational centers are stored in digital format with the possibility of being printed. At present experiments are underway with PDA-type book reading devices to reduce paper flows and the liability of printer breakdowns.

34. Znanie/MUH has experience in developing a teacher training project for 14,000 teachers in the Republic of Chechnya. Also Znanie/MUH has established good working relationships with UNESCO and especially the UNESCO chair on teacher training development for Sustainable Development. The philosophy of Znanie/MUH is to make extensive use of local personnel in education and training.

35. To support the UN's Year of the Mountain (2002), "Znanie has provided 5 mobile schools/universities to Kyrgyzstan that operate in hard to reach mountain villages.

- Assist in the transfer of educational technologies from the conservative traditional forms of disseminating knowledge to the global utilization of the newest breakthroughs of scientific technical progress and distant satellite telecommunications;
- Assist in the development of the Informal Regional Network of UN/GO/IRENE and the inclusion of NGOs in dialogues with the world's governments;
 - Assist in the advancement of the newest satellite educational technologies which NGO members of the UN/NGO/IRENE network which would allow developing countries to participate in education initiatives;
- Assist in the introduction of the definition of adult education; assist in the development of interstate relations in the area of knowledge promotion and adult education, for all branches including culture and health care;
- Support and disseminate experiences of interstate relations and cooperation in the area of knowledge promotion and adult education;
- Approve, together with leading NGOs with status at the UN, the experience and initiatives on the joint activity of government and non-governmental structures in the Interstate Committee on Knowledge Promotion and Adult Education;
- Recommend to UN member states to support initiatives for the creation of national, state and interstate structures together with NGOs with status at the UN;
- Use the experience of NGO International Association Znanie, working in the Interstate Committee on knowledge promotion and Adult education;
- Recommend to the relevant national and state institutions to join in the existing structure and activities of the Interstate Committee on Knowledge Promotion and Adult Education through agreement of cooperation; and
- Invite NGOs participation for achieving the goals of the United Nations.

“THE AFRICAN GIRLS’ EDUCATION INITIATIVE (AGEI)”
Mr. Peter Buckland, Senior Education Adviser of UNICEF

Partners:	CIDA, NORAD & Norway MFA, UNICEF at HQ, Region and Country levels, national governments, NGO, CBOs
Duration:	1994–2003
Project Cost:	USD 75 million
Source of Funds:	Canadian and Norwegian Funds supported by country programme funds.

Objective: The African Girls’ Education Initiative (AGEI) is an innovative partnership between the United Nations Children’s Fund (UNICEF) and Norway’s Ministry of Foreign Affairs (MFA) that operates in 34 countries of East, West, and Southern Africa. The objective of the programme is to increase the number of girls in school across Africa, to provide an improved quality of basic education, and prepare for a better quality of life than that of their elders. The programme achieves this through its support of systemic and system-wide change at local, national, regional, and global levels.

Problem/Issue: 27 million (39 per cent) of the world’s out of school girls are in Sub-Saharan Africa. The gender gap in Sub-Saharan Africa has risen from six per cent to almost eight per cent over the last ten years. The impact on adult literacy and increased fertility constitutes a fundamental obstacle to development and a key-contributing factor to poverty.

Impact: In programme zones in countries in which AGEI programmes ran, increases in girls’ enrolment of up to 11 per cent, and in one case, of 17 per cent were recorded, significantly higher than the average five per cent for all 34 programme countries. The programme developed by UNICEF and Norway involved a systematic and systemic approach to improve girls’ access to, achievement in, and completion of primary education in over 30 African nations. To this end, countries were supported in the development of realistic, gender-sensitive education policies and national education plans that include identification of the barriers to girls’ access and

completion. UNICEF facilitated the development of “compacts” between governments and donors to support the collaborative implementation of frameworks for action that specifically address girls’ education. The compact proposed specific activities to improve girls’ education; it would also promote knowledge development and related communication and information dissemination activities focused on girls’ education.

Strategy: The following eight strategies have guided programme development and implementation in UNICEF’s global girls’ education programme since 1996: (1) support to ongoing country programmes; (2) advocacy; (3) partnership; (4) communication as a way to accelerate the girls’ education movement; (5) knowledge building; (6) support to non-governmental organisations (NGOs) as effective partners for building bridges between the public sector and civil society; and (7) resource mobilization on institutional, human and financial fronts (8) Yearly Technical Reports (YTR) to monitor to evaluate and to take corrective actions. Also for purposes of collecting information for dissemination and learning process.

AGEI serves as anchor for UN Girls’ Education Initiative (UNGEI) in Africa.

“THE EDUCOM INITIATIVE IN BENIN”

Mr. Peter Buckland, Senior Education Adviser of UNICEF

Partners: UNICEF at HQ, Region and Country levels, governments, NGO, CBOs Norwegian Government
Duration: 1994–2001
Source of Funds: Norwegian Funds supported by country programme funds

Objective: The EDUCOM initiative was developed by the Benin education authorities working with UNICEF and a range of NGOs to mobilize public and community resources to address the glaring gender disparities in access and completion of primary education in Benin.

Problem/issue: Exclusion of girls from primary school is deeply entrenched in the seriously under-resourced system, and buttressed by a range of gen-

der specific barriers that compound the difficulties faced by all children of Benin in accessing education. These include cultural traditions, safety of girls in school, shortage of women teachers, school-community gaps and child labour (including girls' domestic work).

Impact: Net enrolment for girls increased from 42 per cent in 1994 to 50 per cent in 1999. Progress in project schools is significantly higher than the national average. EDUCOM started in 1994 and now covers approximately 25,000 pupils in 140 schools in 100 villages. It allows the community, through direct involvement in school life, to take responsibility for aspects of the running of the school and to maintain girls in the system. Partnership contracts and micro-plans stressing girls' education have been made with teachers, parents, village council members, and sub-prefectural committees. Girl-to-girl mentoring takes place with older girls supporting younger girls at risk of dropping out. Support is given to teacher training on modification of attitudes and behavior towards girls, to Parents' Associations on school management, and Village Councils on increasing female participation.

Strategy: The thrust of the strategy is to empower communities to play a direct role in identifying and addressing the problems confronting the access of girls to school, and the factors responsible for their drop-out. The active support of the education authorities, as well as local authorities and village councils, were critical to this process. A key strategy is the support to gender-sensitive teacher training, and school management training and for Parents Associations and Village Council. The programme also coincided with a national programme of education reforms, one of which was the abolition of school fees in 2000.

“GOOD PRACTICES RELATED TO TEACHERS”

Sir John Daniel, Assistant Director-General for Education of UNESCO

Title: Joint ILO-UNESCO programme to involve teachers and their associations in national governmental education reform aimed at achieving quality basic education for all by 2015

Partners: UNESCO Education Sector, Division of Higher Educa-

tion; ILO, Sectoral Activities Department; The ILO-UNESCO Joint Committee of Experts on the Application of the Recommendations concerning the Status of Teachers (CEART); International Confederation of Teachers Associations

Duration: Ongoing

Cost: The programmatic aspects cost approximately USD 60,000 per biennium

Objective: To prompt governments to use the international guidelines of the 1966 ILO/UNESCO Recommendation concerning the Status of Teachers in their undertaking of educational reforms, notably in reforms necessary to achieve quality basic education for all by 2015. Specifically, the guidelines set minimum standards for the recruitment, training, working conditions, and evaluation of teachers and for the institutionalized involvement of teachers and their associations in governmental educational policy development and planning. Experience has repeatedly demonstrated that where governments fail to involve teachers in the planning of major new education reform, the reform fails. There is no reason to believe that Education for All will be an exception to this. Experience has also shown that the failure of governments to adapt their national laws and practices to the standards set by the 1966 Recommendation has contributed to an accelerating worldwide decline in the status of teachers, and to chronic teacher shortages deriving from a lack of attractiveness of the profession to recruits and from the burnout, absenteeism and dropout of the teaching force.

Strategy: The ILO-UNESCO strategy consists of several strands, all of which have the aim of attracting and encouraging governments to relate to and adapt provisions of the 1966 Recommendation into their national laws and practice as regards the involvement of teachers in national education reform and as regards the strengthening of teaching as a profession.

Strand No. 1: Process: To use the ILO-UNESCO tripartite method of convening sub-regional seminars on the status of teachers vis-a-vis educational reforms. This method is to convene decision-makers from the sectors

of 1) government (education ministries); 2) labour (teachers' associations); 3) employers of teachers in the development of consensus recommendations.

Before/After: A 1998 seminar for the Island States of the Pacific produced a recommendation for the establishment of a Pacific Teachers Registration Board, to put into place sub-regional minimum qualifications for entry into the teaching profession. Up to now, those minimum standards do not exist. An ILO/UNESCO follow-up work session, using the tripartite method, has been included in our workplans for 2003 to put plans for this Board into place, and we have had a request, funding permitting, for help in the establishment of a similar Registration Board for selected African countries. At the first meeting of the Working Group on Education for All (22–24 November 2000) UNESCO was specifically asked to act as a catalyst for the development of “professional criteria for teaching” so that “the quality of teaching might be improved”.

Strand No. 2: The establishment of a group of experts on teacher issues to monitor the application of the 1966 ILO/UNESCO Recommendation and to make policy recommendations to the UNESCO Executive Board and to the ILO Governing Body. This modestly funded initiative puts into place six experts appointed in their personal capacity by ILO and six by UNESCO. They transform their analysis of world trends affecting the status of teacher into concrete proposals to redress the accelerating decline in teachers' status. Their latest recommendations, made in September 2000, have been incorporated into the workplans of ILO and UNESCO.

On UNESCO's side, these include:

- Development of a few new policy-oriented indicators about the training levels and current and projected shortages in the teaching profession;
- Inclusion of information of prevention of HIV/AIDS in education and training, in the form of international guidelines and policy advice to Member States, including advice that preventive education be a part of all teacher education curricula;
- Undertaking by UNESCO of a study on academic freedom, with particular regard to the detrimental effect that the lack of academic freedom has on building national capacities for excellence in teacher training as situated in higher education institutions;

- Creation of a website on the status of teachers, to give visibility and accessibility to the provisions of the 1966 Recommendation, and to reports alerting the public on the declining status of teachers and its implications for the quality of education worldwide.

On ILO's side, these include:

- Creation of a website on the status of teachers (for the most part supported by the ILO, in cooperation with UNESCO, and located on ILO's website);
- Undertaking work on HIV/AIDS in relation to teachers and learners in selected African countries, in the future in cooperation with a newly created Interagency Task Team on HIV/AIDS in education led by UNESCO;
- Research work to identify trends and underlying causes of reduced employment stability and tenure in higher education;
- Undertaking a major project on social dialogue in education, beginning with enhanced social dialogue for Education for All in selected countries of Africa, Asia and Latin America;
- Parallel work with UNESCO on teacher indicators—employment, salaries and conditions of teaching and learning—which will inform national policies to improve educational access and quality.

Before/After: The impact of the CEART is measurable only to the extent that its recommendations are taken into account by its two sponsoring agencies. That is, currently, a very great extent.

Strand No. 3: The third strand is offered to this group not as a long-standing good practice but as a fundamental practice which UNESCO and ILO intend to promulgate, and to begin to collect national best practices regarding. That is the full involvement of teachers and their associations in the development of national education plans. UNESCO and ILO have presented this concept to the Working Group on Education for All, and it is being considered as a flagship programme for the Follow-up to the World Education Forum. For this practice, there is no “before” or “after”, only “now”. For this practice, we ask the Member States of the United Nations to consider implementing, fully, provision 75 of the 1966 Recommendation which states:

“In order that teachers may discharge their responsibilities, authorities should establish and regularly use recognized means of consultation with teachers’ organizations on such matters as educational policy, school organization, and new developments in the education service “.

Lessons learned: The annals of the CEART are filled with national cases in which educational reforms were stalled or stymied because of a lack of dialogue between governments and the teachers who were to carry the reforms out. There are a few success stories (most recently in Czech Republic), and many instructive less-than success stories. In the recent ILO-UNESCO seminar in the Pacific, consensus was not easy to achieve, but it was achieved, and the resulting promise of the establishment of uniform minimum qualifications standards for teachers was well with the negotiations. In the worldwide search for quality in basic education, it is too easy to overlook the fact that teachers are fundamental to providing that quality, that they must have a say in the reforms they are expected to carry out, and that, according to ILO and UNESCO, they have a right to that say. That right is a fundamental complement to the heavy responsibilities which governments and committees expect teachers to discharge.

**“GOOD PRACTICES RELATED TO CHILDREN
IN DIFFICULT CIRCUMSTANCES”**

Sir John Daniel, Assistant Director-General for Education of UNESCO

Title: The White Book for Our Future (Mali and Honduras)
Partners: P.A.U. EDUCATION
Duration: 2 years per country
Project cost: USD 50,000 per country

Objective: The aim of the project is to encourage street children to think about their daily life and to express their hopes for the future. At the same time, the project aims at raising the awareness of decision-makers and the general public to the plight of these children and the need to combat social exclusion. The project tries to show in a dynamic way how the contribution of ideas and creations from children in difficult circumstances, who are involved in the process of reinsertion into society, can enrich the contents and methods of education for these children and children in general.

Faced with day-to-day urgencies, the imperatives of survival, the absence or insufficiency of family support, street children have no chance to prepare their future. Yet, their lives depend upon their ability to think about tomorrow. Nevertheless, their lives depend on this capacity to think ahead of tomorrow and imagine their surroundings. It is this promise of the future where educative proposals reach them through the channels provided by street children centers and shelters. One of the concrete objectives of this project is to enable children living in difficult circumstances to see, through setting down their thoughts about tomorrow, a much wider and more promising vision of the future.

UNESCO launched this international project, *The White Book of our Future*, in cooperation with P.A. U. Education, a publisher based in Spain, in two countries: Mali and Honduras. The project allows children to express themselves through texts and illustrations. Their contributions are then edited and published in each country in *The White Book of Our Future*, a publication made available to the authorities and society as a whole. The book shows the enormous, but neglected talent of these boys and girls, who manifest not only their capacity to play an active role in society but their aspirations for a better future. In Mali, this project gave about 200 street children an opportunity to “think about their future”. After months of working with the educators and expressing themselves through texts and drawings, they explained their fears, their dreams and hopes in a 64-page illustrated book. Presented to national and local authorities, this work should lead to other activities for street children. Another White Book created by street children in Honduras was published. About one hundred street children from three centres participated in this project.

Strategy: The project is carried out in each country in street children centers, with the local coordination of NGOs and other organizations devoted to helping such children. Only through this commitment and the establishment of a stable framework for participation can street children become the real actors in the project. The pedagogical activities in this project lay the groundwork for traditional educational practices for street children. They set out to create favorable conditions for the methods of participation that experience has shown to be essential for effective educational work among such children. In order to do this, the project aims at offering all of its agents a free space for expression, one capable of channeling the

transmission of knowledge and giving rise to an “exchange of roles” within the traditional “teacher-learner” relationship. Thus, the “Child-pupil”, traditionally seen as a mere passive “receiver” by the educator—whereas outside the rehabilitation center he/she is the actor of his or her own ideas, strategies and activities—becomes in this project a sender of information, a creator of contents capable of offering useful proposals to his or her educators and to the general public. As well as setting up a space for ideas and expression on the part of the children, the project aims to direct a series of messages to the society in each country adopting the pilot project and the world in general. This space for ideas and expression will take material form in the “white books” for distribution to each child in the participating centers. The children express themselves daily in their “white book on their future”, taking advantage of different techniques.

Learning Process: With this project, UNESCO and P.A.U. Education have come up with a worldwide methodology that can be applied in any country wishing to let street children express themselves and to raise social awareness about the dramatic circumstances of these children. In the field of a reform of educational theory and practice, it can enhance the reflections and decisions of the reforms with the experiences it will enable them to collect from a significant sample of non-formal educational structures. The project also makes a link between formal and non-formal teaching methods as a contribution to the attempts to extend access to quality education to the largest possible number of children in developing countries. *The White Book of Our Future* also contains the promise of preventive measures against the formation and development of the very phenomenon of street children.

**“LEARNING ABOUT SMALL BUSINESS: A TRAINING MODULE
ON ENTERPRISE EDUCATION IN THE NON-FORMAL SETTING
IN THE SMALL ISLANDS STATES OF THE PACIFIC”**

Sir John Daniel, Assistant Director-General for Education of UNESCO

Partners: Commonwealth of Learning, technical and vocational education policy makers and practitioners in target countries in the Pacific, local NGOs

Duration: January–December 2001

Project cost: USD 30,000

Objective: To promote ethical entrepreneurship among people engaged in the informal economies of the Small Island States of the Pacific.

Before: In many countries in the Pacific, the opportunities of paid employment are few. Urban drift is a perpetual phenomenon, with people engaged in the informal economies, such as traditional trades, fisheries, crafts and services, not realizing the commercial value of their skills.

After: The training module developed consists of three parts: one each for the learner, the teacher and the curriculum developer, and is intended for training trainers in order to ensure the sustainable transmission of this knowledge within the community. This module has been extensively field-tested in the three selected countries in the Pacific (Vanuatu, Cook Islands, and Tonga) and now the evaluation reports are being compiled.

Strategy: Much attention has been paid to adapt the prototype-training module to the specific local economic, social and cultural situations in these countries in the Pacific. The organization of the sub-regional workshop enabled the content of the module to be studied by both policy makers and practitioners. The field-testing activities involved local delivering institutions and trainers to develop locally adapted course materials. The evaluation reports of these pilots are expected to instill the underlying concept among the key stakeholders in developing countries.

Learning Process: The experience demonstrates that the support of the local authorities as well as the active participation of local institutions is essential for the development of training material that is relevant to the local cultural and socio-economic context. The methods used can be replicated in other regions (West Africa will be the next target Region).

Related initiative: The training module on Enterprise Education in the non-formal setting is one of three training modules that UNESCO is currently developing, in partnership with other organizations, to meet the needs of the contemporary world of work. Other modules in preparation

are on 'Career guidance and counseling' and 'Integration of environmental issues in technical and vocational education'.

**“GOOD PRACTICES RELATED TO HIGHER EDUCATION:
UNILIT UNIVERSITY STUDENTS FOR LITERACY”**

Sir John Daniel, Assistant Director-General for Education of UNESCO

- Initiator:** UNESCO Beirut, Lebanon
- Sector:** Education; Contribution of Higher Education to Literacy Programs and to Education for All.
- Background:** The idea of UNILIT originated during the Arab Regional Conference on Higher Education held in March 1998.

UNILIT provides a way for Higher Education to effectively contribute to the development of societies, more especially through seeking to reach the objectives of EFA and addressing the problem of Literacy in a concrete, effective and efficient manner. It is also a means to create University-Community Partnership, in keeping with the recognized need for Higher Education to contribute to solving the most serious problems facing, and to develop activity programmes aiming at providing direct services to the other levels of learning.

Strategy: UNILIT makes the active involvement of each student in literacy programs a prerequisite for graduation. The strategy required adequate provisions in University regulations, allowing for credit to students enrolled in UNILIT projects, or to consider enrollment in UNILIT as a community service credit; and making enrollment in UNILIT as a condition for graduation. This has given a big push to the success of the project, leading to:

- People empowering people
- A chain reaction
- A win-win outcome
- Education for All achieved
- Lifelong learning for All
- A good investment for the future of countries

Present partners: UNILIT includes at present the following partners in the Arab countries: Balamand University in Lebanon; Jordan University in Jordan; Shendi University in Sudan; Mohammad Fifth University in Morocco; Aleppo University in Syria; and Ibb University in Yemen.

Project Cost: USD 5,000 initial contract with each University to cover:

- Training of university students
- Transportation of university students to centers where literacy classes are offered
- Literacy material
- Miscellaneous expenses.

Learning process:

- When the university administration and the related departments engaged seriously with the project, the results were very encouraging.
- Difficulties arise when the bureaucracy interferes. For example, in Syria, the Ministry of Higher Education tried to replace the university and to prepare the proposal without the involvement of the university, which delayed the start of the project.
- In Jordan not involving the Ministry of Education in the training of the university students caused serious problems.
- Faculty may find UNILIT an additional burden
- The problem of attracting beneficiaries, they should have an incentive.

Lessons learned:

- Involving as many as possible of the parties involved in literacy programs is essential for the success of the programme.
- In Lebanon, coordination with the Department of Literacy at the Ministry of Social Affairs and Development started from the very beginning of the project, which ensured the smooth running of the program;
- In Yemen, a University Committee for UNILIT agreed on a joint plan of action together with the Department of Literacy of the Ministry of Education;

- Adding health education to UNILIT encouraged participation (i.e. building literacy teaching on health education and information).
- Coordination with UNFPA project in the area supported the project in Yemen.

**“GOOD PRACTICES IN EDUCATING YOUNG PEOPLE
ON POPULATION AND REPRODUCTIVE HEALTH ISSUES:
UNFPA PROGRAMME EXPERIENCES IN IRAN”**

***Ms. Delia Barcelona, Senior Technical Officer,
Technical Support Division of UNFPA***

Partners:	United Nations Population Fund and Ministry of Education
Duration:	Initiated in 1999 (on going)
Project Cost:	USD 1,001,100
Objective:	To strengthen reproductive health education in formal and non-formal school systems

Before: Over 60 per cent of the country population are under the age of 25. In the next decade, even with the low fertility rate, the country is likely to witness an increase in the rate of the population growth and will go through another baby boom which it had once experience in the 1976–1986 decade. Thus, promoting the awareness of adolescents and their parents on reproductive health issues including family planning has been given due consideration as a priority issues in UNFPA programme activities in Iran. In 1998, the Family Planning Association of Iran conducted two separate studies on the knowledge and attitude of young boys and girls about reproductive health. It was found that although adolescents are well aware of the proper age of marriage and value of limiting the number of children, they still adhere to the concept of gender preferences and are not familiar with the mental and social implications of puberty. They are not adequately acquainted with available methods of contraception, not at ease with the attitude of mutual responsibility in sexual life and have no information about sexually transmitted diseases. (Communication and advocacy Strategies: Adolescent reproductive and sexual health, UNESCO 1999)

Impact: The advocacy efforts made through the project activities convinced some of the most conservative government bodies such as Ministry of Education and the Literacy Movement Organization to be pioneers to openly and directly address the issues related to adolescent reproductive health. A number of booklets containing information on sensitive issues such as puberty, family planning, HIV/AIDS and sexually transmitted diseases (STIs) and gender discrimination have been published and disseminated in schools and literacy classes in the pilot areas.

OBSTACLES:

Taboos on sexuality issues

Abortion, premarital sex, promiscuity, and prostitution are taboos in Iranian society. As a result, it is difficult to obtain data on parameters such as teen pregnancy and STIs/HIV. Social, cultural and religious pressures have kept people from facing and discussing issues related to reproductive and sexual health.

Insufficient content of IEC material

Because of the sensitivity of the culture to message on reproduction and sexuality, only a few IEC materials for public dissemination directly address these topics. Others present closely related topics, such as health, relationships, family life and marriage.

Impediments to NGOs involvement

There are few NGOs in Iran and because of Iran's cultural, social and political conditions, these few NGOs do not prefer to approach sensitive subjects such as reproductive and sexual health. In addition, the NGOs are required to work within the framework of their host nations' cultural context and observe its social code. The considerable controversy surrounding these subjects are not expected to give any NGO freedom to act out or improvise programmes.

STRATEGY:

Advocacy Strategies

Political lobbying: With UNFPA's strong persuasion and financial assistance, the Statistical Center of Iran prepared a number of publications. These publications proved to be effective advocacy tools to sensitize the policy makers and planners and are widely used by scholars, researchers at the national and the provincial level. The advocacy activities have been instrumental in alerting NGOs and community leaders about critical adolescent reproductive health issues. Often time, these have been organized concurrently with the celebration of the World Population Day and similar events.

Passing of legislation: UNFPA's support and strong advocacy efforts led to the establishment of a Population Division under the Ministry of Education. The Division is tasked to oversee and coordinate population activities including adolescent reproductive health issues.

Use of mass media: Iran as an extensive communication network. More than 90% of the country is covered by national and provincial television networks, radio coverage is nationwide and printed media include over 700 dailies and periodicals. The Parents Teachers Association published an educational journal *Payvand* (meaning connection or link in Persian) to establish and maintain connection with families and parents. In addition, the Association has also published the books "Family and Sexual problems in Children", "An educational analysis of relationship between boys and girls in Iran" and "families and children" series aimed at four different levels of education.

Information Education and Communication Strategies

In-school education programme With the help of UNFPA Ministry of Education in Iran is making efforts to incorporate population education in formal and informal schools. The project is covering 70 guidance and high schools in five remote, hard-to-reach areas of the country, namely the provinces of Sistan-Baluchistan, Golestan, Bushehr, Kordestan and Islamshahr district in south of Tehran. Supplementary materials related to RH issues have been developed to be taught to students of junior and high schools.

A Curriculum Committee has been set up to develop educational materials. Population education messages were developed by the Committee

and were published in the form of booklets. The Youth Department of the Ministry of Health has published the series, “Guidelines on Reproductive Health” in three books, each one for parents, girls and boys.

Training of communicators and health care providers on IEC: Efforts have been made to convey issues on critic reproductive health and family planning to students through the Parents-Teachers Association. Fifty schoolteachers have undergone special training to serve as trainers to convey necessary information to parents. A booklet containing important issues on population, reproductive health and family planning has also been developed.

Religious influence and campaign: In view of the particular characteristics of Iranian political fabric and governance, religious leaders play a critical role in guiding and influencing public behavior with regard to population, reproductive health and family planning matters.

The supreme spiritual leader has used his periodic visits to provinces to spread the messages and advise parents against early child marriages. Religious have also allowed use of public occasions like Friday prayers for local and national public health authorities to share their views with the public. The charity organization “Imam’s Relief committee,” has established a carefully developed premarital family planning and reproductive health counseling service for prospective parents among economically deprived youth under its care.

LESSONS LEARNED

Aligning with government priorities

It is important to determine the appropriate government priorities that may be used as entry points for advocating adolescent reproductive and sexual health. In Iran, the financial support and emphasis of government on effective family planning and reproductive health programme has been used as a springboard for developing related programmes targeting youth.

Involving religious leaders

It is vital to tap the influence of religious leaders on society to address priority issues of adolescent reproductive and sexual health. In Iran support

and involvement of religious leaders helped in the formulation and implementation of appropriate reproductive health policies.

Sensitizing and involving media

Media can play an effective and indispensable role in the successful implementation of these programmes. The sensitization and systematic involvement of media in adolescent reproductive health education should be given special attention.

Involving NGOs

Involve and encourage NGOs willing to deal with the reproductive and sexual health issues despite the socio-cultural impediments.

Respecting local culture

It is absolutely important to respect socio-cultural sensitivities while formulating advocacy and IEC strategies in the area of reproductive and sexual health.

Gathering data

Data is absolutely important to deal with the adolescent issues. In a society like Iran where reproductive and sexual health issues are not openly discussed, it is difficult to collect data on these issues for adolescents. Therefore, any available piece of information should be used to analyze the needs of adolescents. In addition, there is a need to conduct more and varied researches to obtain more reliable data targeted for advocacy of adolescent reproductive and sexual health education.

**“GOOD PRACTICES IN EDUCATING YOUNG PEOPLE
ON POPULATION AND REPRODUCTIVE HEALTH ISSUES:
UNFPA PROGRAMME EXPERIENCES IN INDIA”**

***Ms. Delia Barcelona, Senior Technical Officer,
Technical Support Division of UNFPA***

Partners: National Council of Educational Research and Training (NCERT), University Grants Commission (UGC), Directorate of Adult Education (DAE)

Duration: Since 1980

Objectives: The objectives of the programme is to increase awareness and improve attitudes with respect to reproductive behavior and gender relations, population and sustainable development; and to create a supportive environment for institutionalizing population education in the education system.

Impact:

After over two decades, the project has been able to:

- Mainstream population education in the education system to a large extent.
- Incorporate adolescent issues into consideration for the overall development of this important group in the planning of the Tenth Five-Year Plan (2002–2007). UNFPA supported reports are being used as reference materials.
- Incorporate population and development messages in the school curriculum to some extent but the textbook revision will require textbook writers to be sensitized and trained.
- Make training programmes more interactive and participatory
- Successfully advocate the need for inclusion of adolescents as an underserved group.
- Involve influential persons and opinion leaders in organizing activities such as Road race, poster competition, debates, lectures that have provided visibility to the cause and the project.
- Expose the-learners and project personnel to information that is relevant for them in making informed choices.
- Strengthen inter-sectoral coordination through joint consultation meetings, regular sharing of information, and study visits that have been very fruitful in advocacy, capacity building, and sharing of materials.

Obstacles:

Vast area of operation

The project covers the entire country. While this has facilitated integration of population education in the curriculum, the focus has been on capacity

building of the instructors. Impact at the level of trainees in the classroom has not been assessed.

Need for continuous backup support

Advocacy is continuously needed as a backup support for programmes. Education in India is a concurrent subject but in practice the states get minimal directives from the center. Therefore, the task of persuasion is difficult. Since the coverage of the project is almost the whole country, the performance of projects is uneven, with some states even being non-starters.

The need for advocacy among educational planners, administrators, and parents is an on-going need especially with emerging concerns being incorporated in the programme.

Reservation in accepting terminology

Sexuality and reproductive health of adolescents is not openly discussed and there is inhibition in accepting the terms. 'Adolescence education' has been generally accepted.

Flow of funds

For smooth functioning of projects, it is essential that funds be released directly to the implementing agency on time. Implementing agencies faced problems not only at the central level, but also in timely release to the Population Education Clubs at the college level. Problems in fund flow at the college level for student activities have been a major hindrance in implementing activities at the field level.

Involvement of adolescents

In planning the projects, adolescents have not been actively involved. At the grassroots level however, some of the organizations, especially NGOs in the non-formal sector have planned interesting activities with adolescents.

Strategy: The population and development education is carried out through the four educational programmes.

School Education

The National Council of educational Research and Training (NCERT) is implementing the project from 1980 in 35 states. The first phase focussed on developing necessary infrastructure, preparing materials and training of personnel. In the second and third phase, population education elements were integrated in school and teacher education. In the current phase, “Adolescence Education” has been conceptualized for introducing Reproductive Health. Its conceptual framework covers three major components: process of growing up; HIV/AIDS; and drug abuse.

Higher Education

The University Grants Commission (UGC) is implementing the project from 1986 through Population Education Resource Centres (PERCs) set up in seventeen Universities serving 186 universities. PERCs provide technical support in organizational, research, training and monitoring activities. Efforts are made to incorporate population education concepts in various undergraduate and postgraduate courses. National capabilities are strengthened through training in new areas including qualitative research, participatory training methodology and adolescence education

Post-literacy and Continuing Education

Directorate of Adult Education (DA) is implementing the project through 22 State Resource Centres (SRCs) and 21 Jan Shikshan Sansthan (JSS). The project, started in 1986, aims to invest in educating clients of adult and post literacy programmes for enabling them to make informed choices for planning their family size and imbibing the messages of reproductive health and development issues. The six core issues are i) family size; ii) spacing of children; iii) responsible parenthood; iv) right age of marriage; v) population related beliefs & customs; and vi) population and development. 2 A National documentation centre and two regional documentation centres are supported through the project.

Vocational Training

Population Education project was taken up with the Directorate General of Employment & Training (DGE&T) in the Ministry of Labour. Through this project, conducted in 1500 Industrial Training Institutes (ITIs) all over

the country, young persons in the age group of 14 to 25 years, from less privileged sections are reached. Population education has been integrated into the curriculum as a compulsory subject under Social Studies for all the students of the Craftsmen Training Scheme (CTS).

KEY STRATEGIES USED IN THE ABOVE MENTIONED FOUR PROGRAMMES

Advocacy and Outreach Activities

The project has made specific budget provision for orientation of vice chancellors, secretaries, directors of education, principals, heads of departments and teachers of colleges and universities. Activities and designated National and International events and days such as World population Day, POPED week, World AIDS day were observed both at the National and State levels in each year. Most state/district level co-curricular activities such as Road race, rally and debates received wide coverage and Population Education Cells maintained good liaison with local press. High-ranking State and District officials provided much needed legitimacy and wider reach of the messages.

Most of the advocacy efforts have been directed at making population and development education an integral part of the curriculum. Many of the Population Development Education (PDE) Cells work with panchayat leaders, parents, adolescent/ youth groups, self-help groups, and women's organizations. They network with NGOs such as Family Planning Association of India, which focuses on RH and adolescent issues. Some SRCs have used street theatre and folk arts as effective media of communication. Outreach activities have taken a number of different forms ranging from community level meetings to daylong festivals to health camps. Self-help groups have also been formed.

Institutional capacity building

Capacity building was done through provision of equipment, training of personnel, study visits and short-term courses abroad. Nearly three million teachers and other educational functionaries have been trained at least once since the inception of the project. The format and methodology of training programmes for State project personnel, organised every year,

have become more interactive and participatory. During the current phase, because of the changed training strategy, teachers and other educational functionaries are being trained in adolescence education only, whereas Master Trainers/Key Resource persons are trained in population education. During the year 2000, more than 5000 teachers have been trained in adolescence education.

Research

Annotated Bibliographies on Researches in Population Education have been brought out and disseminated. Researches in Population Education have become an integral part of the Research Survey Reports prepared at regular intervals.

Dissemination

Population Education Documentation Center set up in NCERT has been performing a number of documentation and clearing house functions since more than a decade. Four Documentation centers have been established for dissemination of information. These are serving a useful function and need to be strengthened. Training from UNESCO PROAP, Bangkok was provided to strengthen the centers.

The publications (Indian Journal of Population Education, Population Education Bulletin and Newsletters) are regular. There is scope for improving the quality of these publications and getting feedback from the intended audiences.

Teaching-learning materials developed through the projects have been shared among various stakeholders.

LESSONS LEARNED

Policy

- Need for a National Youth Policy to guide interventions for adolescents
- Need for access to youth friendly health services for adolescents
- Holistic approach to meet the needs of adolescents

Planning and management

- Need for gender sensitization for various stakeholders and their capacity building on Adolescent reproductive and sexual health
- Adolescents from different backgrounds have diverse needs related to reproductive and sexual health
- Smooth flow of funds should be ensured
- Interventions need to be focused and limited
- Adolescents need to be involved in planning, implementation and monitoring of activities.

Advocacy

- Open discussion on adolescent sexuality is still not culturally acceptable
- Advocacy for adolescent sexual and reproductive health is needed
- Multi-media approach needs to be adopted

Research

- Research of relevance is needed
- Research capabilities of scholars need to be enhanced

Strategies

- Life skills of adolescents need to be enhanced
- Peer educators as a strategy needs to be promoted
- Sexual and reproductive health needs should be integrated with other needs

Networking

- Need to promote inter-sectoral coordination among various Stakeholders

Documentation

- Need to strengthen documentation centers established through the projects
- Need to review repackaging materials and support publications.

“GOOD PRACTICES IN TARGETED CAPACITY DEVELOPMENT”

Prof. Johannes A. van Ginkel, Rector of UNU

**UNU COOPERATION WITH THE INSTITUTE OF NUTRITION
AND FOOD TECHNOLOGY (INTA)**

The Institute of Nutrition and Food Technology (INTA), Santiago de Chile (INTA), originated from a Pediatric Research Center established by the University of Chile in the mid-1950s to address the major causes of childhood illness and death. In 1977, the United Nations University (UNU) Council designated INTA as an “associated institution.” This associated status contributed in a major way to INTA’s capacity to address its mission. UNU supported advanced training of 15 young and mid-level academics who now provide a new scientific leadership at INTA and have served to renew the research and training agenda. In addition, 23 professionals from developing countries, including China, have trained at INTA. During the past five years, UNU has supported two regional Leadership Training workshops (Guatemala and Argentina) through which fifty young professionals working in nutrition or food technology from 15 countries in Latin America have improved their leadership skills. Advocacy, communication skills and strategic planning are now considered as important as formal disciplinary training to bring science to the solution of pressing nutrition and health problems.

Basic and applied research, undergraduate and graduate training programmes, technical assistance, extension services, and clinical assistance developed by INTA have contributed to Chile’s health and nutrition progress. This mission statement remains valid to the present; recent changes have demanded a renewal of the strategic development plan to accomplish the stated goals in a new environment. Enhanced nutrition and health resulted in adding healthy life years and lowering the disease burden on society. Mean life expectancy increased from 63 to 76 years over the past three decades.

Nutritional food and nutrition programmes developed based on research and training activities at INTA formed part of integrated health pro-

motion, preventive care, family planning and control of infectious disease. These integrated programmes have made a measurable difference in Chile's health and human capital development. Infant mortality in Chile dropped from 100 to close to 10 per thousand in a few decades, the growth of children improved significantly presently less than 1 per cent of children are malnourished according to WHO standards. Research conducted at INTA during the 1960s and 1970s documented the way malnutrition affected growth and development of children and lead to the design and successful implementation of national programmes. In the case of Chile, health and nutritional improvements clearly preceded and most likely catalysed economic development. In the mid-1980s, when income was only USD 2,500, health statistics improved and were in the range observed for countries with GNP > USD 12,000. Now, Chile is near the top in the Human Development Index (HDI) ranking for emerging/developing countries and ranks 29–30 in the overall HDI.

The nutritional issues presently facing Chile are rapidly changing and now parallel to those seen in industrialized countries. Preventing premature death from diet related chronic disease and preserving mental and physical function throughout the life cycle are the main targets of INTA's current work. INTA as part of the UNU network of associated institutions is now establishing regional networks for applied research and training to address the main food and nutritional problems in Latin America. Funding for these activities has been obtained through competitive grants, through United Nations sources and private foundations (IAEA Technical Cooperation Programme, WHO Global Forum for Health Research, The Ellison Medical Foundation). INTA in concert with the Mexican Institute of Public Health (INSP), the University of Sao Paulo and the Federal University of Pelotas in Brazil is now actively involved in applied research and training programmes to improve health and nutrition in the region.

UNU TRAINING PROGRAMMES IN GEOTHERMAL ENERGY
UTILIZATION AND FISHERIES IN ICELAND. RELEVANCE TO
DEVELOPING COUNTRIES, EXCELLENCE, SUSTAINABILITY

Building networks of specialists in developing countries

Since 1979, the United Nations University has cooperated with the government of Iceland to provide advanced training to developing country professionals. Starting with the UNU Geothermal Training Programme (UNU/GTP), the cooperation was extended in 1995 to further area, the UNU Fisheries Training Programme (UNU/FTP).

Until the beginning of 2002, 261 UNU fellows from 38 developing countries have participated in the UNU/GTP, approximately 80 per cent of which have continued their careers in the geothermal energy field. Since the inception of the UNU/FTP in 1995, 43 fellows from 15 developing countries have undergone fisheries training in Iceland and returned to their home countries to apply the knowledge gained in their home institutions. Both programmes keep in close contact with their alumni, many of which today work in leading positions in governments or research institutions in their home countries and continue to cooperate with the programmes in their own efforts to further geothermal energy utilization or the promotion of sustainable fisheries in their home countries.

Strong base of expertise at training institution

The UNU/GTP and UNU/FTP cover two areas in which Iceland commands particular expertise: about 48 per cent of the total primary energy of Iceland is provided by geothermal energy, and approximately 70 per cent of the export earnings of Iceland are derived from fish products. The programmes are funded jointly by UNU and the government of Iceland. The government of Iceland contributes approximately 80 per cent of the necessary funds, committing a substantive share of its multilateral cooperation budget to the two UNU programmes.

For both programmes, the UNU cooperates with the major academic institutions in their respective fields in Iceland: The National Energy Authority for the UNU/GTP and the Marine Research Institute for the UNU/FTP. In addition to providing most of the academic staff who teach and supervise programme participants—additional supervisors come from

other government institutions, universities and industry—these institutions open their facilities for use by the programme participants.

Advanced, individualized training

The programmes provide 6-months, highly individualized training to specialists from developing countries directly involved in their respective subject areas, i.e. energy agencies, research organizations or universities involved in geothermal energy research or exploration for the UNU/GTP, and fisheries experts from the public, private and academic sectors such as provincial fisheries administrators, fisheries scientists and operational managers, economists, planners and technical experts in various fisheries fields for the UNU/FTP.

The training programmes comprise three modules: an introductory lecture series mandatory for all course participants, which is intended to familiarize trainees with the full range of disciplines and issues related to geothermal energy or fisheries, respectively. Following the lecture series, the group of trainees—usually between 14 and 18 in total—is broken up in small groups of one to three participants for specialized, practical training in an area of specific interest to the individual participant. The third training module is an individual research project with direct relevance to the work of the participants in their home institutions, conducted under the supervision of academic staff of the partner institutions.

Ensuring the sustainability of the training effect

Training course participants undergo a rigorous, three step selection process: First, developing countries with particular potential in geothermal energy utilization or the fisheries industries, respectively, are identified by the programme coordinators. Secondly, programme coordinators visit these countries to meet with government officials and heads of relevant academic, government or private sector institutions to assess the long-term development strategy of the country and its institutional capacities in the relevant area. Third, candidates who have been recommended by institution heads are interviewed on-site to establish their suitability for the programme, which includes a relevant university degree, a minimum of one year of work experience, a permanent position at their home institutions and the full support of their organizations, and English language proficiency. This

process is designed to ensure that the training opportunity provided to an individual bears greater fruit at an institutional level, adding to the sustainability of the training effect.

Care is taken to select candidates who are judged to be likely to derive the greatest benefits from the training in terms of professional development and to train more than one person from each institution in order to support the creation of teams that can cooperate in the application and further dissemination of the knowledge and skills gained during the training programme.

**“GOOD PRACTICES IN WORLD FOOD PROGRAMME (WFP)
SCHOOL FEEDING AND FOOD FOR EDUCATION ACTIVITIES”**

Mr. Michael Usnick, Director, WFP Liaison Office in New York

School Feeding Programme: The goal of the school feeding (SF) programme is to ensure that poor children have access to both nutritious food and quality primary education. Food aid is used as an incentive to encourage the poor to invest in their futures through education and training.

The programme was started in 1963 by the WFP and is operational today in 57 countries. In 2002, the programme reached over 15 million children at an average cost of 19 cents per child per day (USD 34 per year).

The programme has led to increased enrolment and attendance, reduced number of drop-outs and improved students' learning capacity and performance. It has also served as income transfer when provided to households as a family ration in food deficit areas.

The use of take-home rations has proved effective particularly in areas where girls are deprived of education. Parents have a stronger incentive to send girls to school and attendance and drop-out numbers have improved.

In Pakistan, this innovative approach to school feeding targeted especially at girls has produced very encouraging results. In addition to very impressive increases in girls' enrolment and attendance, mothers are getting more involved. Because they help pick up the oil ration for their daughters' good school attendance, the mothers increasingly interact with each other, the school and teachers.

Among the keys to the success of the school feeding programme have been partnerships with the relevant ministries of the national government,

strong involvement of communities and parent-teacher associations in project planning and implementation and enhanced collaboration among relevant UN agencies, including WHO, UNESCO, UNICEF and the World Bank.

**“TOTAL QUALITY MANAGEMENT AND STANDARDIZATION IN
ASEAN COUNTRIES: PATHWAY TO EXCELLENCE”**

***Mr. Grzegorz Donocik, Senior Liaison Officer of United Nations
Industrial Development Organization (UNIDO)
Liaison Office in New York***

Partners: ASEAN, Japanese Standards Association
Duration: 7 years
Project cost: US\$ 2.1 million
Source of funding: Japan (METI)

Companies in developing countries have to compete in both price and quality with the best companies in developed countries. To do so they have to continuously improve the quality of their products. However they frequently lack both the quality management systems and the human resources to do implement them. Total Quality Management (TQM) has proven itself over the last few decades as a way of managing and continuously improving quality. The introduction of such a wide-ranging technology, however, is no easy matter, since TQM covers all aspects of a company's life, from long-term policy to storage procedures. In 1995 the Japanese Standards Association and UNIDO set up the ASEAN/Japan/UNIDO TQM Project to introduce and establish TQM in twelve model companies in seven ASEAN member states—Brunei Darussalam, Indonesia, Malaysia, The Philippines, Singapore, Thailand and Viet Nam.

The strategy was to establish institutional mechanisms to disseminate TQM in the ASEAN countries, to have a first generation of model companies begin implementing TQM, and to have national committees that would present strategic plans to further disseminate the know-how acquired. The project has now been completed. A wide range of activities have been undertaken in all of the participating countries, ranging from seminars in Japan for top executives to workshops in the model companies for the participating managers and employees. A great number of lectures, seminars and

workshops have established a widespread awareness of TQM principles and the new systems are taking firm root in the model companies. What has distinguished the project has been its in-company mode of engagement, with a strong emphasis on the development of human resources. Project experts have not simply handed over new technologies with sets of instructions, but have worked closely with management and staff in dealing with the practicalities of introducing the new TQM systems in each of the model companies. Concrete benefits for the companies are seen in the improvement of a number of key business indicators including higher profits and fewer complaints, and also in the development of human resources with more investment in training, less absenteeism, and a better ratio of sales to the number of employees. The Project has clearly demonstrated that TQM is a very suitable vehicle for introducing improved management practices in small and medium sized enterprises in developing countries. Full case studies of the model companies' experience in the project with summaries of the handbooks used by JSA experts to implement TQM, are presented in a UNIDO publication "A Pathway to Excellence: The UNIDO/JSA Approach". The valuable achievements of this project are being further built on in a current UNIDO/JSA project to develop the TQM Handbook into an e-learning TQM course that will be the centerpiece of a distance learning programme to develop the human resources needed to bring TQM to small and medium sized enterprises in developing countries around the world.

Institutional mechanisms for the dissemination of TQM have been established in the ASEAN countries. First generation of model companies has successfully begun the process of implementing TQM. National committees in the ASEAN countries have presented strategic plans for the further dissemination of the know-how acquired.

CHAPTER FOUR

Human Resources Development

I. OVERVIEW OF KEY ISSUES: SYNERGIES BETWEEN HEALTH AND EDUCATION FOR ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS BY THE UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP) WORLD BANK AND INTERNATIONAL LABOUR ORGANIZATION (ILO)

Throughout the 1990s, the international community established numerical goals and targets in key development areas—such as poverty, gender equality, and environment—through the series of United Nations-sponsored world summits and global conferences. At the end of the decade, world leaders distilled the key goals and targets into the Millennium Declaration.³⁶ Based on the declaration, the United Nations has worked with the World Bank, IMF and OECD on a concise set of goals, numerical targets and quantifiable indicators to assess progress. The new set is known as the ‘Millennium Development Goals’ (MDGs), which includes eight goals, 18 targets and over 40 indicators.

The MDGs include the halving of extreme poverty and hunger, achieving universal primary education and gender equality, reducing under-five mortality and maternal mortality by two-thirds and three-quarters respectively, halving the proportion of people without access to safe drinking water, reversing the spread of HIV/AIDS and malaria, and ensuring environmental sustainability. They also include the goal of developing a global

36. Millennium Declaration A/55/2

partnership for development, with targets for aid, trade and debt relief. Targets are to be achieved between 1990 and 2015.

Evidence shows that progress in the 1990s has been too slow to reach the agreed targets. At the current rate, it will take another 90 years to reach the EFA goal, instead of the promised 15 years. In fact, progress has actually slowed down in several areas, such as primary education, child mortality, and income poverty. Without vastly intensified and concerted efforts, very few of the Millennium Development Goals (MDGs) will be met at the global level by 2015. In early 2001, Nelson Mandela raised the rhetorical question "Will our legacy be more than a series of broken promises?"

The reasons for inadequate progress are many, and they are both often country-specific and systemic. But one cause that applies to many countries is that public action frequently fails to take advantage of the synergies and complementarities between education, health and productive employment. Too often, health goals are pursued through health interventions alone; education goals are pursued through education programmes alone. And both are pursued without sufficient attention to their impacts on productivity and economic growth, which are key factors for poverty reduction. Unless we break through these sectoral walls, and unless we exploit better inter-sectoral complementarities, it is unlikely that the promises for 2015 will be kept.

Furthermore, the linkages between education/health and the reduction of poverty also shows that there is not a simple causality in both ways. Thus, there could be the case for policies that address the reduction of poverty and health/education synergies, as well as policies that create a broad environment for development as a whole.

SYNERGIES AMONG SOCIAL SERVICES

Human development and poverty reduction are multifaceted and require cross-sectoral processes. The road towards sustained economic development must be built on a broad range of investments, both economic and social. Interventions in health, nutrition, water and sanitation, fertility control, and education, complement and reinforce each other. Thus the impact of any one form of investments is enhanced by the presence of the others.

The positive effects of good health, both in terms of longevity and the capacity to enjoy life as well as in terms of increased labour productivity

are well documented. It is also very well established that lack of good nutrition critically interacts with disease. For instance, control of diarrhoea and measles is very important not only for health outcomes but also in reducing malnutrition by improving the capacity to absorb and retain caloric intake.

By the same token, a sufficient intake of total calories, vitamins, and proteins is required to prevent individuals' immune systems from weakening, making people more vulnerable to the onset and consequences of infectious disease. Interventions in health promote good nutrition and interventions in nutrition promote good health.

Moreover, micronutrient deficiencies and illness can have devastating consequences for the cognitive development of a person. For instance, iron deficiency anaemia reduces cognitive functions, iodine deficiency causes irreversible mental retardation, and vitamin A deficiency is the primary cause of blindness. Several studies in many different countries have shown that healthy and properly nourished children with good eyesight (or glasses) score 15 to 50 per cent higher than children with recurrent infections, who are under-nourished, or whose bad eyesight is not addressed. The latter tend to repeat grades and are more likely to drop out of school.

Girls are unfairly disadvantaged in many of these cases. They are more likely to suffer from iodine or iron deficiency. In addition, there are many contexts where a girl's education is valued less than that of a boy, consequently, girls miss school to stay home to look after sick relatives. Also, boys are usually better fed and more likely to be taken to a health facility when ill.

It is also well documented that lower infant and child mortality plays a major role in reducing fertility rates. As children are less likely to die, families voluntarily curtail the numbers of births. While it is clear that good health and nutrition have benefits that reinforce each other, they impact positively on fertility control and education. But, it is also clear that good health, the protection against disease, and proper nourishment cannot be produced by the health or food sectors alone.

One of the most powerful factors that influence the well being of the family is the level of education of the mother. Education, besides its effect on literacy, the promotion of democratic and tolerance values, and increased productivity, also impinge on better health. Education also is a

critical complement for other interventions, like demographic transition, nutrition, and water and sanitation to yield results.

Parents, especially mothers, make better use of information and health care facilities if they are more educated. Thus, more widespread education is associated with lower fertility.

Better nutritional and health care is provided by educated parents for themselves and their children. Various routes ensure this result. The general knowledge acquired at school increases understanding of modern health practices and beliefs, which make mothers (and fathers) more susceptible to use health care centres. Households with educated mothers spend a higher proportion of their income on food and health services. In addition, the capacity to acquire new knowledge and change behaviour accordingly is higher among those who attended school, as evidenced by the differential diffusion of HIV/AIDS among educated and un-educated women. As a result, health investments are more efficient in the presence of a better-educated population.

Not only do households with educated mothers spend proportionally more on food, but they also seem to use these resources more efficiently and equitably. In countries where parents have been exposed during their school years to nutrition information, they combine different foods to obtain better nutritional outcomes. Also, mothers take better care of their nutritional needs during pregnancy, avoiding low-birth weight.

Basic education also facilitates the rapid adoption of improved hygienic behaviour. This not only improves health outcomes but also enhances the impact of investments in water and sanitation systems.

In summary, education, in particular girls' education, is unquestionably one of the keys to achieving greater synergy among sectoral interventions. It gives a young woman the capacity to make decisions that affect her own life. Indeed, an educated girl tends to marry later in life and spaces births better which reduces the mortality risk both of the children and herself. Also, she is likely to provide better nutritional care to her children, to make better use of existing or new water and sanitation facilities, and to seek the appropriate medical assistance (if available and affordable) in case of child sickness. All of these, in turn, result in balanced nutrition and good health, increasing the chances children will attend school and become better educated than their parents.

Safe water and adequate sanitation also play a fundamental role in determining health conditions. Access to safe water and sanitation dramatically reduces the incidence of diarrhoea and other diseases that kill millions of children and adults each year. Another effect of better access to water takes place through the reduced effort in carrying water, which is usually unduly borne by women and girls. This has several important gender implications, related to the additional time available to women and girls. Given the traditional roles they play in most societies, when women and girls have more time, they can apply it to better infant and childcare. This leads to positive health results.

When girls need less time to help in household chores like fetching water and collecting firewood, they are more likely to attend school. Also, they have more time and energy to study and do well in school, reducing repetition or drop out.

More time will be available for pecuniary productive activities, especially for women; thus enhancing the economic well being of the family. This direct impact of water and sanitation improvements on poverty reduction is less well documented than the effect of more education and better health on productivity.

The interaction between education and safe water and improved sanitation strengthen each other and spill over to other sectors. Access to safe water and hygienic conditions at school can reduce some constraints on sending children, especially girls, to school. Backed by proper hygienic behaviour such as hand washing and the use of soap, access to safe water and adequate sanitation reduces morbidity from infectious diseases and increases the nutritional status of children, which furthers their learning abilities.

Fertility control and reproductive health services enables the mother to space births, thus lowering the health risk to herself and the child, reducing infant and maternal mortality and improving the healthy development of the child. Thus, as mentioned above, lower fertility has positive implication for improving health and increasing life expectancy.

As population growth slows down, school systems find it easier to absorb all children. Teacher-pupil ratios are reduced and quality is enhanced, without unduly burdening the national budget or without the need to introduce user fees. Releasing resources from quality enhancing measures can fund construction costs. In addition parents can devote more attention

to their children's studies and afford more food and school supplies that improve learning.

As in the case of the health and nutrition sectors, the availability of information on and access to reproductive health care will not, on their own, reduce fertility as much as it might be needed. They are more effective when couples are more educated and child survival rates are higher.

In summary, each intervention has ramifications that go well beyond its 'sector' and adds up to a virtuous circle of social and economic development. From an instrumental point of view, the benefits do not automatically accrue to all and markets alone would not ensure universal access—hence the need for the public action.

SOME KEY ISSUES

Development experiences strongly suggest that there are significant linkages between health and education policies and as a result between the outcomes in respective areas, as well on economic well being. There are important synergies between social and economic policies and outcomes. It is crucial to identify those complementarities and to assess how those can foster the progress towards the achievements of MDGs.

There is evidence how the complementarities between health and education issues contribute to the achievement of the MDGs, including halving income poverty, or ensuring gender equality or reversing the spread of HIV/AIDS or creating decent and productive employment for young people. Public action, particularly by Ministries of Health and Education, needs better co-ordination to maximise complementarity. The same goes for bilateral and multilateral donors with regard to their work in health and education. Also, health, education and human resource development policies must be addressed simultaneously with economic policy considerations and not as a residual. Particularly, the economic impact of health and education policies should be better understood in order to give these areas increased political attention on the national and international agenda, and also as a means to mobilize the required resources.

The scope and depth of this coordinated action also can get a boost if the linkages with other enabling elements for development are explicitly taken into account. The role of a holistic environment for development, including effective public expenditure management, adequate business

climate, and overall human resources capacity building are amongst others enabling factors for development.

In particular, some of the following specific dimensions could be explored further:

The mutually reinforcing effect of education and health of development outcomes does not usually come as an explicit consideration on the actual design and implementation of development strategies. How to embed this synergy from the start in defining development policies? How to build alliances across sectors within a country in the public arena as well with other participants of the development process?

Where there is a lack of synergy between poverty reduction policies and education/health and other sectoral policies, the full development outcome is not always achieved. How to enhance the double impact of income-poverty reduction and education/health synergies? How to best embed them in an overall development strategy? What are some of the building blocks that should be in place in order to achieve better outcomes and more inclusive development processes?

In a more specific context:

Increased household income is expected to result in higher school attendance rates, as well as more capacity to afford health services or safe drinking water. However, higher income cannot buy what is not supplied. If the access to safe water is not there, if the health facilities are not there, if the schools or the teachers are not there, reduction in income-poverty will not lead to enhanced well being. How do we best match the supply of basic social services with demand? What are the best options regarding the delivery mechanisms for such services?

If there is a link between education, AIDS and gender—as the evidence clearly shows that new HIV infections discriminate against young women who are illiterate—then what are the implications for designing an anti-poverty programme in a country where HIV incidence is high?

To what extent can productive employment, particularly for young people, be promoted as the intervening factor between health, education and human resource development? How can productive employment contribute to a virtuous situation creating both the resources necessary to finance health and education, which in turn contribute to creating quality employment, social satisfaction and increased productivity?

How can Ministries of Health, Education and Labour best enter into a fruitful dialogue with Finance Ministers and other economic actors regarding the optimal allocation of resources necessary for productivity and development?

II. SUMMARY OF THE ROUNDTABLE ON HUMAN RESOURCES DEVELOPMENT

The final in a series of three Roundtables was held on 5 March 2002 in preparation for the high-level segment of ECOSOC on the theme “The contribution of human resources development, including health and education, to the process of development.” The Roundtable was presided over by the President of the Council, Ambassador Ivan Šimonović of Croatia and co-chaired by Mr. Eduardo Doryan, Special Representative of the World Bank to the United Nations and Mr. Hafiz Pasha, Assistant Administrator of the United Nations Development Programme (UNDP). Professor Jeffrey Sachs, former Director of the Centre for International Development at Harvard University and current Director of the Earth Institute of Columbia University, and Special Adviser to the Secretary General on the Millennium Development Goals, joined the discussion by videoconference link.

The meeting drew upon the outcomes of the first two Roundtables on Health and Education and highlighted the synergies between health and education for achieving the millennium development goals and their linkages to economic growth and income poverty. The Roundtable also addressed the question of capacity for measuring progress towards the health and education MDGs. Representatives of the World Bank, UNDP, ILO, UNFPA and WHO made presentations.

The morning session featured a keynote address by Professor Sachs. He emphasized that investing in health and education is critical to achieving the MDGs—which are an interconnected web of interventions designed to reduce poverty, increase productivity and further national development. The empirical evidence shows that even with appropriate policies and domestic mobilization of resources, poor countries cannot reach the minimum amount required to maintain minimal health standards calculated at USD 35–45 per person per year. Professor Sachs suggested that in order to answer the question of aid effectiveness, it was necessary to define

objectives more narrowly, do the costing and prepare a “business plan” for implementation. He expressed the view that with this approach funding would be more forthcoming. Several participants, while noting the importance of ODA for investing in health, questioned its sustainability and pointed to the need for simultaneous progress on market access, trade expansion and diversification of commodities in view of their potential contribution to domestic resources for the social sector.

In looking at how public policy could maximize the synergies between health and education, it was noted that current public spending in many countries need to be reviewed because the evidence showed that, in many of them, services are not reaching the poor as they should. While many underscored the interrelatedness of education and health, others pointed to the important role of other sectors, including infrastructure and agriculture. It was also noted that health and education policies have a positive impact on employment and productivity while, at the same time, employment was critical for mobilizing the resources required for health and education. Participants stressed the need for the youth to be a beneficiary and partner for health and education policies and, in this context, recommended that the recommendations of the Secretary-General High-Level Panel on Youth Employment provide a basis on which to develop a human resource policy of relevance to health and education.

Participants agreed that strategies should be developed for checking progress towards achieving the MDGs. This requires, at a minimum, developing a solid capacity in national and sub-national data collection and analysis. The meeting agreed that building such capacity in developing countries required improved coordination between the organizations of the United Nations system and national counterparts for effectively utilizing the Common Country Assessments (CCA) and United Nations Development Assistance Framework (UNDAF) as a means to coming up with a national framework for attaining MDGs.

The hope was expressed that the International Conference on Financing Development provide a framework for future mobilization of resources for human resources development.

PAPERS

Mr. Nitin Desai, UN Under-Secretary-General for Economic and Social Affairs

Since its adoption 17 months ago, the Millennium Declaration has provided the overall framework for the work of the United Nations. To translate global commitment to outcomes into action, we must strengthen efforts known to be effective in achieving the Millennium Development Goals (MDGs). The “Road Map”³⁷ submitted to the last session of the General Assembly outlines concrete strategies designed to meet the agreed goals.

The vital role attributed to human resources development, in particular in the areas of health and education, is clearly reflected in the quantifiable targets of the MDGs. These goals not only provide benchmarks for policy formulation, but are also mutually reinforcing and reaffirm the centrality of human resources development to the development process.

Over the years, the concept of human resources development has evolved into a broader socio-economic and public policy perspective, concerned with facilitating the development of human capacities, providing opportunities for all including women and girls, and promoting sustainable human well-being. Such concept is no longer merely equated with education and training. Rather, it is related to broader capability development through knowledge acquisition, institutional change and policy reforms. The aim is to enable human resources to respond to new demands associated with the technology revolution, take advantage of emerging opportunities in a globalized world and participate in the process that affect their lives, especially of the poor.

In addition, experience suggests that there are significant linkages not only between health and education policies but also with many other sectoral policies and as a result between the progress—or lack thereof—in respective areas. For example, poor health continues to be a major constraint on development in many developing countries. Inadequate and contaminated water supplies, poor sanitation facilities, severe indoor air pollution from traditional fuels, malaria, tuberculosis and other, infectious and para-

37. Report of the Secretary-General “Road Map Towards the Implementation of the Millennium Declaration” A/56/326

sitic diseases, and lack of access to reproductive health services take a high toll in death and disease. In Africa, the emergence of AIDS has devastated the young adult population, dramatically reducing life expectancy and creating enormous obstacles to economic and social development.

Addressing the underlying determinants of health is key to ensuring sustained health improvements. Some of the key determinants of health and disease, as well as the solutions, lie outside the health sector, in areas such as the environment, water and sanitation, agriculture, employment, urban and rural livelihoods, trade, tourism, energy and housing. In fact, WHO estimates that poor environmental quality contributes to 25 per cent of all preventable ill health in the world today. The broader factors affecting the state of health need to be addressed through local, national and global action.

Education at all levels is key to sustainable development. Educating people for sustainable development should promote a balance among economic goals, social needs and ecological responsibility, and provide students with the skills, perspectives, values, and knowledge to live sustainably in their communities.

As the dimension of human resource development has broadened and interlinkages become more apparent, paradoxically its financing appears more problematic today than in a recent past. Such is the case both in developing and in industrialized countries. Governments seem to have fewer resources to finance programmes with a social intent. An explanation is to be found in political choices, in the determination of relative priorities in the distribution and allocation of financial resources -notably between the public and the private sectors-. Hence the need for both a strengthening of traditional policies and the adoption of innovative measures, stressed last month by the first meeting of the International Forum for Social Development.

To this end, the International Conference on Financing for Development (FfD) held in March 2002 aimed to focus international political will on mobilizing necessary financial resources and intensifying concerted action to reduce poverty and to enhance coherence of policies with impact on development.

Coherence is essential both at the international and at the national level. Bilateral and multilateral cooperation needs better coordination in its various programmes aimed at human resource development, to maximize impact.

Similarly, the importance of coordination among Ministries dealing with human resource development mandates (i.e. health, education) and of integration between economic and social policy cannot be underestimated. A common ground between Government partners is often elusive, particularly when resources are scarce. It is a fact of life that financial constraints are often imposed upon policymakers in these areas because economic considerations are taken as first priority. Making the case is important because it will make Ministries of Finance realize that achieving human development objectives will enhance economic stability.

In addition to the RD Conference, other major UN events, such as the World Summit on Sustainable Development (WSSD), the Second World Assembly on Ageing, the World Food Summit and the General Assembly Special Session on Children, feature a common element. Each of them provides a great opportunity to make concrete progress towards the Millennium Development Goals. This opportunity can be met only if all stakeholders deliberately work together in a renewed spirit of cooperation and coherence.

ECOSOC has an important role to play in this process. It can provide high-level policy guidance, help energise and prioritise international policies for human resource development, mobilize the UN system and bring into focus the need for policy coherence. The debate in the preparatory Roundtable can serve to prepare its work by facilitating policy dialogue and consensus-building among the relevant stakeholders in these areas.

However, as a policy consensus emerges, the focus must be on tangible results and “deliverables”. The role of development assistance and technical cooperation in matching the policy deliberations with effective delivery becomes therefore central.

***Professor Jeffrey Sachs, Director of Columbia University
Earth Institute³⁸***

The United Nations' Millennium Development Goals are critical in today's world and they can herald a real breakthrough. It is now possible to make the extraordinary affirmation that there are abundant resources and technology at the global scale to actually solve, once and for all, the problems of absolute poverty in the world.

38. Summary

This situation was not possible in earlier generations, but now a true partnership between the rich and the poor could help achieve the goals set out for 2015. The upcoming UN Conference on Financing for Development in Monterey will provide a pivotal opportunity for both rich and poor countries to recommit themselves to fulfil these goals by beginning to adopt practical guidelines, measures and commitments. The rich countries should provide financial support for the poor countries and the poor countries must show their political will at all levels in order for this to succeed.

The Millennium Development Goals have targeted an interconnected web of critical inputs to development—reducing hunger by half, child mortality by two thirds, and maternal mortality by three fourths, halting and reversing the spread of HIV/AIDS, tuberculosis and malaria, and dramatically improving access to core infrastructure for water, sanitation, etc. Statistics show that literacy of mothers is a key factor in reducing child mortality. Therefore, we need to work on all aspects together and find the synergies. Health is an input not only to economic development, but also to education and other life capabilities and developments. Every statistical analysis shows that educated mothers are the strongest predictors to child survival, since these mothers have better knowledge in child care and health services. Therefore, investing in education and health is critical for achieving human development and income growth.

One of the most famous commitments of the 20th century is Health for All. However, success is still far from being reached, owing to HIV/AIDS, tuberculosis and malaria, and the collapse of health care systems in many of the poorest countries of the world. Targets projected in education, in hunger reduction and in many other areas have been missed. Thus we need to convince people that we are not simply recycling old commitments. The goal of Health for All by the year 2000 was not achieved mainly because we failed to invest in health sufficiently. The level of expenditure amounted only to a small fraction of the needs. In addition, the impoverished countries continue to have huge debt burdens. By no means can they meet their needs out of their own resources. Without more outside investment, it will not be possible for them to increase health and reduce poverty. At the same time, poor countries can do more themselves. We have learned in the WHO Commission on Macroeconomics and Health that the poor countries could raise investment by 0.1 or 0.2 per cent

of GNP. However, poor countries are unfortunately too poor to meet all their own basic needs at this point. They are too burdened by disease, illiteracy, demands of education, and environmental risks. In order to meet the challenges of environmental change, literacy, etc. and get the poor out of poverty, the rich countries need to devote sizeable but achievable levels of resources to this end. Naturally, we need to make serious assessments of the costs.

Right now we have a number of preliminary assessments, made by the Commission on Macroeconomics and Health, which show that we need about USD 25 billion dollars annually from the rich countries, which is only one penny out of every 10 dollars of their income or one percent of GNP, to help the poorest countries arrest the health crisis. Various studies by UNDP, UNICEF and others suggest the need to invest in primary education another USD 15 billion or so. Besides, there is a need to make investments to fight hunger, to resolve the issue of critical energy resources, to improve access to water and sanitation, to stress the importance of secondary education. All of these requirements are needed in order to attain real economic development, especially in the poorest countries.

Needed help has been estimated in the past, but we need to have more serious estimates in the months ahead in order to get a comprehensive view. At the same time, we need to raise the general level of international commitment of GNP, since that could make an extra USD 125 billion available for the poorest countries. We have the means within the international community to meet those levels of commitment—what we do not have yet is the will. We will need to find creative mechanisms to make sure that an increase of ODA will become a reality, and that it will be used effectively, so that this generation sees the breakthrough that we are looking for.

A critical partnership of financing from the rich countries, and an effective political mobilization from the poorest countries, including increased resources within their means, is exactly the partnership that needs to be made.

During the question and answer period, Prof. Sachs stressed that money was not the only question, nor was it a matter of inappropriate priorities or corruption in recipient countries. In his view, all partners need to work together. He said that looking at the data it is clear that developing countries are not able to pay the necessary sums to provide each person with basic

healthcare. We need to fill this gap with resources, and the rich countries should not be afraid to do that. It will give us all a fairer and safer world. Even as small an amount as 0.1 per cent of GNP of developed countries could achieve a real breakthrough. Currently there is a debate in the United States concerning aid, he said. The question has been posed whether or not aid really works, but indeed more specific questions like 'Does aid work to fight tuberculosis?' 'Does it work to fight malaria?' could be answered positively. Aid does work, said he, but we need to monitor where the money goes and make sure there is good delivery. For example, in Uganda he saw that the money made available through debt relief was truly invested. Adequate resources and political will make good partnerships.

Prof. Sachs reiterated the need for optimism that partnerships as discussed above will work. Other approaches have failed, but we live in an unsafe world, where diseases and terror put people at risk. Specific aid instead of general aid could display results and lower the reluctance of rich countries to invest.

In response to some questions, Prof. Sachs stressed that we need to focus on investments, as well as on how to achieve growth. Economic growth in itself will not be enough to achieve the core social objectives; we need to look at both economic growth and social investments, for they are interrelated.

Concerning the issue of trade, Prof. Sachs said that the opening of markets to developing countries is crucial, and that it is not possible to give false solutions that disregard this.

On the issue of the debt burden, Prof. Sachs declared that Nigeria needed debt relief, and that it should be on the list of the High Indebted Poor Countries (HIPC), despite its oil production. He further stressed that the overhang of debt is crippling Nigeria's ability to fight AIDS.

In response to Egypt's concerns about the Global Fund to Fight AIDS, Tuberculosis and Malaria, Prof. Sachs said that the Fund needs USD 8 billion a year, and that only one tenth of this has been raised so far. However, more pledges were expected to be made in coming weeks, as the deadlines came closer. He stressed the need to push for additional funding, otherwise, an entire generation could be lost in Africa.

Prof. Sachs also declared that in all development issues, education remains a central theme. The poorest countries have invested a lot to in-

crease school enrollment. He assured the meeting that if the resources are made available, the countries involved know what to do. Ideal would be to establish a Global Fund for Education, similar to the one to Fight AIDS, Tuberculosis and Malaria. Together with the World Bank, Prof. Sachs is currently working on a global financial package and a new mechanism to stimulate education.

Professor Sachs ended his contribution with a few remarks on the Johannesburg Summit on Sustainable Development, stressing that the issues before the Summit and the Monterrey Conference on Financing for Development together encompass all concepts of development. Finally, he stressed that the World Summit on Sustainable Development first needed to reconfirm the MDG's, and then start working on a more complex agenda.

***Mr. Shanta Devarajan, World Bank Chief Economist
for Human Development***³⁹

Human development largely depends on a few issues. One of them is the availability and quality of social services in areas such as health and education. The dimension of well-being strongly influences human development as being a crucial factor that determines a person's willingness and even one's courage to develop. It is through development that capabilities can be expanded. Development is also strongly linked to poverty reduction.

There is a strong link between growth rate and infant mortality rate. The faster the growth, the lower the infant mortality rate; the increase of GDP causes a decrease of the infant mortality rate.

Education is an investment. One's wages depend on one's schooling and experience. And these are impossible to achieve without at least a minimum level of development.

The poor are always more vulnerable to various diseases than the rich. That is true for people all over the world. They don't live in such conditions and they don't have such possibilities that would help them avoid diseases or at least cure them more effectively.

Human development can be accelerated in two ways. A large part of the action required begins at the household. Households create the demand for human development:

39. Summary

- Income—as people grow, their needs grow with them, which means that more income is needed in order to fulfill their needs;
- Quality—a family’s income strongly affects their quality of living. The stage of development influences the quality of life;
- Access—people need access to schooling, work, health services and other facilities in order to develop and be able to function normally.
- Price—the price that needs to be paid for that can sometimes be a burden. Access to the employment market, schooling, relatively high income and decent quality of living make the price go down;
- Gender—both men and women should have access to basic facilities and equal opportunities to develop. However, it remains a problem in many parts of the world;
- Supply in other services—all the services are interrelated. They influence one another and all of them need to be well developed in order to contribute effectively to human development.

At the same time the government has a critical role to play. It should provide both financing and services. In case of a market failure, the government is supposed to intervene and provide various public goods and externalities. It should also take part in redistribution of services and public spending. Public spending, in turn, needs to be directed at different kinds of public facilities so that as many people benefit from it as possible. The question here should be, however, what is the appropriate instrument of doing so?

Human development is critical to improving the welfare of the poor. Achieving that, though, involves increasing demand and supply. Increasing supply, in turn, requires better allocation of public resources and better incentives for service delivery.

***Mr. Jan Vandemoortele, Principal Advisor, Group leader,
Socio-Economic Development Group,
United Nations Development Programme***

Evidence is emerging that the social profile of the AIDS pandemic is changing over time. During its initial stage, the more educated, mobile and better-off members of society seem to be most vulnerable to HIV infection. With increased information, knowledge and awareness, however, their behavior changes faster than that of illiterate and poor people in terms of delaying

first sexual encounter, reducing the number of partners, increasing condom use, and other actions to decrease risk of infection.

Relatively little has been published on the socio-economic correlates of HIV infection. A few studies have shown higher prevalence rates at higher levels of income.⁴⁰ This article attempts to fill some of the void in the existing literature. It focuses on the correlation between HIV infection and the level of education, the latter being a good proxy indicator for a person's overall socio-economic status. If the hypothesis holds true that, beyond the initial stage of the AIDS pandemic, education reduces the risk of HIV infection, then new HIV infections will gradually become concentrated among illiterate and poor people as the epidemic spreads among the population.

The hypothesis implies that education is the best available protection against HIV infection. Indeed, the "education vaccine" against HIV is likely to be the only one available for the foreseeable future. This article discusses the way "education vaccine" works. Furthermore, it provides some direct and indirect evidence in support of the changing social profile of the disease and highlights the significance of the empirical results.

EDUCATION AND HIV INFECTION

An inverse association between the disease burden and the level of education exists for most infectious diseases. The incidence of malaria and cholera, for instance, are known to be negatively associated with the level of education. But because of its main propagation channel, HIV/AIDS first affects those with more opportunities, including more educated, mobile and better-off people. Beyond the initial stage, the disease burden quickly follows the normal pattern of other contagious diseases. Particularly in the case of HIV/AIDS, the segments in society that are initially most vulnerable are also best equipped to protect themselves and change their behavior. Thus, the argument about the "education vaccine" is already obvious from existing evidence for other infectious diseases. It is often said that people who wear a tie do not get cholera. In the case of HIWAIDS, education is likely to determine a person's vulnerability to HIV infection.

Some studies contest the validity of the "education vaccine" against HIV.⁴¹ Those that lump together evidence from countries that are at very

41. Hargreaves & Glynn. 2000

different stages of the HIV pandemic will not capture the changing profile of the disease. If the evidence of countries that are at different stages of the pandemic—such as Botswana and Bolivia or Malawi and Malaysia⁴²—are lumped together for analytical purpose, then it is unlikely that a clear pattern will be discernible between the level of education and the HIV prevalence rate.

Studies based on data for the late 1980s and early 1990s—when the pandemic was emerging—mostly show a direct and positive relationship between the level of education and the prevalence rate.⁴³ More recent studies, however, no longer show a positive correlation between education and HIV infection. Some are beginning to show a negative correlation.⁴⁴

If the social profile of the pandemic changes as infection spreads, then in countries where the HIV prevalence rate is low, surveys are likely to show an inverse correlation between education and the risk of HIV infection. In countries with high levels of HIV infection, surveys are likely to indicate a positive correlation. In countries with intermediate HIV prevalence rates, surveys are likely to show a weak correlation or no correlation at all between education and HIV infection. Thus, when evidence from countries that are at different stages of the AIDS pandemic is pooled, no clear pattern between education and HIV infection is likely to emerge.

What the evidence does not allow us to conclude is exactly how the “education-vaccine” against HIV works. Some argue that it works mainly through AIDS information and sex education at school. Others believe that basic education is more important as it equips and empowers a person—especially young women to understand and internalize relevant information and to translate knowledge into behavioral change. The spread of education also changes the family and community environment in which such behavioral change become socially acceptable. Indeed, young women who want to protect themselves against HIV must often change their behavior in ways that conflict with traditional values and customs.

42. At the end of 1999, the proportion of adults (ages 15–49) living with HIV/AIDS was estimated at 36 per cent in Botswana and 0.1 per cent in Bolivia; at 16 per cent in Malawi and 0.42 per cent in Malaysia. (www.unaids.org/epidemic/update/report/Table E.htm, October 31, 2000)

43. These studies include evidence from Tanzania, Uganda and Zambia. Most, but not all, properly take into account other factors such as age and sexual behavior.

44. Mnyika et al., 1996; Konde-Line et al., 1997

In many countries, open and frank discussions about HIV transmission at home, in school or in public are still challenged by a wall of silence that surrounds the disease. The four allies that make the virus so prevalent in many developing countries all start with 's'. They are silence, shame, stigma and superstition. These four S's thrive in a climate of ignorance and illiteracy. Education is key to defeating this deadly alliance. Both AIDS-specific information and basic education are likely to play a role. Disentangling their relative importance is difficult, if not impossible because AIDS-specific information is more easily absorbed by literate people and because basic education helps to address the four S's even without AIDS-specific information. Both types contribute to behavioral change that reduces the risk of HIV infection.

KNOWLEDGE ABOUT HIV/AIDS

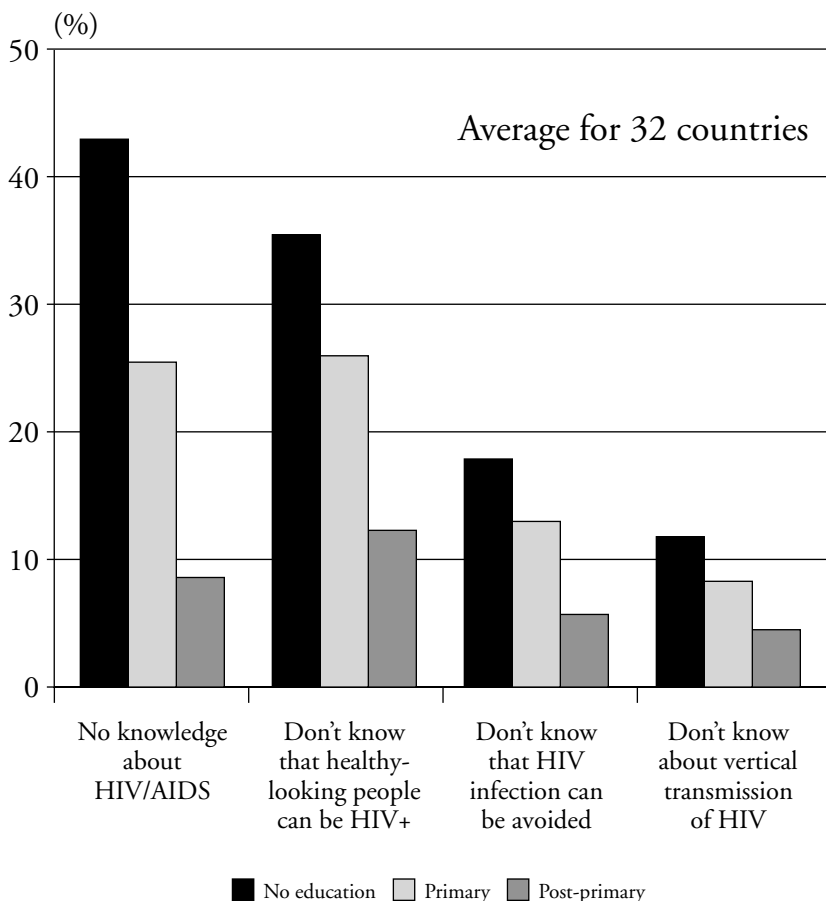
Since the early 1990s, Demographic and Health Surveys (DHS) have regularly incorporated questions related to the knowledge about HIV/AIDS. Our analysis of 32 such surveys indicates that nearly one in every two illiterate women is ignorant about the basic facts about HIV/AIDS. Their lack of minimum knowledge about AIDS is about five times higher than that for women with post-primary education (Figure 1). Among those with basic knowledge about the disease, illiterate women are three times more likely to think that a healthy-looking person cannot be sero-positive. Their belief that there is no way to avoid AIDS is about four times higher compared with their educated counterparts. The proportion of women who do not know that the HIV virus can be transmitted from mother to child is, on average, three times higher for uneducated women than for those with post-primary schooling.⁴⁵

Evidently, cross-country averages hide huge differences. In Peru, for instance, women are three times more likely to lack basic knowledge about HIV/AIDS than women in Uganda—a country with a long-standing public campaign about HIV/AIDS.⁴⁶ But the difference between these two countries is most striking for illiterate women. Nearly eight in ten il-

45. The differences between the (unweighted) averages for two education groups in the 32 surveys—no education and post-primary education—are statistically significant.

46. Kaleeba et al., 2000

Figure 1. Women's ignorance about HIV/AIDS by level of education



literate women in Peru do not know about AIDS, against only one in ten in Uganda. The difference between the two countries for women with post-primary education is not as striking—11 and three percent respectively, according to the data in their DHS.

Similarly, the two surveys (1994 and 1997) in Indonesia that collected AIDS-related information show improved knowledge about AIDS between 1994 and 1997. However, progress was only observed among educated women, whereas their illiterate counterparts saw no improvement at all in their knowledge about HIV/AIDS. In short, the Demographic and Health Surveys evidence is compelling. Without any exception, all 32

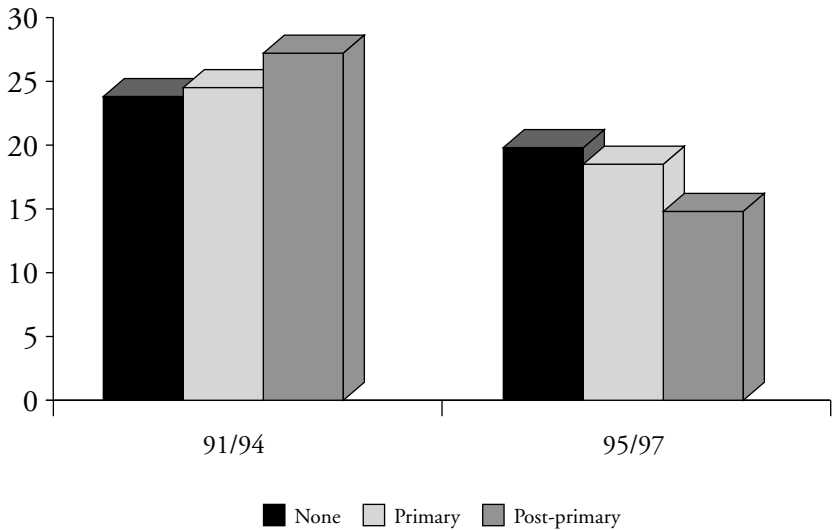
countries that were surveyed in the middle 1990s show a uniform pattern: knowledge about the various aspects of HIV/AIDS increases with higher levels of education.

CHILD MORTALITY

The changing profile of the pandemic is also reflected in mortality rates. DHS surveys in Kenya, for instance, show that the average under-five mortality rate (U5MR) increased from 91 to 105 per 1,000 live births between the 1989 and 1998. But Figure 2. indicates that the impact was not the same for all Kenyan children. Children whose mother had no education or did not complete primary school, saw their risk of premature death rise by a staggering 45 per cent. Children whose mother had post-primary education, on the other hand, continued to see a fall in their U5MR.

In a period of less than 10 years, the disparity in the risk of premature mortality between these two groups of children soared from 1.5 to 2.3. Similarly, widening disparities between rich and poor children in terms of infant mortality and child malnutrition have been documented for other countries.⁴⁷ After decades of steady decline, the increase in U5MR in

Figure 2. Widening mortality gap in Kenya (U5MR by level of maternal education)



47. Sahn, Stifel & Younger, 1999

Kenya is likely to be related to the HIV/AIDS pandemic.⁴⁸ If so, the differential increase in U5MR by level of maternal education points towards the effectiveness of the “education vaccine” against HIV.

SERO-PREVALENCE AND EDUCATION

DHS surveys indicate the person’s knowledge about AIDS by level of education and the level of maternal education of children who die before their fifth birthday. They do not report actual HIV infection rates by level of education. Thus, they provide suggestive evidence about the “education vaccine” against HIV. To probe this impact of education further, we examined the results of small-scale surveys in Zambia and Uganda that report the education level of sero-positive people.

A 1994 sentinel survey in Zambia (Figure 3) shows a positive correlation between sero-prevalence and education among pregnant women aged 25–29.⁴⁹ At face value, this might contradict our argument about the “education vaccine” against HIV, but it must be recalled that women who belonged to that age group in 1994—the year of the survey—became sexually active in the early and mid-1980s. That was the time when little was known about the spread of HIV. The positive correlation actually confirms that educated and better-off people are more vulnerable to HIV infection during the initial stage of the pandemic than illiterate people are.

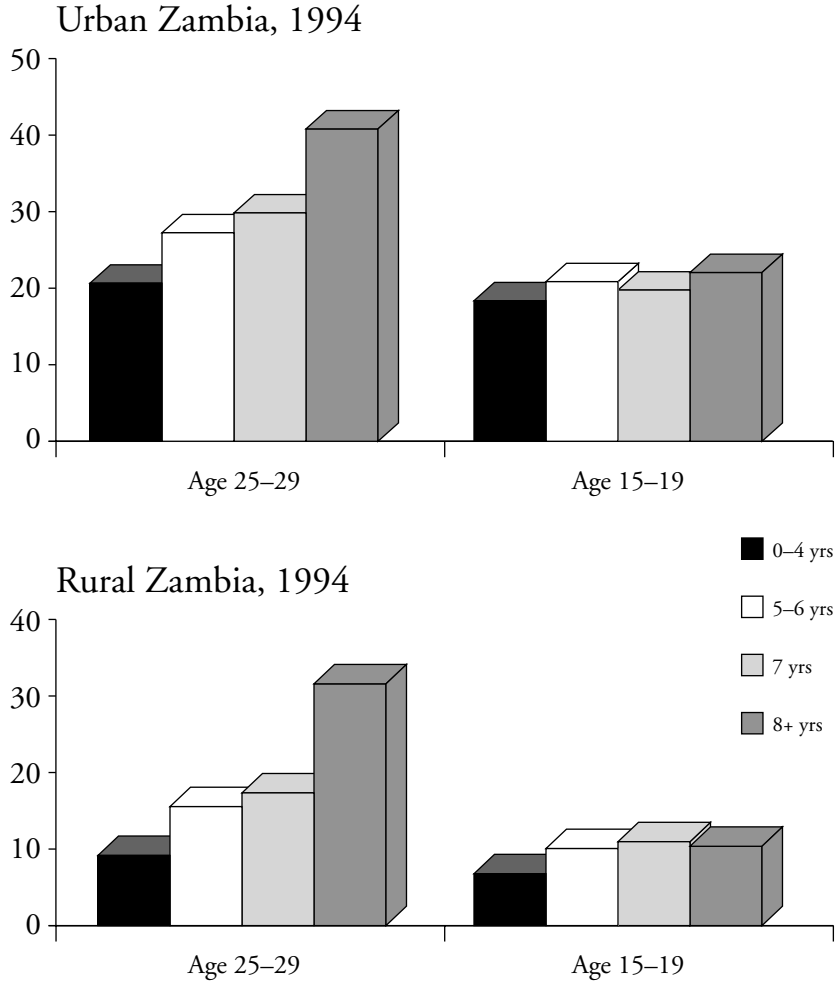
However, the correlation between sero-prevalence and education was no longer observed for the age group 15–19, the group that became sexually active a decade later when information on the pandemic was more widespread. The survey suggests that educated women started to change their behavior in the 1990s based on information and knowledge. A steep reduction in their average infection rate was observed both in urban and rural areas. By contrast, the HIV prevalence rate among women without education remained relatively constants.⁵⁰

48. The latest data show that 14 per cent of Kenya’s young women (15–24 years) are HIV-positive (UNICEF, 2000, p. 4)

49. Fylkesnes et al., 1997

50. It could be argued that the difference between the two age groups does not necessarily suggest a change in behavior, but that it simply reflects a lower level of sexual activity among adolescents. However, DHS surveys for Zambia have shown that the majority of girls become sexually active before age 18, irrespective of their level of education.

Figure 3. HIV infection rate among young women by level of education



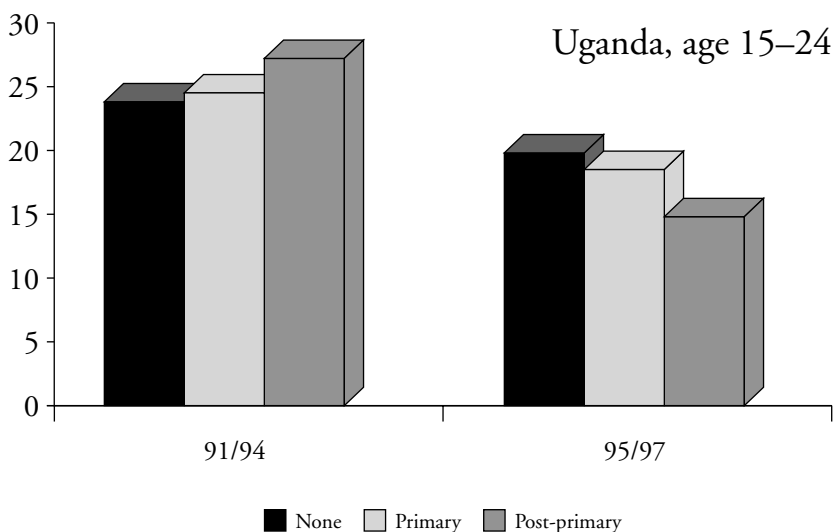
A sentinel survey of childbearing women in a town in Western Uganda provides further evidence of the changing social profile of the AIDS pandemic.⁵¹ Uganda is a country where strong public information campaigns have been used since the mid-1980s in an effort to reduce new HIV infections. Implemented under a slogan of ‘Faithfulness, Abstinence, Con-

51. Kilian et al., 1999

doms,' the efforts of these information campaigns are now paying off. In 1987, there were an estimated 239,000 new cases of HIV/AIDS each year. By 1997, the figure had fallen to 57,000.⁵² But even in this exceptional case, the positive impact on the poor—those with little or no education—has been the least.

Figure 4 shows that in the period 1991–94, young women (age 15–24) with secondary education were still more likely to be infected than their illiterate counterparts albeit that the positive association between education and HIV infection was already weaker than in the case of Zambia for the age cohort 25–29, as shown in Figure 3. But the positive association between the level of education and the rate of HIV infection was no longer observed in 1995–97. The relationship was actually reversed during the 1990s due to behavioral change among educated women, such as condom use, delayed first sexual encounter and fewer partners.⁵³ The HIV infection rate among educated women dropped by almost half, whereas it fell less steeply for women without formal schooling.

Figure 4. HIV infection rate among pregnant women by level of education



52. UNICEF. 1999, 12. 19

53. Kilian et al, 1999, p. 397; Blanc, 2000, p. 17

The evidence presented in this article seems to confirm the hypothesis that the social profile of AIDS pandemic is changing. The disease is increasingly discriminating against illiterate and poor people. This underscores the urgency for achieving universal primary education with a view to equipping the poor with basic capabilities to protect themselves against HIV infection. It also implies that public awareness campaigns need to be devised so as to reach the illiterate and less educated people and to be understood by them.

Above all, the changing social profile of the AIDS pandemic makes a compelling case for using education as one of the most powerful tools for slowing and reversing the spread of HIV. Girls' education appears as an absolute priority. Recent studies in Africa show that teenage girls are five to six times more likely to be infected by the HIV virus than boys are their age.⁵⁴ Moreover, gender-specific infection rates seem to be closely related to the overall HIV prevalence rate. At low prevalence levels, the infection rate among male adolescents is higher than among females; but young females become the most vulnerable group in society when the country reaches a high prevalence rates. In Peru, for instance, young males (ages 15–24) are twice as likely to be sero-positive as young females their age (0.4 and 0.2 percent respectively). In Lesotho, however, HIV infection among girls is twice as high as for boys (26 and 12 per cent respectively).⁵⁵ In most countries, adolescent females are disproportionately represented among the newly infected people.

The implication of the changing social profile of the pandemic is far-reaching. A disease that affects predominantly poor and illiterate people is unlikely to generate the same level of political commitment and public resources as a disease, which does not discriminate against the poor. This is valid both at the international and national levels. For example, research and development on diseases that occur only in developing countries often fail to attract much attention and resources. For example, out of 1,223 new chemical entities that were developed between 1975 and 1997, only 13 treated tropical diseases.⁵⁶

54. UNAIDS. 1999, p. 15

55. UNICEF, 2000, p. 4–5

56. Pecoul, Chirac, Trouiller & Pinel 1999

Once AIDS is perceived as a disease that predominantly affects the poor, then public commitment to find a cure or a vaccine or to support public awareness campaigns could be in jeopardy. When the non-poor no longer feel they have a stake in such efforts, the voice of the poor and the illiterate alone is unlikely to be strong enough to maintain public support and strong political commitment. Susan George 1999 makes this point obvious:

“As the disease [AIDS] moves inexorably down the social scale, the ‘bio-politician’ will learn that few votes are garnered by funding programmes for the dregs of humanity” (p. 145).

At the same time, the above evidence provides a glimmer of hope in an otherwise gloomy context. Indeed, the good news is that HIV infection rates are declining among people with primary and post-primary education, even in countries where the overall HIV prevalence rate is still on the rise. Similarly, the good news in Kenya is that the risk of premature death continued to decline for children whose mother had post-primary education during the 1990s, in spite of the increase in the country’s average U5MR. Such positive aspects deserve to be highlighted, because a world without hope offers few opportunities for improvement

Mr. John Langmore, Director of ILO Liaison Office to the UN

The synergies between education, health and training for development are especially clear in their impact on employment. Primary, secondary and technical education, work-related training, effective public health policies and ready access to health care are all crucial to increasing employability and productivity.⁵⁷ It is therefore more useful to focus these brief remarks on means of achieving progress towards universal access to those services as effectively as possible.

The recommendations of the Secretary-General’s High-level Panel of the Youth Employment Network are a useful guide. The Network includes the UN, World Bank and ILO and the High-level Panel, 12 eminent experts. The recommendations are based on the political commitment given by national leaders at the Millennium Summit: ‘to develop and implement

57. For example, major damage is caused by occupational accidents and disease such as work related stress and depression, water-borne diseases linked to work in irrigation.

strategies that give young people everywhere a real chance to find decent and productive work’.

The Panel identified four priorities—four Es—for national employment action plans: Employment creation, Employability, Equal opportunities for young men and young women, and Entrepreneurship. Employment creation involves placing employment at the centre of macro economic policy. Improving employability requires investing in education and vocational training for young people. Equal opportunities for all includes given young women the same opportunities as young men. And entrepreneurship involves making it easier to start and run enterprises.

The members of the Panel recommended that each country prepare a national employment action plan with targets for the creation of jobs and for the reduction of unemployment. The ILO Employment Policy Convention No. 122 is a useful guide.

RECOMMENDATIONS OF THE SECRETARY-GENERAL’S HIGH-LEVEL PANEL OF THE YOUTH EMPLOYMENT NETWORK

1. Incorporate young employment policies into a comprehensive national employment strategy and strengthen their linkages with macroeconomic, social and development policies.

This involves setting goals, targets and priorities for national policies and programmes for promoting youth employment and relating that to every area including investment, trade, technology, enterprise development, labour market policies, and services; an especially important element in this is to ensure that maximizing the growth of employment is at the heart of macroeconomic policies. This includes consciously setting monetary policy so as to make credit readily available to small entrepreneurs at interest rates that are as low as possible. Ensuring that essential human services such as basic education, secondary, technical and vocational education and training, basic health and other care and support services receive high priority within budgets. This would be facilitated by adoption of social impact assessment of proposed budgets in both developing and developed countries, for this would involve scrutinizing potentially wasteful expenditure such as that on military activity much more carefully; undertaking that whenever international financial institutions and development organizations are

involved that youth employment is included within national economic, social and poverty reduction strategies and technical cooperation efforts.

2. Strong institutional support for youth employment policies

This would include providing mechanisms for dialogue and consultation with social partners, youth organizations and other civil society actors in the formulation of policies relevant to youth employment issues and concerns, and by reinforcing the capacity of public and private institutions, especially in developing countries, such as development agencies, local labour market institutions and education and training providers to implement youth employment policies and programmes;

3. Investment in education, training and life-long learning

This may well involve governments in setting a target of six per cent of budgets for education. It will certainly include seeking external grant assistance for education of at least an additional USD 8 billion a year as recommended in the Dakar Framework for Action on Education for All. Particular concerns of the ILO are: the promotion of girls' education; providing incentives and support to poor families to ensure that child workers are taken out of the workplace, rehabilitated and provided with the opportunity to attend school improving the accessibility; relevance and effectiveness of secondary and higher education and technical and vocational training; and improving competency-based standards, national qualification frameworks and nationally accredited training systems, in partnership with employers' organizations, trade unions, education authorities and training providers, to ensure the quality of public and private sector training and the portability of skills. It is important to recognize that increasing employment is one of the means to generate revenue to pay for more extensive and improved human services. The more people who have work, the higher revenue collections can be.

4. Strengthening the bridge between the informal and the mainstream economies.

5. Using the potential of information and communication technologies

This obviously must include providing young people with opportunities to develop ICT literacy through the education system and/or ICT training

facilities, and also providing them with affordable access to computers and the Internet.

6. Recognizing that most new sources of work in most countries are now in the service sector

This involves exploiting the new opportunities for employment of young people being opened up by the rapidly expanding service sector by recognizing that human services such as education, health and personal care for everyone and not least the young, the old, the sick and the disabled, are among the most labour-intensive forms of employment and offer new and increasing employment opportunities for young people. It also includes using labor-intensive methods for infrastructure investments and environmental restoration works, and training young people as small-scale private contractors to execute such works; expanding the access of young people to sector such as environmental conservation, tourism, entertainment and mass media and other service areas by training and public/private partnerships.

7. Promoting entrepreneurship and enterprise development by:

Providing information on market opportunities, training in business skills, access to capital, mentoring by qualified persons and other business support services tailored to the needs of small firms and young entrepreneurs;

8. Improving access of youth to employment services, information and support

9. Setting a social floor for working youth

This should be achieved by improving the working conditions of youth, promoting their rights and recognizing their voice and representation at work.

10. Encouraging partnership for youth employment

This involves for example encouraging youth organizations to take initiatives and actions at community and national levels and public, private and civil society partners to pool their knowledge and resources to jointly launch innovative youth employment programmes that are sustainable.

11. Supporting major improvements in the international economic and financial environment

This may be achieved through the following actions:

- Provision by all developed countries of duty-free, quota-free market access to all developing countries'
- Redoubling efforts to increase the amount of overseas development assistance and to meet the international commitment provide 0.7 per cent of GNP for aid;
- Striving to create the conditions necessary to attract and increase the flow of long-term private investment;
- Reform of the international financial structure to reduce the risk of financial volatility;
- Exploration of new and innovative sources of external funding for development.

12. Strengthening international work on youth employment

The Secretary-General completed his message transmitting these recommendations to the General Assembly by saying they 'provide the international community with an important impetus to mobilize political commitment and practical action to rapidly increase employment opportunities for youth. I should be grateful if you would bring these recommendations to the attention of Member States... I encourage Member States to draw up national action plans on youth employment as a matter of priority.'

***Mr. Iqbal Alam, Senior Technical Consultant, UNFPA,
Technical and Support Division***

The Millennium Development Goals (MDGs) mainly derive directly from the global United Nations conferences and summits of the 1990s. At the national level, current statistical information is needed to support planning and policy level decision making and priority setting in terms of the identified national development and poverty eradication priorities. At the international level, up to date statistical information not only assists the United Nations in contributing to the achievement of the national development and poverty eradication objectives, this statistical information also forms the basis for United Nations development planning, including the preparation of Common Country Assessments (CCAs) and United Nations Development Assistance Frameworks (UNDAFs).

Progress in achieving the MDGs has to be measured against baseline statistical data gathered at the national and sub-regional level. Data collection and analysis is therefore the fundamental mechanism with which to gain an

accurate and updated statistical picture of the situation in a country. A variety of data collection instruments can be used to assure that current data is available for national level decision-making and planning.

Reliable statistical data is essential for national health and education policy and planning. Countries lacking recent census or survey data face problems in ensuring the effective functioning of many of their democratic institutions. Good and up-to-date data provides a foundation not only for leadership and good governance, but also alerts the national leadership of significant shifts or trends in demographic, health and educational development. In some countries, a lack of data poses serious problems when attempting to construct the population-based indicators required for national planning and policy setting. Without recent data, decision-making is based on outdated and unreliable statistics, which can lead to serious policy and resource allocation distortions.

United Nations agencies, increasingly on a collaborative basis, are investing in building Conroe capacity or monitoring, as well as in the use of data for informed policy-making and programming. Support for the development of a stronger national statistical system, as well as a common database, serves reporting purposes for a wide range of areas. Better statistics and databases at the national level also help improve the quality of international databases.

In many countries, sex disaggregated information is frequently not available, or available for only a limited number of variables. Yet such data are essential to encourage national and local leaders to advocate the need to address gender inequalities in health and education through gender-sensitive policies and programmes.

Data collection in all sectors is costly and often requires long-term resource commitment. Yet countries generally have very limited resources to develop and strengthen statistical capacity. The availability of resources in many instances tends to be ad hoc. Governments need to give higher priority and status to statistical systems, to retain and benefit from trained staff, as well as for building an evidenced-based culture or policy-making. In the long run, governments that invest in statistical capacity will be able to better plan and control their own development.

The use of common indicators in the context of monitoring development goals and for results-based management programming necessitates

promoting and strengthening partnerships for supporting national data collection efforts. One challenge for all development partners including civil society and the private sector, is to work in a coordinated way to support national efforts to develop statistical capacity.

Capacity building is an integral feature of the United Nations' approach towards data collection and in using indicators for monitoring health and education development goals. Country data are used where available and are of reasonable quality for tracking development goals. However, experience with the CCA has shown that national capacity for compiling a comprehensive CCA indicator framework is severely constrained in many countries. Compiling indicators is playing an instrumental role in forging partnerships between United Nations agencies and Governments. Some agencies such as the United Nations Population Fund have worked for decades in supporting census and data collection training and capacity building in many developing countries at their request. As partners in the United Nations system supporting the achievement of the MDGs, UNFPA stands read to do so in the future.

Mr. Andrew Cassels, Director of Health and Development of WHO

Some of the findings of the preliminary review conducted by WHO on the role of health in the first Poverty Reduction Strategy Papers can be used to assess how health and education policies are reflected in national development processes. A number of more general conclusions can be drawn that could point towards new ways of working, that put people—and human development—at the centre of the frame.

It is now known—not least through the work of the Commission on Macroeconomics and Health—that health has to be seen not just as an outcome of economic development—but as a means of achieving. Health and education together are powerful strategies for achieving the overarching MDG—that of reducing the number of people living in poverty.

It is known too that the economic losses that accrue from ill health have been underestimated: not just to individuals, but to their families, to societies as a whole, and across generations. The potential pay-off from addressing ill health education is enormous. 8 million lives saved, and USD 360 billion generated within 15 years is an estimate: but it is an estimate of such power that it cannot be ignored.

Healthy people earn more and learn more. Education—particularly women’s education—has huge benefits in terms of peoples’ health and livelihoods.

Some key issues in this regard include:

- Health is not just an outcome of economic development, but a powerful means of achieving it
- The economic loss that results from ill-health to individuals, families and societies has been underestimated
- Healthy people learn more and earn more
- Education protects and promotes better health

The question is whether this understanding leads to changes in strategy. Have there been progress from analysis to action?

In looking at the first PRSPs a number of questions were asked, such as To what extent were line ministries involved in the process? To what extent was better health recognized as a strategy for reducing poverty or promoting economic development? And, to the extent that that this linkage has been recognized, have health policies become more pro-poor? We also started to look at what is happening in terms of resource allocation: are governments and their development partners backing their analysis with hard cash?

Key points assessed in practice included:

- Have health and education ministries influenced the development of poverty reduction strategies?
- Is health recognised as a means of poverty reduction?
- Have new development instruments, such as PRSPs, made health or education policies more “pro-poor”?

The results were mixed. First of all, the process by which PRSPs have been prepared: clearly the international focus on reducing poverty has raised the profile of health and education. In many cases it was found that the Ministries of Health had been only marginally involved in the process. The lion’s share of the work had been undertaken by Ministries of Finance and Planning—bringing in the specialists only at a later stage.

Secondly: looking at the analysis section of the PRSPs it was found that they tended to describe ill health as a consequence of poverty rather than

a cause. In many cases, it was noted that the analysis said quite a bit about the correlates of poverty—that poor people suffer more ill health, that they live in certain part of the country, in urban slums, and so forth. But they said relatively little about the pathways in and out of poverty. These are critical—not just to deepen our understanding—but as a means of designing effective policies. The impoverishing effects of illness—and the cost of illness—are particularly important in this respect.

Thirdly: looking at the place of health (and education) in development strategies—the traditional divide between productive and non-productive sectors was still encountered. This inevitably tends to reinforce the idea that health is not an investment—and the corollary—that it will be seen largely in terms of basic services and a social safety net.

Progress in the following area was noted:

- Process: the focus on poverty puts health high on the agenda, but sectoral ministries often sidelined
- Analysis: we know more about the correlates of poverty, than its causes
- Strategy: the divide between productive and non-productive sectors means health spending not seen as an investment

The fundamental divide between productive and the non-productive sectors can lead to missed opportunities. In part through a failure to recognize the economic potential of addressing the major causes of ill health such as AIDS, tuberculosis, malaria and other communicable diseases. In part, also, by failing to recognize the very synergies we are talking about here—between agricultural production and nutrition; and between better health and labour productivity. About the means—through better health and education—of increasing investment in tourism and industry.

The next question examined was whether the health policies proposed were any more likely to respond to the needs of the poor. Continuing business as usual without changing traditional patterns of investment is unlikely to change very much.

There were some positive signs, including evidence of trying to target resources to deprived areas and population groups; protecting the poor from the impoverishing costs of health care; and tackling staffing problems in remote areas. In too many instances, however, existing plans were merely

bolted on to the PRSP with little adjustment. Neither are there many signs of being able to show how or whether policies benefit poor people.

Clearly, there is a need to do more to be clear about what constitutes pro-poor health and education policy—and to be able to monitor—with disaggregated data—whether it is achieving its purpose.

Many countries that are preparing national poverty reduction strategies do expect to increase the level of resources available to health. At this point that it is too early to say whether these hopes will be realized.

Regarding finance, two key points can be made: firstly, even with expected increases, the resources allocated to health fall far short of what is required to achieve the kind of targets that are aimed at. And secondly: far better mechanisms are needed for monitoring spending on social development if we are to capture all sources of income and to track how it is distributed between different parts of the population.

Some key points include:

- Missing links: with food production, roads development, tourism, labour productivity, investment and savings
- Sectoral strategies: moving on from business as usual: understanding what makes a difference, and knowing whether it happens
- Resources: some evidence of an increase in allocations—but still far short of real needs

CONCLUSIONS

Firstly, a great deal is known about the potential benefits that can accrue not just from the synergies between health and education, but from a more holistic approach to development in general. The real question is how to move from this kind of understanding to action—how to make all this happen in practice? Comprehensive development frameworks (lower case) such as the PRSP and UNDAF are an important start. And important practical lessons can be learned by real-time monitoring of how these play out in different national situations.

Secondly, the international community needs to get real about the level of resources needed to achieve the goals that have been set. Integrated strategies followed by financial muddling through will not be enough. More

money is needed, as well as better channels through which it can reach those that need it most. When it comes to new mechanisms, much of the focus in health has been on the new Global Fund to Fight AIDS, Tuberculosis and Malaria. The importance of this mechanism is not just that it offers the potential to raise additional resources. It will be a real success if it can leverage new behaviours on the part of governments and donors, and offer a model to be used in other areas of development.

Thirdly, if health and education are to be liberated from their sectoral boxes, countries need institutional mechanisms that enable these key policy concerns to influence work across society—and through all the sectors that can influence human development. What this means in practice will differ from country to country—but an effective and genuinely influential oversight function that puts people and their livelihoods at the centre of national development, would seem to be essential.

CHAPTER FIVE

NGO Forum “The Contribution of Human Resources Development, Including in the Areas of Health and Development, to the Process of Development”

An NGO Forum was held prior to the start of the 2002 substantive session of the Economic and Social Council. It provided an opportunity for representatives from nongovernmental organizations in consultative status with the Council to convene and discuss the theme for the Council’s upcoming high-level segment on “the contribution of human resources development, including in the areas of health and development, to the process of development”. The meeting was held in two parts; during the morning session, four panellists¹ presented statements and comments on the issues to be considered by ECOSOC. During the afternoon session the NGO representatives formed smaller groups to review, and make recommendations on, the draft Ministerial Declaration with a specific focus—gender, finance, employment, health and education, for submission to the High-Level Segment of ECOSOC for consideration. Participants also included delegates and United Nations staff members, including from the funds and programmes and specialized agencies.

1. See the Abuja Declaration on HIV/AIDS, Tuberculosis, Malaria, and Other Related Infectious Diseases and the Jakarta Plan of Action on Human Resources Development in the ESCAP Region.

It was agreed that participants needed to focus on the link between the theme of the High-Level Segment, and conclusions reached at Monterrey at the International Conference on Financing for Development, as well as the action plan adopted at the World Summit on Sustainable Development.

The importance of maintaining a strong relationship between ECOSOC and the NGO community was stressed, especially within the context of participation of NGOs in the work of the Council, and in particular, the High-Level Segment. Participants were informed that the Ministerial Declaration was to have a contribution from all stakeholders, including member states, civil society and the private sector. In addition, the preparation of the report of the Secretary-General to the Council had drawn upon a large array of sources, bringing in various suggestions and inputs from specialized agencies and NGOs. The High-Level Segment of the Council would have a multi-stakeholder dialogue, seen within the context of the Millennium Declaration Goals, and would show what civil society, community organizations and businesses could do towards achieving those goals. It was pointed out that the issue of resources would be a key factor.

One of the main issues considered at the panel discussion included the crucial role of youth in the sector of sustainable development, particularly youth partnerships and sustainable income-generating employment for youth. Also stressed was the importance of the health of a nation to poverty reduction and long-term economic development. For example, in East Asia and Southern Europe, disease control and nutritional improvement contributed greatly to rapid economic development in the 1950s. Another important point made at the panel discussion was that the draft Ministerial Declaration contained some critical elements to end the hunger crisis, including community ownership and true partnership between developing and developed nations. However, it was pointed out that two key aspects were missing: 1) the need for local democracy to address hunger; and 2) a fundamental transformation of gender relations. It was noted that the low status of women contributed to the persistence of hunger and that their education and economic empowerment were determinant factors linked to poverty eradication. Lastly, also addressed were issues relating to financing for economic development and moving forward from the Monterrey Consensus. It was urged that: 1) Donors needed to increase their aid by USD 50 billion in order to achieve the Millennium Development Goal of halving

poverty by 2015; 2) The trade agenda should not be set by the WTO, since it was not a debt institution; and 3) the Ministerial Declaration should call for additional debt relief, which would further debt cancellation for least developed nations and debt coping mechanisms for developing nations.

Various issues and concerns were raised with respect to the Ministerial Declaration. These included aspects of demilitarization and gun control, gender equality, girls' education, health issues pertaining to development—particularly preventative actions, public education awareness, and special concerns for indigenous people. Concern was also expressed regarding the evaluation, development indicators and the role of NGOs, and support was sought for issues important to non-governmental organizations. It was stressed that these issues needed to be addressed in the final outcome document.

RECOMMENDATIONS

The following recommendations were made by non-governmental organizations attending the NGO Forum for the consideration of the Economic and Social Council during its deliberations on the High Level Ministerial Declaration from 1–3 July 2002. They do not reflect an official position by non-governmental organizations in general, nor of the Conference of NGOs (CONGO):

1. Gender Equality: Many of the organizations present felt that the draft Declaration did not state forcefully or specifically enough the need to invest in the education of girls and women. Research shows that educating girls results in higher per capita income and improved health for their families when they marry. Women need to play a vital and central role in the social, economic and political development of countries. It is precisely the low status of girls and women that results in poverty, and only with fundamental transformation of gender relations can this situation be altered.

2. Education is primarily the responsibility of the member state. However, education consists of formal, informal and non-formal structures and each is delivered differently. NGOs called for new partnerships with governments, private sector and NGOs to provide relevant, high quality educa-

tion to all, with gender sensitive programs that encourage girls to learn. In addition, NGOs wished to call attention to the fact that girls are often prohibited from attending school because of inadequate facilities, safety, transportation, proper clothing or expense to families. These complex situations need to be addressed.

3. Environmental quality affects the ability to people to be healthy, which affects their ability to work. Global warming, pesticides and other modern factors have created an environment of climate change, increased disease and new strains of disease that could devastate populations.

4. The new Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria should be applauded in the document, and more funds should be identified to support the fund. More needs to be done to give expertise to programs from targeted countries with high rates of HIV/AIDS so they can apply for and administer the funds, as some of them are receiving very little of the monies available.

5. The health infrastructure in many developing countries requires higher levels of investment, especially in rural areas of LDCs. It is important to make use of those health care delivery systems of health care delivery that are working in those areas.

6. Family structures need to be considered and included in the provision of adequate health care. For example, following the interviews of families by health workers in Madagascar, the health care environment was changed to make it more comfortable, resulting in more compliance with treatment and better health for the individuals affected.

7. Attention must be paid to the infrastructures for health, water supply, sanitation and waste disposal in order to prevent unnecessary health problems. Failure to address these needs leads to unsustainable urban communities. It is also important to assess the need for adequate, sustainable human settlements as part of the health equation necessary to support human resource development.

8. Older women and their role in the care and treatment of family members and the education and nutrition of children need to be considered. Many older women are not equipped to deal with the situations they are faced with and need assistance, information and training.

9. NGOs recommended aligning the discussion with stakeholders to the nine major groups identified in Agenda 21 to clarify the parties. They also stressed the desire to be incorporated specifically in the monitoring and evaluation of progress, and desired improving their capacity to support the MDGs.

10. Peace and security are necessary to provide human resources development. NGOs called for reduced military and arms spending to provide additional resources for health and education programs. They also called on countries to halt internal armed conflicts and to become productively involved in supporting and developing people instead.

11. Young people attending called for education to be relevant to employment, noting that more than 50% of the population was under 25 years and over a billion in the 15–24 age cohort. 85% of these young people are living in developing countries, entering the workforce with few skills and even fewer opportunities for productive work. Youth need a bold approach from the Ministerial Declaration to address this recipe for potential disaster.

12. Sustainable livelihoods need to be developed for people so that they can move out of poverty into productive employment. Relevant jobs need to be created that can be filled by people willing to work.

13. Literacy remains a serious problem, particularly for women. Literacy programs must be sustainable and must offer challenges for those who go through them to remain learners. It is not enough to define literacy as being able to sign one's name or to write a simple sentence. Support must be given to improve the skills learned and to make literacy relevant.

14. ICT is not necessarily a panacea for success, though it is an important way through which people can address job and skill development. Those who are successful with ICT are generally better educated, wealthier, literate and have access to hardware/software and can communicate in a language used on the internet. Those who do not have those qualities are often left out.

15. NGOs called on governments to recognize that the population throughout the world is ageing. They called on governments to use older people as a resource to younger generations, cultivating them as mentors, mediators and advisors, thus effectively assuring their role in human resource development.

16. Indigenous peoples need to have more investment in their issues, especially health care and education. NGOs recommended that there be attention to establishing a secretariat for the new Permanent Forum so that it might make specific recommendations to ECOSOC.

17. NGOs addressed the need for increased resources for LDCs and developing countries to improve health and education to reach human resource goals. This includes increased ODA for some countries, and better coordination between ECOSOC and financial institutions such as the World Bank, WTO, IMF and others.

18. NGOs encouraged the Bretton Woods Institutions to give priority to capacity building, education and job opportunities while giving financial assistance to governments of the developing world to work genuinely towards the objective of educating all peoples, with special attention to the poor and to the girl child.

19. NGOs complimented ECOSOC on the development of its website and called on it to publicise its accomplishments, which they viewed as relatively unknown throughout the world. They also asked for a newsletter from the ECOSOC segments that could give them “the flavor” of the meetings, not just the results. NGOs expressed their interest in being true

partners with governments in discussing not only what needs to be done, but in working with governments to implement decisions reached.

20. Finally, NGOs wished to compliment ECOSOC on the way in which it sought input directly from NGOs, beginning with the roundtables early in the year, and wished to express their sincere thanks for specific inclusion. They expressed their willingness to bring expertise to other segments of ECOSOC and pledged to work together throughout the year.

PAPERS

Mr. Bremley W.B. Lyngdoh—Global Youth Action Network

A livelihood comprises the capabilities, assets and activities required for a means of living. It is sustainable when it can cope with and recover from stresses and shocks and still maintain or enhance its capabilities and assets both now and in the future, while not undermining the natural resource base.

The creation of sustainable livelihoods has become an important factor in sustainable development, particularly in developing countries and among disadvantaged populations. More support should be given to the promotion and development of economical and environmental sustainable youth livelihoods. Sustainable development requires an explicit consideration of future generations. Youth will inherit many of the environmental, economic and social problems created over the past decades. Incorporating their opinions and concerns into policies at all levels is critical to sustainable development. The capacity of young people to address sustainability issues and become leaders in this century is also critical.

Addressing the concerns of young people worldwide is critical to the success of sustainable development programs because they are the current and future leaders of our communities. Encouraging civic involvement and investing in youth's key concerns must be an urgent priority of Governments and Civil Society. Recent major international conferences have addressed issues surrounding youth livelihood development. However the resolutions that emerged from these conferences have, in some areas, failed to be sufficiently acted upon. Therefore it is up to us the youth, to take

actions consistent with the commitment made by Governments in these world conference.

To that end, under the leadership of H.E Mrs. Suzanne Mubarak and Hon. William J. Clinton, a great public gathering and conversation called the “Youth Employment Summit” was held from 7–11 September 2002 in Alexandria, Egypt. Youth Employment is one of the Millennium Declarations Goals and so the need for such a gathering to find innovative means on how to achieve this goal was crucial.

The statistics are alarming: one billion young people (15–25 years old), eighty-five percent of whom are living in the in developing countries, are entering the labor market with few skills and even fewer opportunities for productive work, a prescription for disaster and social unrest. At the same time the knowledge base and connectivity exists to create opportunities for sustainable livelihoods for the world’s youth. More than ever we need a global commitment to be bold, creative and fearless in providing youth with opportunities for sustainable livelihoods.

The Youth Employment Summit 2002, which is an initiative of the Education Development Center, was born to generate this Global Commitment. A true partnership is needed as it is impossible to continue with a “business as usual” approach. The goal of the Summit is to launch a Decade Campaign of Action so that 500 million young adults, especially youth facing poverty, will have productive and sustainable livelihoods by the year 2012. This goal will require a deep commitment from each of us. A commitment that will allow us to overcome impossible obstacles, and transform our promise to our young into a reality. To do this successfully requires dedicated leadership at all levels of society to work together and within the Summit Framework for Action. What is presented in the Summit Framework for Action reflects the work of hundreds of committed individuals, the greatest contributors have been the young people who have given their time, energy and resources to develop this strategic plan.

We need to place this burning issue of youth unemployment on the global agenda and make a compelling call for action. The price of inaction will be too high. Remarkable people from around the world, from diverse backgrounds, ages, and nationalities have taken a stand in the matter and more are joining every day to create the possibility for a breakthrough in the issues of youth employment.

Livelihoods is a broader category than employment and more in line with the actual manner in which many young people in developing countries organize themselves and their activities in order to survive. Adaptability and dynamic livelihood capabilities are the keys to generating sustainable livelihoods. Dynamic livelihood capabilities can be thought of as enterprising behavior in a developing context. A common manifestation of this behavior is in vending and trading in the urban informal markets. Entrepreneurship is seen as the application of enterprise skills in the context of long term business development.

Enterprise approaches to non-formal training can help alleviate the effects of market failure on young people by helping to improve the role of self-employment in the form of small enterprise development and by creating more formal employment in the private sector. While youth in developing countries (particularly young women) will have improved access to more relevant education and training to develop their improved skill sets, and self-motivation to generate and sustain viable livelihoods, much more needs to be done. With better policy and programming congruence among education, training and credit provision, youth with enhanced skill sets will be better equipped to access credit, develop and sustain self-employment initiatives.

More effective and relevant education and training will result in more productive employment in micro and small businesses, particularly in the informal sector, larger enterprises that seek self-motivated employees, and government and civil society that seek enterprising employees. The improved skills and self-motivation of the emerging generation will contribute to increased social and economic productivity of communities. Improved skills will also be conducive to fewer social and political problems that are based on youth unemployment and lack of initiative. Overall, improved skills will contribute to enhanced employment opportunities and the practical generation of sustainable livelihoods for young women and men.

The institutional challenge is to improve the effectiveness of the non-formal training system in order to mediate the latent potential of young people into productive social and economic activity, while understanding their current livelihood conditions and capabilities. Governments need to address key global policies that affect youth employment and livelihood. They need to take strategies that promote self-employment and entre-

preneurship, school to work programs and work-based training. Partnership with the private sector needs to be strengthened and the use of new information and communication technologies to support youth employment and training must be encouraged. The youth themselves must be empowered to generate the solutions to youth employment and their best practices and success stories must be acknowledged at all levels to support further replication of such noble initiatives from the grassroots to the global level.

Youth are not an invisible constituency. They represent an increasing significant portion of the population, especially in the rapidly growing developing countries. Youth and children constitute over 50 per cent of the total population in the world. In developing countries over 60 per cent of the population is under the age of 30 years with about 30 per cent between the ages of 15–25 years. Today over 84 per cent of young people are concentrated in developing countries where the fastest urbanization occur. These urban centers are often looked to as opportunities for employment, shelter and development. But too often the stress of unsustainable growth and mismanagement of these communities turns the visions of hope into disappointment and despair for the youth in the urban habitat. Recognizing that youth are among the most affected by problems of rapid urbanization, homelessness, unemployment, crime, violence, drug abuse and environmental contamination, they should also have an active role in addressing these problems and in the preparation and implementation of activities towards creation of sustainable livelihoods.

Young people bring entrepreneurship, dedication and a sense of possibility to international policy planning. Youth organizations must maintain sustained international pressure to help forge a coherent follow-up to the UN world conference commitments. This is the challenge that lies ahead. Young people have contributed to each “Plan of Action or Platform” adopted by the UN conferences. They have joined forces with the broader Civil Society after all, issues that affect humanity also affect youth. President John F. Kennedy said, “The future promise of any nation can be directly measured by the present prospects of its youth.” Let us show a true partnership with youth in the international community. The youth are the leaders of tomorrow but they are your partners for today.

Dr. Christine Durbak—World Information Transfer

There is an old saying that translates into many languages and it is “Health is Wealth” in English. In most cultures, we have long recognized the relationship between the health of a person and that person’s ability to accumulate wealth. More recently, the WHO has conducted extensive research, which conclusively demonstrates that the health of a population is critical to poverty reduction, economic growth and long-term economic development.

Many of the great development “takeoffs” in economic history—the rapid growth of the UK during the Industrial Revolution; the takeoff of the US South in the early 20th century; the rapid growth of Japan in the same period; and the dynamic development of southern Europe and East Asia beginning in the 1950’s—were all supported by breakthroughs in public health, disease control, and improved nutrition. Conversely, the economic costs of avoidable disease, when taken together, are staggeringly high. Avoidable disease reduces the annual incomes of society, the lifetime incomes of individuals, and the prospects for economic growth. Life Expectancy at Birth (LEB) research, considered an excellent measure of the health of any society or nation state, has shown that each 10 percent improvement in LEB is associated with a rise* in economic growth. (*Improvement of 3/10th to 4/10th of a percentage point per year)

As a healthcare professional, I am most interested in the econometric models that consistently demonstrate the relationship between health and economic growth. As a healthcare professional and as a student of environmental science, I am most concerned about several large-scale environmental trends that constitute a significant threat to human health and, therefore, to sustainable development.

The first of these trends is global warming. CNN recently reported that, “as the atmosphere heats up, the risks to human health pop up, like a mosquito-borne virus.” Dr. Paul Epstein, the Associate Director of the Center for Health and the Global Environment at Harvard Medical School is one of the world’s leading experts on the correlation between global warming and increases in infectious disease. Writing last summer in *Scientific American*, Dr. Epstein warns us of the enormity of the health risk posed by global warming. He emphasizes that as the atmosphere has warmed over the past century, droughts in arid areas have persisted longer, and massive bursts of precipitation have become more common.

Aside from causing death by drowning or starvation, these disasters promote various means of the emergence, resurgence, and spread of infectious diseases. That prospect is deeply troubling, because infectious illness is a genie that can be very hard to put back into its bottle. It may kill fewer people in one fell swoop than a raging flood or an extended drought, but once it takes root in a community it often defies eradication and can invade other areas.

Global warming has the potential to exacerbate water-borne diseases, including cholera, which causes severe diarrhoea. Drought enhances water-borne diseases by wiping out supplies of safe drinking water and concentrating contaminants that might otherwise remain diluted. Mosquito-borne diseases are expected to increase because the agents are extremely sensitive to meteorological conditions. Diseases such as malaria, dengue fever, yellow fever, and several types of encephalitis are sounding the loudest alarms—alarms heard all over the world. To put the threat of increasing rates of malaria within a developmental context, recent WHO research on the matter may be considered.

According to WHO, high prevalence of diseases like malaria is associated with persistent and large reductions in economic growth rates. High malaria prevalence, for example, has been shown to be associated with a reduction of economic growth of one percentage point per year or more. Dr. Epstein states, “I worry that effective corrective measures will not be instituted soon enough. Climate does not necessarily change gradually. The multiple factors that are now destabilizing the global climate system could cause it to jump abruptly out of its current state. . . . At any time, the world could suddenly become much hotter or even much colder. Such a sudden, catastrophic change is the ultimate health risk—one that must be avoided at all costs.”

The production and release of vast quantities of novel synthetic chemicals over the past 75 years has proven to be a great global experiment—one that now involves all life. Even before the Chemical Revolution moved into high gear at the end of World War II, the first warning sign appeared that some man-made chemicals might spell serious trouble. In 1944, scientists found residues of a man-made pesticide, DDT, in human fat. Seven years later, another study brought disturbing news of DDT contamination in the milk of nursing mothers. In the early 1950s, naturalists saw thinning

eggshells and crashing populations of bald eagles and other birds. By 1962, Rachel Carson documented the growing impact of persistent pesticides on wildlife and warned about hazards to human health.

Ironically, chemicals that were developed to control disease, increase food production, and improve our standard of living are, in fact, a threat to biodiversity and human health. Let's consider, more specifically, the impact of one class of chemicals—pesticides—on human health and development in eastern Africa. In Kenya, Uganda, and Tanzania, the use of harmful pesticides banned in developed nations has become a major health risk to farmers as reported by the East Africa Pesticide Network Group, an NGO based in Nairobi, Kenya. A recent study published in the *African Journal of Health Sciences* shows that 204 different types of chemical pesticides are being used in East Africa alone. The most used product is DDT. DDT, unlike many other pesticides, is a synthetic chemical that resists the normal process of degradation. Such chemicals are referred to as persistent organic pollutants (POPs).

POPs share four characteristics:

- **High Toxicity.** Toxins are dangerous to human health at high and low concentrations. All POPs are endocrine disruptors—e.g., chemicals that can interfere with the body's own hormones.
- **Persistence.** POPs are highly stable compounds that resist degradation and, as such, have long half-lives in the body where they can accumulate overtime. Unfortunately, POPs are now pervasive in the food web.
- **Affinity for Fat.** POPs accumulate in the body fat of living organisms and become more concentrated as they move from one creature to another onward and upward in the food web. For example, the tissue of herring gulls in Lake Ontario may contain 25 million times the concentration of PCBs found in the lake's water!
- **Global Travellers.** POPs are compounds that are semi-volatile, a property that allows them to occur either as solid or a vapor depending on temperature. This characteristic allows POPs to “hop scotch” around the world, evaporation in warm conditions and settling in cool conditions. Accordingly, POP concentrations are omnipresent, found even in remote islands in the Pacific Ocean where these synthetic compounds have never been used.

In the developing world, the World Health Organization estimates that about 25 million people suffer symptomatic pesticide poisoning with more than 220,000 deaths recorded annually. Throughout the world, we do not yet know how the POP concentrations in our bodies will manifest their presence as we age, nor do we know the toll that the transmission of POPs will have on unborn generations.

Since health is indeed wealth, it is increasingly clear that environmental degradation and its impact on health may make the world's population much sicker and therefore much poorer if we don't decontaminate and restore our habitat to a sustainable condition. The United Nations' efforts towards sustainable development, in particular to control the proliferation of POPs and to mitigate the impact of global warming, is the direction towards which all member states should move.

Ms. Jenny Perlman—The Hunger Project

At the beginning of the 21st century, it is incomprehensible and unacceptable that in a world of unprecedented wealth, millions continue to live in conditions of hunger, poverty, disease and without the opportunity to lead lives of self-reliance and dignity.

The statistics are all too well-known: More than one billion people live on less than 1 USD a day—yet, as UN Secretary-General Kofi Annan has said, “even this statistic fails to capture the humiliation, powerlessness and brutal hardship that is the daily lot of the world's poor.” They are unable to afford or do not have access to the basics—clean water, primary education, basic healthcare, adequate nourishment and shelter.... More than 11 million children under the age of five die every year in developing countries from diseases that are largely preventable. That means more than 30,000 die every day and 21 every minute. In many countries in Sub-Saharan Africa, people have lost 10 to 20 years of life expectancy due to the AIDS crisis. In Zambia today, the life expectancy is only 37 years. One in every five people in the developing world is chronically malnourished, a total of 800 million individuals. Over 100 million children of primary school age remain out of school, the vast majority of them girls.

Today, ending hunger and poverty are not technical or production issues, they are human issues. Hunger and poverty exist because we, as human beings, have failed to organize our societies in ways that assure every

person the chance to live a healthy and productive life. It is not the case that the world has one billion mouths to feed. It is the case that the world has one billion hard-working, creative individuals whose productivity must be unleashed.

The Ministerial declaration focuses on human resource development and recognizes the central role that it plays in all development efforts. It is now more important than ever that we get it right—particularly in Africa where the AIDS epidemic is threatening to reverse decades of development.

The declaration contains many critical components required to meet the Millennium Development Goals, for example:

- the recognition of the fundamental importance of health and education in all poverty eradication strategies;
- the call for a community-owned, people-centered, multisectoral approach;
- the need for true partnership between developed and developing countries.

These are all elements that The Hunger Project has been applying on the ground with enormous success for the past 10 years. In more than 4,000 villages in Sub-Saharan Africa, South Asia and Latin America, we have found that these strategies work. However, it has also been The Hunger Project's experience that by themselves, these elements are insufficient. There are two overarching and interlinked issues, which must be addressed—local democracy and a fundamental transformation in gender relations.

Strong, effective local democracy is a fundamental component to end chronic hunger and poverty. It is at the village level where decisions on nutrition—education—health and income strategies are made. The Hunger Project has realized that no matter how unsuccessful our work may be, unless there are local structures *within society* that are responsive and accountable to the people, the end of hunger will not be achieved.

Much can be said about the fundamental need for strong, effective local democracy but due to time constraints, I will focus my comments on the critical role that women play in poverty alleviation and overall development.

There is now universal understanding that women and children are the members of society most affected by the persistence of hunger and abject poverty. Most of the world's poor are women. 70 per cent of the world's

illiterates are women. 75 per cent of the world's refugees are women and children. What is less well understood is that the status of women is the major *causative factor* in the persistence of hunger and abject poverty. It is a tragic irony that on the one hand, society holds women responsible for all the key actions required to end hunger and poverty: family nutrition, health, education, food production and—increasingly—family income. On the other hand—through laws, customs and traditions—women are systematically denied the resources, the information and freedom of action they need to carry out their responsibilities.

This subjugation of women is very costly. The results are:

- the persistence of hunger
- the destruction of the natural environment
- poor agricultural productivity
- low economic growth
- high fertility and population growth rates
- compromised health, including the spread of malaria, tuberculosis and AIDS.

As Kofi Annan has said, “Gender equality is more than a goal in itself. It is a precondition for meeting the challenge of reducing poverty, promoting sustainable development and building good governance.”

There are three distinct ways in which gender issues are critical to ending hunger.

- One, the inextricable link between women's wellbeing and the overall health of a society.
- Two, the enormous—yet largely unrecognized and unsupported—role of women as producers in society.
- And three, women's leadership—their role in setting the agenda for development and having voice in the decisions that affect their lives.

There is now a growing consensus that the health of the mother is the single most important factor in determining the health of her child. And it is not only her health when she is pregnant—but throughout her entire life—going back to when she herself was in the womb. The low status of women—an inexcusable injustice in its own right—has profound and

far-reaching consequences—not only for the health of her family, but also for the health, stability and productivity of her nation.

For example, high rates of child malnutrition are caused by the low status of women. In South Asia, the subjugation of women is so severe that 1/3 of all children born there—are born malnourished. This statistic is shocking. Many of us were taught that babies are born well nourished and it is only after they are weaned that they may become malnourished. But in many countries, in fact, this is not true. One-third of all babies born in South Asia are *actually* born malnourished because their mothers lived a lifetime of malnutrition, probably starting from before their own birth. As girls, they are undervalued, fed less, given inadequate healthcare, and denied education. As teenagers, they are forced into early marriage and pregnancy. As wives and mothers, they are undernourished and work back-breaking 16-hour days. It is then no surprise that they give birth to malnourished children. And so this cycle of malnutrition continues. In order to interrupt that cycle of persistent hunger and malnutrition, the lifetime health and nutritional status of women must improve and improve dramatically. This means transforming the way girls and women are treated in the home and society as a whole.

Even in some of the harshest conditions, women in the developing world are the most productive members of the world community. Women work from dawn to dusk to meet the needs of their families. They have the sole responsibility of doing the household tasks, which often include walking miles each day to fetch water and gather firewood. They bear primary responsibility for feeding their families, taking care of their health and well-being, and educating their children.

In addition to these all-consuming responsibilities, most of the developing world's food is grown and marketed by women. Women account for 70 to 80 per cent of household food production in Africa, 65 per cent in Asia, and 45 per cent in Latin America. They achieve this in spite of unequal access to land and inputs such as improved seeds, fertilizers and critical information. 70 per cent of Africa's farmers are women, yet only 7 per cent of Africa's agricultural extension services are devoted to women farmers.

Women are systematically denied the freedom, opportunity and resources to improve their lives. Millions of girls are denied education, even

though it is now recognized that the single most important investment that a developing country can make for its future is the education of its young girls. Studies have shown that every year beyond 4th grade that girls go to school, family size shrinks 20 per cent, child deaths drop 10 per cent wages rise 20 per cent Confronting and transforming this condition is of critical importance for achieving the end of hunger and a sustainable future for all humanity. Although this situation most dramatically affects girls and women, everyone on the planet suffers from this senseless, cruel and costly discrimination.

Once women serve in positions of leadership at any levels—local, regional and national—they alter the development agenda. They focus on basic issues—nutrition, sanitation, education, health and income generation.

Our experience from training locally elected women leaders in India has shown that these women improve the well-being of their community—they have accessed government funds to build wells for safe drinking water, expanded schools, initiated food schemes for kids in schools, started child-care centers for when women work. In short, these locally elected women have used their authority and access to resources to invest in human development. The truth is, women grassroots leaders are on the frontlines of fundamental societal change. Studies show that women grassroots leaders are key to broad-based programs in social justice, human development and economic growth. Hunger worldwide will end when women—those most affected by hunger and most responsible for its end—have a powerful voice in decision-making at every level of society.

As Mr. Jacques Diouf, Director General of the Food and Agricultural Organization, said at the World Food Summit +5 in Rome, “without women, the target we set in 1996 to halve world hunger by 2015 will not only remain elusive, it will become absolutely impossible to attain.” We can celebrate that many people and institutions now recognize that women are key to the end of hunger and economically vital to society. What is still missing, however, are the policies, programs, strategies and interventions that would release women from their subjugation and give them the support they need to end their own hunger and the hunger of their families and their communities.

Mr. Frank Schroeder—Friedrich Ebert Foundation

It should be recognized that only if developing countries have the adequate financial means at their disposal they can enhance their human resources capacities.

This gives me the opportunity to refer to the outcome of the UN conference on Financing for Development (FfD) that took place in March 2002 in order to find new solutions for the problems of development financing. The Friedrich Ebert Foundation has been very actively engaged in the Monterrey conference and its preparatory process and will closely follow the implementation of the intergovernmental commitments in its follow up mechanism.

The so-called Monterrey consensus as an outcome document of the FfD conference does not contain revolutionary breakthroughs. Nevertheless, the main achievement of the FfD process is the fact that the UN won its seat back to the table to discuss financing for development. In particular, there were many voices that viewed the UN engagement on financial matters with alarm and held that the UN should rather exclusively dedicate itself to its traditional fields such as peace, security and humanitarian affairs.

Another important outcome of the FfD process is that by raising its voice on global finance the UN has entered an arena that on the multi-lateral level is mainly guarded by the Bretton Woods Institutions (BWI) and the World Trade Organization (WTO). In this regard the engagement of the UN on these issues shows that economic development is strongly linked to Global Governance and that a more participatory approach in the global political system is needed to tackle the challenges of globalization.

Although the FfD process had the innovative approach of a Multi-Stakeholder dialogue, including civil society and business entities, the struggle for an appropriate framework to enhance development financing took place mainly between governments. Not only the wide variety of issues made it difficult for developing countries to prioritize in the process, but there was also political risk involved for the countries of the South. The tough battles on some of the controversial issues of the Monterrey Consensus document were overshadowed by some industrial countries threatening to walk out of the process, and to let the FfD conference become a failure. This shows that even in organizations such as the UN where each country

has one vote the leverage exercised by the powerful nations makes their participation that much more important. But since the conference took place with all stakeholders on board, the follow up to the FfD conference has to be considered as a new process with the potential for new reform proposals beyond the Monterrey Consensus document. Therefore, it is important that all governments have agreed on a strong follow up mechanism at the level of the Economic and Social Council (ECOSOC) and the General Assembly.

The follow up mechanism will have a very transparent structure, since it follows the model of a Multi-Stakeholder approach and includes the participation of civil society and the business sector. This will open a main avenue to expose the BWIs and the WTO with new development proposals and to make these institutions accountable for their policy decisions. In this context it should be mentioned that the FfD preparatory process has developed many new ideas which were contested and therefore didn't make their way into the Monterrey consensus. The follow up mechanism will bear the opportunity to bring these proposals back into the discussion and to make them amenable to political solutions.

To achieve better coordination between the UN, the BWIs and the WTO it will be important to establish stronger working relationships and mechanisms. The ECOSOC-BWI Meeting in April 2002, right after the Monterrey conference, was a first element of the FfD follow up, but lacked concrete proposals and arrangements for better coordination between the institutions. The meeting was dominated by the outcome of the Spring Meetings of the BWIs of the preceding days. In the discussions on poverty reduction further Trade Liberalization and the PRSP approach of the World Bank were presented as the prevalent strategies. Beyond, the assurance of governments as to the high spirits of the Monterrey conference, none of the reform proposals that came out of the FfD conference were discussed in further detail.

The ECOSOC substantive session gives the opportunity to decide on a more effective mechanism in establishing more substantive engagement between ECOSOC, BWIs and WTO for the implementation of the Monterrey commitments. One reform proposal that was raised by the NGO community is the idea of holding the ECOSOC-BWI Meetings prior to the Spring Meetings of the joint World Bank-IMF Development Committee.

This would give the UN more leverage to have its voice considered on global economic and social issues. Finally, it is crucial that the Secretary General decides as soon as possible on the structure and resources for a Financing for Development Secretariat to coordinate effectively the FfD follow up.

The Monterrey Consensus is without doubt a step forward towards the attainment of the Millennium Development Goals (MDG), but much more immediate action is needed for further resource mobilization in achieving the Millennium target of halving the number of people living in poverty by 2015.

The European Union and the United States announced in Monterrey to increase ODA, which up to a total of an additional USD 12 billion—but only as of the year 2006. But according to World Bank figures an additional USD 50 billion per year are needed to achieve the development goals agreed at the Millennium Summit. Therefore, aid levels have to be immediately increased and a binding timeframe for meeting the 0.7 per cent of GNP target has to be achieved.

The call for sustainable debt relief of highly indebted countries should ensure that debt relief will not be exclusively linked to HIPC eligibility. This should include the call for a fair and transparent arbitration mechanism on debt that will guarantee a fair burden sharing between debtors and creditors and further debt cancellation for low-income countries.

Rich countries have to dramatically reduce tariffs, subsidies and other non-tariff barriers that undermine developing countries efforts to compete in markets in which they have a competitive advantage. Therefore, actions by the developed countries have to be taken now, without waiting for the results of the protracted WTO negotiations.

The concept of Global Public goods, the proposal for a Currency Transaction Tax (CTT) and concepts for international environmental taxes are important. The lack of support by the industrial countries in the FfD conference to commit to the 0.7% ODA target and the fact that the available funds for the poorest developing countries fall short of achieving the Millennium Development Goals makes the implementation of new financial instruments a crucial contribution in the fight against poverty.

There is need for progress in the implementation of the Monterrey commitments and give leverage to new intergovernmental commitments towards

further steps forward towards the attainment of the Millennium Development Goals (MDG). The potential of the FfD follow up process to foster economic development will depend, in particular, on making use of the segments of ECOSOC and the General Assembly to establish a more substantive engagement between UN, BWIs and the WTO.

CHAPTER SIX

The Contribution of Human Resources Development, Including in the Areas of Health and Education to the Process of Development. Report of the Secretary-General*

SUMMARY

Human resources development is fundamental to the development process, contributing to poverty eradication and long-term economic growth through improved health, education and human capacity-building. The centrality of human resources development is clearly reflected in the outcomes of the global United Nations conferences and the Millennium Declaration. To foster progress towards the development goals of the Millennium Declaration, complementarities and linkages between health and education policies as well as with other sectors need to be identified in order to take advantage of the synergies between sectoral interventions. To this end, a multisectoral approach is needed, forming a web of mutually reinforcing strategies at the country level. Efforts to reform and improve the quality and delivery of health and education services must be pursued as an integral part of this approach. Close collaboration among the United Nations system organizations under the leadership of Governments is particularly important in the areas of human resources development and capacity-

* The Secretary-General's report on the theme of ECOSOC High-Level Segment 2002 was discussed at the High-Level Segment. Inputs received from a number of relevant United Nations

building. Ways to increase the resource base must be explored to fund well-formulated plans to improve human resources development. Ensuring the full integration of education and health into poverty eradication strategies is essential, as is the role of the international community and of the United Nations in assisting developing countries to build their capacity for human resources development. The high-level segment of the Economic and Social Council could give political impetus in this regard.

I. INTRODUCTION

The global conferences and summits of the last decade have led to a comprehensive and holistic vision of development, centred on the human being. They have affirmed poverty eradication as the overarching goal of the international community and have fixed a set of goals and targets for halving poverty and hunger, advancing education and health and achieving progress in key development areas through a global partnership for development. These goals, which have been endorsed by world leaders in the Millennium Declaration, clearly reflect the centrality of human resources development, and of health and education, to the development process.

In the recent past, human resources development has remained at the forefront of the international agenda. The General Assembly special ses-

agencies have been incorporated in the present report, in particular the issues papers prepared by the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations University, the World Bank and the World Health Organization (WHO) for the round tables convened in February and March 2002 in preparation for the high-level segment of the Economic and Social Council in 2002. The discussions of the round tables are also reflected in the present report. Inputs were also received from the Economic Commission for Africa, the Economic Commission for Latin America and the Caribbean (ECLAC), the Economic and Social Commission for Asia and the Pacific, the Economic and Social Commission for Western Asia, the Food and Agriculture Organization of the United Nations (FAO), the International Civil Aviation Organization (ICAO), the International Monetary Fund (IMF), the International Maritime Organization (IMO), the Office for Drug Control and Crime Prevention, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Conference on Trade and Development (UNCTAD), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the United Nations Industrial Development Organization (UNIDO) and the World Intellectual Property Organization (WIPO).

sions on HIV/AIDS and on children provide guidance and commitments on health and education. The World Education Forum, held in Dakar in April 2000, reconfirmed the importance of education for all as an international priority. The establishment of the G8 task force on how to best pursue Dakar goals comes in the context of a series of significant activities by the international community since the Dakar Forum. Various regional forums have also set out mandates, including those stemming from the New Partnership for Africa's Development.¹

In spite of increased international commitment to health and education, progress remains uneven and inadequate. Without intensified and concerted efforts, many of the Millennium Summit goals will not be met by 2015.

The high-level segment of the substantive session of the Economic and Social Council is an occasion to give renewed impetus to national and international efforts to improve health and education and to launch new approaches and new partnerships to accelerate progress towards human development as a principal engine for overall development.

Consistent with the holistic and multifaceted concept of development that emerged during the 1990s, human resources development has evolved into a broader socio-economic and public policy concern for facilitating the development of human capacities, knowledge acquisition, empowerment and participation. Through institutional change and policy reforms, human resources development contributes to promoting sustainable livelihoods and providing opportunities for all.

II. THE ROLE OF HUMAN RESOURCES DEVELOPMENT AS A FACTOR OF DEVELOPMENT

Human resources development is fundamental to the development process, contributing to poverty eradication and long-term economic growth through improved health, education and human capacity-building. At the broadest level, human resources development is an important end in itself, but it must also be recognized as an essential form of productive investment.

1. See the Abuja Declaration on HIV/AIDS, Tuberculosis, Malaria, and Other Related Infectious Diseases and the Jakarta Plan of Action on Human Resources Development in the ESCAP Region.

THE ROLE OF HEALTH IN DEVELOPMENT

Improved health is central to the overall development process. Ensuring high levels of health coverage of the poor offers large social benefits as well as a means to achieving poverty eradication and other social, economic and environmental development goals. Ill health and diseases such as HIV/AIDS, malaria and tuberculosis have a devastating impact on development. To reduce the staggeringly high mortality rates in developing countries, the control of communicable diseases and improved maternal and child health remain the highest public health priorities.

The significance of increased investments in health on poverty reduction and economic growth is clearly presented in the report of the Commission on Macroeconomics and Health. The report confirms that a substantial scaling-up of investment in health for poor people will not only save millions of lives but also produce considerable economic gains. The Commission estimates that, by 2015–2020, additional spending on health of \$66 billion per year could generate at least \$360 billion in growth, a six-fold return on investment. The report also challenges the traditional argument that health will automatically improve as a result of economic growth and clearly demonstrates that improved health is a prerequisite for economic development in poor societies.

THE ROLE OF EDUCATION IN DEVELOPMENT

Education is one of the most powerful instruments for human development, reducing poverty and inequality and for laying the basis for sustained economic growth. Research² shows a clear economic payoff from investment in education and training; one extra year of education leads in the long run to an increase in an individual's output per capita of between 4 and 7 per cent in countries of the Organisation for Economic Cooperation and Development (OECD). A comprehensive update of the profitability of investment in education at a global scale also confirmed that investment in education continues to be an attractive investment both from the private and the social point of view.³

2. OECD, *The Well-Being of Nations: The Role of Human and Social Capital*, 2001.

3. George Psacharopoulos, "Returns to Investment in Education: A Global Update", *World Development*, 22(9), September 1994.

Education enables individuals to realize self-improvement, enhance their understanding of the world in all its diversity as well as avail of opportunities and achieve social mobility. It is also essential for community and national development, and is fundamental for the construction of democratic societies and knowledge-based economies. Education has a central role in the diffusion of knowledge vital to the growth process and building stable societies. Basic education develops capacity to learn and to process information. Secondary education helps broaden understanding of young people and prepares them for either vocational or higher education. Higher and advanced technical education is critical for achieving breakthrough in productivity particularly in developing countries. Human rights education and education systems geared towards promoting dialogue on issues related to cultural identity and diversity can also play a useful role in conflict prevention and mutual understanding, and building a more harmonious and stable world.

SYNERGIES BETWEEN HEALTH AND EDUCATION

Development experiences strongly suggest that progress in the area of health reinforces progress in the education sector and vice versa. Health outcomes have a major impact on children's ability to learn. HIV/AIDS, tuberculosis, malaria and other diseases are major threats to the attainment of education for all. Health outcomes also affect the delivery of education services, as seen in the case of the HIV/AIDS pandemic decimating the teaching force.

Education has a major impact on health outcomes. The level of education achieved by mothers has been found to profoundly affect the well-being of their children in terms of lowering mortality, morbidity and malnutrition. Children whose mothers completed primary education see their risk of dying before their fifth birthday fall by nearly half compared with children whose mothers never went to school. A higher level of education also means that children are better nourished and educated, that family income is raised and that women participate more in economic and political decision-making. There is evidence that education becomes an increasingly powerful tool against HIV/AIDS once there is a basic level of awareness of its dangers.⁴ Investment in the education of girls therefore offers one way to achieve greater synergy among sectoral interventions.

4. J. Vandemoortele and E. Delamonica, 2000: "The 'education vaccine' against HIV", *Current Issues in Comparative Education*, Vol. 3, No. 1 (<http://www.tc.columbia.edu/cice>).

Health investments are more effective in the presence of better-educated population. Similarly, investment in education cannot be effective without a healthy population. The combination of disease control and improved reproductive health accompanied by stabilized population growth would translate into greater investments in the health and education of each child, leading to higher incomes and economic growth. Education, training and associated health services, if well coordinated (e.g., delivering health services through schools), can together form a strong and supportive human resources development web, with a cumulatively higher impact on development. To break the vicious circles of poverty and to address the causes of poverty traps, accumulation of human capital is crucial through improved health and educational attainment.

Box 1 • The “education vaccine” against HIV/AIDS

The education and development academic community has been debating the parameters and availability of what is called the “education vaccine” as an appropriate educational strategy to deal with the spread of HIV/AIDS.

If it is correct that beyond the initial stage of the AIDS pandemic, education reduces the risk of HIV infection, then new HIV infections will gradually become concentrated among illiterate and poor people, especially young illiterate and poor women, as the epidemic spreads among the population. This underscores the urgency for achieving universal primary education with a view to equipping the poor with basic capabilities to protect themselves against HIV infection. It also implies that public awareness campaigns need to be devised so as to reach the illiterate and less educated people and to be understood by them. The hypothesis implies that education is the best available protection against HIV infection. Indeed, the “education vaccine” against HIV could be the only thing available for the foreseeable future. What the evidence does not show is how exactly the “education vaccine” against HIV works. Some argue that it works mainly through AIDS information and sex education at school. Others believe that basic education is more important as it equips and empowers people, especially young women, to understand and internalize relevant information and to translate knowledge into behavioural change.

LINKAGES BETWEEN SUSTAINABLE DEVELOPMENT AND HEALTH AND EDUCATION

Health and education have powerful synergistic effects on other development objectives: empowerment, higher, more equitable and broad-based growth, protection of the environment and good governance. Educating people for sustainable development should promote a balance among economic goals, social needs and ecological responsibility and provide students with the skills, perspectives, values and knowledge to live sustainably in their communities.

Some of the key determinants of and solutions for health and education lie outside the direct control of the health sector, in sectors concerned with environment, water and sanitation, agriculture, employment, urban and rural livelihoods, trade, tourism, energy and housing.

Many health problems are caused or exacerbated by air and water pollution, inadequate water supplies, poor sanitation, unsafe waste disposal, chemical contamination, poisoning and physical hazards associated with the growth of densely populated cities. The World Health Organization (WHO) estimates that poor environmental quality contributes to at least 25 per cent of all preventable ill health in the world today.⁵

Safe water and adequate sanitation play a fundamental role in determining health conditions. Access to safe water and sanitation dramatically reduces the incidence of diarrhoea and other diseases and can reduce some constraints on sending children, especially girls, to school. Proper hygienic behaviour taught in school can contribute to reducing infectious diseases.

Urban growth has outstripped the capacity of many municipal and local governments to provide basic health and education services. Poorly managed urban settlements and overcrowded housing also make it easier for infectious diseases to spread. Ill health can also hinder the participation of the urban poor in personal and community development efforts.

Better nutrition and health are important bases for improving the quality of human resources. For instance, control of diarrhoea reduces malnutrition by improving the capacity to absorb and retain caloric intake. Similarly, a sufficient intake of total calories, vitamins and proteins prevents the im-

5. Kirk R. Smith, Carlos F. Corvalan and Tord Kjellstrom, "How Much Global Ill Health is Attributable to Environmental Factors?", *Epidemiology*, Vol. 10, No. 5, September 1999.

mune system from weakening. Micronutrient deficiencies and illness can also have devastating consequences for one's cognitive development. Good health, protection against disease and proper nourishment must be pursued in an integrated manner. Improvement of nutrition levels, for example, can be pursued with other interventions such as child immunization.

Hunger undermines productivity, causes or exacerbates health problems and is linked to learning disabilities in children. Investments targeting hunger reduction must be closely linked with those in the education and health sectors. Food has proven to be an effective tool to enhance school attendance among poor children.

Food safety, related both to chemical substances and microorganisms, is an increasing concern, as are the direct and indirect health consequences, positive and negative, of biotechnology applications for food production and dissemination of food-borne disease through trade.

Box 2 • School feeding programme

The goal of the school feeding programme is to ensure that poor children have access to both nutritious food and quality primary education. Food aid is used as an incentive to encourage the poor to invest in their futures through education and training. The programme, started in 1963 by the World Food Programme (WFP), and operational today in 57 countries, reached over 15 million children in 2002, at an average cost of 19 cents per child per day (\$34 per year). The programme has led to increased enrolment and attendance, reduced number of dropouts and improved students' learning capacity and performance. It has also served as income transfer when provided to households as a family ration in food deficit areas. The use of take-home rations has proved effective particularly in areas where girls are deprived of education. In Pakistan, school feeding targeted especially at girls has produced very encouraging results. In addition to impressive increases in girls' enrolment and attendance, mothers are interacting more with each other and teachers. Among the keys to the success of the school feeding programme have been partnerships with the relevant ministries of the national Government, strong involvement of communities and parent-teacher associations in project planning and implementation and enhanced collaboration among relevant United Nations agencies, including WHO, UNESCO, UNICEF and the World Bank.

THE ROLE OF TECHNOLOGY IN HUMAN RESOURCES DEVELOPMENT

In the present era of globalization, characterized by interdependence and economic liberalization, knowledge has emerged as a strategic factor in competitiveness. Investments in human capital have high returns in the contexts of growth and technological change. Fast-paced technological change requires more flexible and adaptive human resources. Strategies for human resources development must therefore provide broad-based access to and the ability for continuous learning and upgrading of skills to enable people to take advantage of new opportunities generated by the changing economic and technological environment. Education for all is a necessary first step in this process.

Information and communication technologies can be powerful tools for human resources development. They provide a cost-effective means to disseminate information and knowledge. Distance learning and other innovative means have been adopted to make information and knowledge available in the areas of health and education. Information and communication technologies also contribute to the empowerment of people and communities to choose their own paths of growth and transformation.

In order for new agricultural technologies, especially biotechnology, to help improve agricultural output and enhance food security in developing countries, particularly Africa, the level of human resources development would also need to be improved. An educated and skilled workforce needs to be built to take advantage of technological “leapfrogging” and to close the skills gap.

HUMAN RESOURCES DEVELOPMENT AND MACROECONOMIC POLICIES

Human resources development also requires a sound macroeconomic framework conducive to high investment rates and an enabling environment for development. Social sector programmes to reduce poverty and develop human resources need to be accommodated and financed within a supportive and growth-enhancing macroeconomic and budgetary framework.

The significant impact of health and education on development implies that social sector expenditures must be seen as investments that contribute to creating a favourable environment for economic growth, rather than

as costs. Macroeconomic policies should be conducive to balanced investments in complementary inputs such as health and nutrition, water and sanitation, infrastructure and economic opportunities. Furthermore, it is essential that public spending on social services be targeted to benefit the poor to ensure universal access.

Productive employment, particularly for young people, also has an impact on health, education and human resources development. Productive employment creates the resources necessary to finance health and education, fostering the socialization process of youngsters, enhancing their self-esteem and reducing the risk of violence within the household. In turn, this contributes to creating quality employment, social cohesion and increased productivity. In this regard, the recommendations of the Secretary-General's high-level panel on youth employment provide a basis for human resource and employment policies.

EXPLOITING THE VARIOUS SYNERGIES

Interventions in health, education, water, sanitation, food, technology and macroeconomic policies complement and reinforce each other. Human resources development must, therefore, be built on a broad range of economic and social investments. Each intervention has ramifications that go well beyond its sector and adds up to a productive circle of social and economic development. Investments in various sectors work best when made in combination with other interventions.

Public action, however, often fails to take advantage of the synergies and complementarities between education and health and other factors due to a lack of coordination between institutions. These complementarities and synergies of sectoral policies need to be assessed to accelerate progress towards achieving the millennium development goals.

III. THE CHANGING NEEDS OF HUMAN RESOURCES DEVELOPMENT

Human resources development strategies must adapt to meet the changing needs in the context of globalization in order to achieve the internationally agreed development goals. A multisectoral approach is needed to maximize the impact of scarce resources. As an integral part of this approach, the quality and delivery of health and education services must be improved

through building human resources planning and institution strengthening activities into all health interventions to improve sustainability and strengthen health systems.

Strengthening human resources is impossible without having skilled workers available to provide health and education services. Developing countries face many difficulties in getting adequate supply of skilled personnel because: (a) weak health and education systems do not provide enough candidates for tertiary and specialized programmes; (b) trained personnel are not always employed fully due to ineffective labour management, unemployment or lack of complementary inputs; (c) skilled personnel face both push and pull factors that lead many of them to emigrate to more developed countries, causing a “brain drain”. Strategies are needed to address all of these obstacles.

Good governance, transparency and accountability in the public sector budget and procurement systems are essential to ensure that investments in health and education sectors contribute effectively to human resources development.

Conflicts have been a constraint particularly on Africa’s human resources development efforts. Not only do the educated and healthy die in these conflicts, but also past gains in education and health infrastructure are destroyed and societies and communities are dislocated. Scant resources, which would otherwise have been invested in education and health, are spent on warfare and conflict resolution. Therefore the elimination of conflicts is an important input into the development of human resources in Africa.

The mainstreaming of gender perspectives is vital at every stage of the policy process, from formulation, planning, delivery and implementation to monitoring and evaluation. Lack of awareness, or “gender blindness”, on the part of policy makers and planners frequently leads to gender bias in decision-making, including in budget allocations for human resources development.

CHALLENGES TO IMPROVING HEALTH

A concerted global strategy is needed to increase the access of the world’s poor to essential health services. To develop effective, fair and responsive health systems, strategies that work in specific country contexts must be identified based on a strong evidence base. One of the key elements in

achieving the delivery of critical health interventions is building the necessary policy, institutional and technical capacity in countries. This requires advocacy, technical support and investment in long-term local capacity-building and training of health workers. Developing countries face the challenge of training appropriate numbers and types of health workers with the right skills and build the institutions required to sustain efficient health systems.

Health services need to be reoriented to make them more relevant to community needs. Uneven distribution of health services, especially the lack of access of basic health facilities and professionals to poor communities, must be addressed. Creating a service delivery system at the local “close-to-client” level is of highest priority. The close-to-client delivery system should be complemented by nationwide programmes for major diseases such as malaria, HIV/AIDS and tuberculosis. Successful implementation of such a programme requires political and administrative commitment, priority setting based on facts and strengthening of technical and administrative expertise at the country level. It is also essential to substantially strengthen public management systems and community accountability to increase responsiveness to the poor and help ensure that families take full advantage of the services provided.

Many health systems provide highly unequal access to health services. In some cases, this is due to a spatial concentration of public health spending in urban, generally wealthier, areas. In other cases, it is due to financial obstacles because large portions of the population are uninsured or cannot get public services without paying formal or illegal fees that are large relative to their incomes. Often the services provided to the poor are of such low quality that families prefer to pay significant sums for private services out-of-pocket. Countries must improve their health systems to assure equitable access to health services through whatever combination of financing sources, allocation mechanisms and providers that best achieves that purpose in their particular political and institutional context.

The HIV/AIDS pandemic undermines and destroys human resources, including medical and education professionals. HIV/AIDS affects the most productive segment of the population and has a negative impact on the family and societal structures. Therefore, fighting HIV/AIDS must be part of core instruments linked to poverty eradication and development. HIV/

AIDS can serve as wedge for broader changes on personal and institutional behaviour. Evidence also suggests that approaches required to scale up the health system to provide interventions for communicable diseases and reproductive health also improve care for non-communicable diseases in developing countries.⁶

Preventive actions, including immunization and medicine to prevent the transmission of HIV infection from mothers to infants, are as important as cures for HIV/AIDS, tuberculosis, malaria and pneumonia. Population-based interventions such as salt iodization and food fortification also complement preventive interventions. Reproductive care could be integrated with preventive and primary health care, taking into account socio-economic factors, cultural values and religious beliefs, as investment in reproductive health and family planning could provide an entry point for other health interventions such as HIV/AIDS prevention.

Existing social and economic inequalities in many countries exacerbate the difficulty women experience in acquiring the basic necessities for a healthy life. The obstacles they face include lack of adequate resources, lack of transport, stigma and sometimes the refusal of the husband or other family members to permit them access. The gender bias and superiority stance of medical and health professionals of both sexes often result in distressing and demeaning experiences for women. Women remain underrepresented as policy and decision makers, and as educators in many segments of the health sector due to inequality in access to training and education. This underrepresentation contributes to reduced access to resources and a lack of attention to women's health needs and priorities. National health policies must be designed with a gender perspective and contribute to empowerment of women and girls about their own health.

An effective assault on diseases of the poor will also require substantial investments in global public goods, including increased collection and analysis of epidemiological data, surveillance of infectious diseases and research and development into diseases that are concentrated in poor countries (often, though not exclusively, tropical diseases). The production of new knowledge, especially through investments in research and development, is one of the most important global goods as identified by the Com-

6. World Health Organization, Final Report of the Commission on Macroeconomics and Health, "Macroeconomics and Health: Investing in Health for Economic Development," 20 December 2001.

mission on Macroeconomics and Health. One critical area is operational research regarding treatment protocols in low-income countries. Basic and applied scientific research in the biomedical and health sciences in the low-income countries needs to be augmented, in conjunction with increased research and development aimed at specific diseases that are prevalent in developing countries. Research is also required in the area of reproductive health such as for new microbicides that could block the transmission of HIV/AIDS and improved management of life-threatening obstetric conditions. To this end, there is need for a combination of advocacy, incentives and explicit rewards for investment in Global Public Goods for Health, especially those with an uncertain outcome with little market incentives.

Access to essential medicines remains a critical issue for many developing countries, though some progress has been made on the potential for increasing access to medicines of acceptable quality through affordable health systems. Indeed, access to essential medicines grew from 2.1 billion people in 1977 to 3.8 billion in 1997, although one third of the world's population still lacks such access. At the recent Doha ministerial meeting on trade, there was consensus that trade agreements "can and should be interpreted and implemented in a manner . . . to protect public health and, in particular, promote access to medicines for all". The report of the Commission on Macroeconomics and Health outlines a strategy for improving access to life-saving medicines that includes differential pricing schemes, extension of legislation on orphan drugs, broader licensing arrangements and bulk-purchase agreements. This strategy recognizes the need for continued protection of intellectual property rights and use of safeguards in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) to protect public health. This should be built on the subsequent Doha agreement on TRIPS.

CHALLENGES TO IMPROVING EDUCATION

Economic prosperity and the reduction of global poverty cannot be accomplished unless all children in all countries have access to, and can complete, primary education of adequate quality. The Dakar Forum called on countries to complete their plans for education for all by the end of 2002. Many countries have achieved dramatic progress in expanding enrolments, improving schooling retention and completion rates, and reducing gender

Box 3 • Conclusions and recommendations arising from the round table on health

Some of the key conclusions of the round table on health, held on 5 February 2002, echoed those found in the report of the recently released Commission on Macroeconomics and Health and the statement of the Secretary-General to the World Economic Forum on 4 February 2002, namely the need for:

- A massive investment in health in order to scale up health interventions to increase impact;
- A focus on the poorest and most vulnerable;
- More public-private partnerships if countries are to meet the millennium development goals in health.

Participants also emphasized the importance of:

- Good stewardship of health at the national level to increase the impact of health interventions in the context of limited resources;
- Building human resources planning and institution strengthening activities into all health interventions to improve sustainability and strengthen health systems;
- Taking measures to address the brain drain in the health sector of developing countries;
- Cross-sectoral approaches to major health concerns that would address education, human rights, gender inequalities, peace and security, food security, sanitation and broader poverty eradication initiatives.

Good practices were presented by UNICEF, WHO, UNFPA, UNAIDS, UNIFEM and UNDCCP, which looked at reaching the millennium development goals in health, improving health systems, increasing security of reproductive health commodities in developing countries, reaching the youth in HIV/AIDS prevention and reducing illicit drug use. These good practices proved that good stewardship does exist at the local level and with adequate resources can make a difference to a large number of people. The discussion of good practices stressed the importance of:

- Identifying strategies that will work in specific country contexts;
- Building policies, institutions and local technical capacity to implement measures that are known to work;
- Effectively targeting the diseases of the poor;
- Improving financial access and increasing technical efficiency of the system to mobilize internal resources while strengthening quality assurance mechanisms;
- Using sector-wide approaches that, in the case of Mozambique and Uganda, have been shown to increase donor coordination;
- Tracking interventions and making corrections that lead to further interventions to achieve the desired outcomes;
- In order to achieve the millennium development goals, careful planning and innovative thinking are required, especially when dealing with the unexpected, including conflicts, etc.;
- Short examples of replicable good practices need to be made available to countries;
- Experience has also shown that progress can be achieved when Governments engage in active stewardship of the health systems;
- Strategies that make optimal use of the strengths of communities and that target poor and vulnerable populations should be given priority.

disparities. Without major acceleration, however, at least 32 countries are unlikely to meet the target of universal primary education by 2015. At current rates of enrolment growth, only 21 of the 43 sub-Saharan African countries will achieve a primary gross enrolment ratio of 100 per cent by 2015. Civil conflict in 11 of the 32 countries, and the HIV/AIDS pandemic present special challenges. In addition, many countries are struggling to balance rapid system expansion with adequate level of quality of education.

Although countries will need to support their education systems from their own resources in the long run, the international community has undertaken to make resources available to help countries get to this point. Specifically, the promise was made in Dakar that no country with a credible

plan to achieve education for all would be prevented from implementing it from lack of resources. The establishment of a G8 education task force should help bring focus to the processes by which the international community will assess education for all plans and contribute to their implementation.

One of the major priorities in achieving education for all is ensuring girls' full and equal access to and achievement in basic education of good quality. Sixty per cent of the 113 million children out of school are estimated to be girls, and two thirds of the 880 million adult illiterates are women. Girls' enrolment ratios and women's illiteracy remain a severe problem, especially in poor and rural communities. Much remains to be done in order to achieve the goal set at the Dakar Forum to eliminate gender disparities in primary and secondary education by 2005, and to achieve gender equality in education by 2015.

Eliminating gender disparities involves changes in cultural and political attitudes. The whole school environment and facilities needs to be reformed to make them girl friendly, including by ensuring that girls can travel to school safely. Furthermore, schools can offer a relevant and empowering experience with female teachers providing role models. Gender disparities prevalent in basic education can be more extreme in secondary and tertiary institutions, which have a feedback effect on basic education. Gender-based inequality needs to be addressed at institutional and individual household levels.

For education to have a socio-economic impact on development and to reduce poverty, an integrated approach reaching beyond basic education is necessary, encompassing primary to higher and technical and vocational education, adult education and lifelong learning. Improved functioning of secondary and tertiary education is necessary for sustainable progress in basic education. The supply of qualified teachers and school leaders, the capacity for curriculum design, research on teaching and learning, economic analysis and skilled management are hampered by weaknesses at higher levels of the education system.

Technical and vocational education is often the prime incentive for completing primary education. To take advantage of the potential benefits of globalization, the technical and vocational education systems will need to be upgraded to train competent, flexible and adaptable workers at various

points in their working lives. These systems must also address the needs of rural areas in order to support self-employment and to help enhance the quality of agricultural products. The level of participation of girls and women in technical and vocational education must be raised, particularly in those fields that are traditionally identified as men's work.

Lack of correspondence between education offerings and the demands of both formal and informal labour markets presents a major problem. Alternative/non-formal education can contribute in ways that complement formal education. To meet the needs of the high proportion of the workforce engaged in the informal economy in developing countries, non-formal technical and vocational education needs to be combined with training in entrepreneurial skills and microfinance. This type of education can also have a quick impact on communities emerging from conflict by directing them towards peaceful and productive occupations.

The worldwide shortage of qualified teachers will become increasingly acute in the coming decade. In some developing countries the progress being made towards education for all is generating massive demand for new teachers. Education supply and quality is increasingly constrained by high teacher mortality and absenteeism caused by HIV/AIDS. In addition to the recruitment and initial training of some 10 to 15 million new teachers over the next 10 years, retraining and professional development for the existing teachers is necessary to help them address the requirements of a changing world and to update their pedagogy. Training in the use of information and communication technologies is an urgent priority for teachers and educational personnel everywhere. Teachers themselves must be confident users of information and communication technologies in order to maximize the potential of technology in helping education.

Educational systems and programmes must become demand-driven and responsive to the diversity and continually changing nature of learning interests, objectives and challenges. The quality of education in science and technology and medicine become all the more important in the context of globalization. Science-based curricula should be taught from a young age if countries are to adapt and respond to rapidly changing technologies. There is a great need for increased investment in technical and vocational education as well as higher education, particularly if education is to fulfil its role to support national development and enable countries to manage globalization.

The poor quality of existing education data is a major constraint to informed decision-making. Many countries do not collect or publish data on primary completion rates nor do they have standardized measures of student learning achievement. As quality is as important as access, a strong focus should be maintained on raising school retention rates and learning achievement together with the expansion of schooling coverage. More attention should be given to issues at the classroom level, with greater effort to measure and to improve the quality of teaching and learning.

Transforming resources inputs into learning outcomes requires not only a sufficient level of investment but also effective delivery and operation of the system, the right mix of resources (for example, qualified teachers and adequate learning materials), within an overall national context of sound economic and social policies. Improvement is needed on issues such as government commitment to education, intersectoral and intrasectoral resource allocation, gender and regional equity, institutional delivery mechanisms and the role of non-governmental organizations (NGOs) and community-based organizations in the delivery of education.

IV. ACTORS IN HUMAN RESOURCES DEVELOPMENT

The broader factors affecting the state of health and education need to be addressed through local, national and global action. The role of the public sector must continue to evolve in designing and implementing human resources policies.

Through various international covenants instruments/norms, Member States have committed to the principle of primary responsibility of the State in ensuring universal basic education and primary health care. To ensure national ownership of the development process, comprehensive human resources policies are needed to create the human resources capacity for designing and implementing country-driven development strategies. Development cooperation frameworks such as common country assessments, the United Nations Development Assistance Framework and poverty reduction strategy papers, as well as regional initiatives such as the New Partnership for Africa's Development, can succeed only if they are based on national ownership.

The stewardship role of the State should be encouraged to integrate various actors into a systematic and long-term framework. Political will at the

Box 4 • Conclusions and recommendations arising from the round table on education

The discussion during the round table on education, held on 14 February 2002, stressed the importance of:

- National commitment to education;
- Need to improve access, including for girls;
- Pupil retention and improving the quality of education;
- Partnership with the private sector, parents, civil society organizations, especially in local communities;
- South-South and regional cooperation.

The good practices presented by a number of United Nations agencies, including UNESCO, UNICEF, UNFPA, WFP, UNIDO and the United Nations University indicated that:

- Partnerships and coordination in the field are critical;
- Sustainable education interventions must be demand-driven, country-owned and led;
- Reproductive health and life skills education for youth and adolescents can be successfully integrated through formal and non-formal sectors, as part of the lifecycle approach to education, health, population and development;
- Food is a simple, proven and effective tool to attract poor children to school;
- Training in international norms and standards with built-in mechanisms to ensure sustainability is essential to meet the competitive demands of the global economy.

Participants also agreed that:

- Greater investment was needed in technical and vocational education as well as higher education;
- Substantial increases in domestic resources for education as well as in external resources are required for those countries that have developed good education policies and plans;
- Donor coordination of development assistance was needed based on recipient country targets and priorities.

highest levels of Government is necessary for multisectoral collaboration and for making human resources development a priority. Coordination mechanisms are needed for partnerships and sharing of responsibilities.

An active and permanent involvement by all stakeholders is needed both in the allocation of public resources and in the design of public policies and the implementation of investment and expenditure projects to address community problems. The role of local communities and individual households is vital in fostering progress. To ensure effectiveness, equity and wide participation in promoting the well-being of an entire population, transparency of data and expenditure, accountability and delegation of authority is important.

Box 5 • Stewardship in the health sector

Stewardship by well-informed and responsive Governments is crucial to make maximum use of the scarce resources available and mobilize resources and capacities that make up local and national health systems. The practice of stewardship includes examining and improving health system performance in safeguarding the public health sector for all citizens, setting priorities and clear directions based on evidence and an agreed set of values, providing leadership and taking responsibility while encouraging joint action by a wide number of partners and collaborators to contribute to the purpose of the whole health system, and thus to national health policy. In this regard, the standing of national Ministries of Health might need to be re-examined to strengthen their leadership role in bringing together all partners.

Stewardship for health systems and effective change in health care must include concrete steps to remove the biases and obstacles women encounter and to ensure responsiveness of health systems to their health needs and realities. Human resources development aimed at enhancing the capacity of providers, doctors, nurses, trainers and advocates, must include gender perspectives to serve the needs of all clients. Occupational segregation and discrimination as they exist in the health sector with regard to pay, working conditions and training need to be eliminated. Clients themselves, women and health advocates, including NGOs, need to be more involved in the design, implementation and evaluation of all services, as well as in the development of strategies related to women's health.

Close collaboration among international development agencies under the leadership of Governments is particularly important in the areas of human resources development and capacity-building.⁷ The United Nations system often acts locally as a convenor of various development partners, in full accord with the host country, to help address capacity-building issues, reflecting, whenever appropriate, follow-up to global conferences and the Millennium Declaration. Various United Nations agencies, funds and programmes have been working to enhance the effectiveness of capacity-building activities through providing support to national experts to assist countries in training of trainers and designing special programmes.

In providing assistance to developing countries, partnerships with relevant stakeholders, including the private sector and NGOs should be encouraged. The role of community involvement and mobilization of a broad partnership of public and private sectors and civil society are crucial in the provision of social services and human resources development. NGOs can be very useful in the identification of critical situations where social interventions are needed and in facilitating the provision of goods and services. A shared vision of society-wide goals, mutual responsibility and commitment should be the basis for effective partnerships.

Box 6 • United Nations Girls' Education Initiative

The United Nations Girls' Education Initiative, launched by the Secretary-General at Dakar in April 2000, is an example of a global initiative that brings together 13 United Nations entities to support partnerships for girls' education at the national and regional levels. Under the Initiative, the agencies and their partners have committed themselves to a 10-year campaign for girls' education, which aims to improve the availability and quality of girls' education throughout the world. The overall objective of the Initiative is to eliminate gender discrimination and disparity in education systems through actions at national, district and community levels. While the priority focus of the Initiative is basic education, in line with the global education for all movement and education goals of world conferences, the Initiative also supports the transition to secondary education and other aspects of education that facilitate girls' lifelong learning.

7. See E/1999/55, para. 86.

Donor assistance can do much to help, by building local capacity and involving civil society and NGOs in the developing countries. Training and advisory systems need to be greatly enhanced throughout the low-income countries. Policy and strategy development at global and national levels must be based on a “bottom-up” approach. The international diffusion of new knowledge and “best practices” is one of the key forces in scaling-up the issue of human resources development, a central responsibility of organizations and a goal now more readily achieved through use of information and communication technologies, including the Internet.

Supporting and promoting regional initiatives and South-South cooperation are important to the building of national capacity. For example, regional cooperation allows some least developed countries and small States, where it is not feasible to establish universities, to develop regional universities that would provide the expertise to the entire region. In these cases, the role of Governments is essential in facilitating regional cooperation to pool resources and expertise.

At the intergovernmental level, the General Assembly has an important role in monitoring human resources development as part of millennium development goals. The Economic and Social Council plays a catalytic role in maintaining the focus on integrated follow-up to the implementation of conference goals. The relevant functional commissions serve as the primary locus for the follow-up processes. The regional commissions of the Council serve as a forum for the exchange of expertise and ideas on social issues (including education and health) and provide extensive technical and advisory services to their Member States, in collaboration with other United Nations agencies. They continue to assist Member States in developing their human resources through advocacy and policy analysis, the convening of seminars, workshops and advisory services. The multidisciplinary and integrated regional training programmes aim to strengthen local actors in community development in collaboration with governmental institutions and local, regional and international NGOs.

V. FINANCING FOR HUMAN RESOURCES DEVELOPMENT

In the Monterrey Consensus, the Heads of State and Government noted with concern the current estimates of dramatic shortfalls in resources required to achieve the internationally agreed development goals, including

those contained in the Millennium Declaration. They also noted that mobilizing and increasing the effective use of financial resources and achieving the national and international economic conditions needed to fulfil internationally agreed development goals to eliminate poverty, improve social conditions and raise living standards and protect the environment would be the first step to ensuring development for all.

According to a recent World Bank study⁸ the additional foreign aid required to reach the millennium development goals by 2015 would be from \$40 to \$70 billion a year. However the additional aid will not be sufficient unless many countries reform their policies and improve service delivery to make the additional spending effective. This overall estimate is broadly consistent with other agencies' estimates of the costs of achieving individual goals, such as those for education and health. The additional costs of achieving universal primary education by 2015 are estimated at \$10 to \$30 billion; UNICEF's "minimum global estimate" is \$9 billion per year. The World Bank estimates the health goals costs to be between \$20 to \$25 billion per year; the WHO Commission on Macroeconomic and Health estimates \$27 billion annually by 2007, and \$38 billion annually by 2015 to provide the essential interventions of \$30 to \$40 per person. Therefore, the minimum necessary action to realize the millennium development goals would be to double the current level of official development assistance of \$50 billion per year, which would still fall short of the internationally agreed target of 0.7 per cent of GNP.

There are positive signs that countries are allocating more to education, health care, and activities defined as poverty reducing in their Poverty Reduction Strategy Papers, as a share of both GDP and total government spending. Preliminary results of the IMF's Poverty Reduction and Growth Facility (PRGF), established in 1999 to replace its previous concessional assistance instrument, the Enhanced Structural Adjustment Facility (ESAF), show that the composition of public spending is shifting towards poverty-reducing activities under PRGF-supported programmes. In 13 countries with PRGF-supported programmes, combined public expenditure on education and health care in 2000 rose by about 3 percentage points as a share of government spending. Moreover, real public spending per person

8. Shantayanan Devarajan, Margaret J. Miller and Eric V. Swanson, "Goals for Development: History, Prospects and Costs," World Bank Working Paper No. 2819, 25 March 2002.

Box 7 • Cost of achieving the millennium development goals

The World Bank estimates that 65 countries are unlikely to meet the millennium development goals, without further external assistance and/or policy changes. Of these 65 countries, 43 could effectively absorb more aid today and would require an additional \$39 billion per year to reach the goal of defeating by 2015. For the remaining 22 countries, with weak policies, the World Bank assumes that if these countries are able to bring their policies and institutions up to the average of the better-performing countries, then an additional \$15 billion per year would be needed to assist these countries in reaching the goal. Thus, the additional aid required for this goal ranges from \$39 to \$54 billion, depending on whether the worse performers do or do not improve their policies. The upper end of this range represents a doubling of current levels of official development assistance (\$53 billion in 2000). Another 33 countries seem to be on target to meet these goals, although substantial extra inroads into poverty in these countries would flow from an increase in their aid relative to gross development product (GDP) ratios.

on education and health care is expected to rise by over 10 per cent each year over the next few years. Outlays in overall poverty-reducing spending, as identified by PRSPs, including primary education and primary or basic health, roads, rural development and agriculture, is expected to rise by over 2 percentage points of GDP under PRGF-supported programmes, and to climb significantly as a share of total government spending.

The emphasis in PRGF-supported programmes on increasing these outlays reflects the view that Government has a critical role to play in the provision of social services to support economic growth and poverty reduction. Greater allocation of domestic resources for human resources development is needed at the country level. Increased emphasis has also been given to improvements in public expenditure management and transparency, to ensure that government spending is used for its intended purposes. As such, over three quarters of PRGF-supported programmes, drawing on PRSPs and advice from the World Bank, include measures to enhance efficiency and targeting to improve social outcomes.

Efforts to tackle poverty and achieve human development goals, which have far-reaching global implications, would require investment far beyond the means of any single Government and its national programmes.

While recognizing that developing countries face tremendous resource constraints and competing demands on scarce resources, ways to increase the resource base must be explored for well-formulated plans, taking into account shared responsibilities and obligations between developed and developing countries. A larger share of international aid should be allocated for human resources development. Lack of donor funds should not limit the capacity to provide health and education services to the world's poorest peoples. The implementation of partnerships for poverty reduction, including an expanded Heavily Indebted Poor Countries (HIPC) debt initiative, should be further pursued to provide countries the capacity to devote more resources to human resources development, including in the areas of health and education.

Access to basic health and education should be provided free of charge. The positive effects of reducing user fees in the health sector have been proven by some country-specific cases (see Box 8). Therefore, user fees which end up excluding the poor from essential health and education services, should be reduced or abolished.

In order to maximize aid effectiveness, objectives must be clearly defined and costing could be prepared in the form of a "business plan" for implementation; with this approach, funding may be more forthcoming. While noting the importance of official development assistance for investing in human resources development, simultaneous progress is needed on debt relief, market access, trade expansion and diversification of commodities in view of their potential contribution to higher growth and expand domestic resources for the social sector.

FINANCING FOR HEALTH

Resources to fight HIV/AIDS and other infectious diseases will need to continue to increase by three-fold every year to meet increasing demands and improve delivery capacity. The Global Fund for HIV/AIDS, Tuberculosis and Malaria prompted serious plans to tackle these diseases by making resources available to specific plans and goals based on local needs. Release of funds should be done in close consultation with health authorities of the recipient countries. Development assistance should be dramatically increased to fund programmes that make explicit linkage of funds to results, performance, monitoring and delivery. Establishment of similar funds to combat tropical diseases could be explored.

Scaling up the access of the world's poor to essential health services, including a focus on specific interventions, should be an intrinsic component of the new partnership between developed and developing countries called for in the Millennium Declaration and reiterated in the Monterrey Consensus. The developing countries should commit additional domestic financial resources, political leadership, transparency and systems for community involvement and accountability to ensure that adequately financed health systems, dedicated to the key health problems, can operate effectively. The donor countries should simultaneously commit vastly increased financial assistance in the form of grants, especially to the countries concentrated in sub-Saharan Africa, which need help most urgently.

The findings of the WHO Commission on Macroeconomics and Health indicate that poverty itself imposes a basic financial constraint, though waste does exist and needs to be addressed. It is recommended that developing countries improve health-sector management, review the current balance among health-sector programmes and raise domestic resources for health within their limited means, aiming at an average increase in budgetary allocations of 1 per cent of gross national product (GNP) in the next five years, and of 2 per cent by 2015. Developing countries also could do more to make the current spending, public and private, more equitable and effective. Public spending should be better targeted to the poor, with priorities set on the basis of epidemiological and economic evidence.

Donor finance will be needed to close the financing gap, in conjunction with best efforts by the recipient countries themselves. Increased aid would also be needed in other related areas such as food, water and sanitation. The World Bank and the regional development banks could help developing countries make a multi-year transition to universal coverage for essential health services. The WHO Commission on Macroeconomics and Health also encourages increased investment of \$5 billion annually in the next five years in essential public goods for health, such as research and development for diseases of the poor.

FINANCING FOR EDUCATION

The commitments made at Dakar to provide for assistance to developing countries with a credible plan to achieve education for all might be undermined from lack of resources. Over the medium-term, additional resources

Box 8 • Good practices in health systems

A number of good practices show that effective strategies for improving financial access and reducing ineffective expenditures include: creation of large national or subnational risk pools; increasing the proportion of prepayments in health-care finance; reduction of user fees; and direct or indirect subsidization of the poor.

For example, in 1993, Colombia enacted a universal health insurance law. The law introduced subsidies for those unable to afford health insurance. As a result, insurance coverage in the lowest two income quintiles increased from 8 to 57 per cent, and in the highest two quintiles, from 30 to 67 per cent. In five years, medical consultations rose by 214 per cent and hospital discharges by 40 per cent. Abolishing user fees for primary care services in public sector in South Africa significantly increased utilization of services by the poor. The low-income card scheme in Thailand entitled 20 per cent of the population to free health care in the public sector. Within nine years after the introduction of the scheme, 80 per cent of the target population were covered.

It should be underscored, however, that these examples are context-specific, and their success may not be replicable in another place at another time. In order to derive more general benefit from these examples and others, evidence of the underlying factors that contribute to making them good practices must be collected, analysed and debated.

would be required for primary education to cover the extra costs of enrolling all children in school, improving education quality and reducing the direct costs of education, including user fees. For the countries lagging furthest behind, national resources would need to be complemented with substantial additional external financing. A recent World Bank study⁹ suggested a preliminary estimate of \$13 billion in additional external financing each year to achieve universal primary education and gender equality. Country-specific analysis suggests that, in the low-income countries, substantial funds will be required in addition to currently available domestic and external resources, including resources from the HIPC debt initiative. Partly as a result of that initiative, public spending on education in 18

9. World Bank, Financing for development report, 2001.

African countries is expected to rise from an estimated \$2.5 billion in 1999 to an average of \$3.4 billion annually during 2001 and 2002.

Additional international financing would have greater impact in countries that put in place policies to reduce unsustainably high costs and make their primary education systems more efficient. Some of the key factors determining the effectiveness of education spending are the level of national resources being devoted to basic education, unit costs and repetition and dropout rates. National plans regarding education for all, which should be seen as evolving instruments, would need to take into account that education for all will not be achieved unless the education system is within reasonable norms of efficiency and national efforts to invest in education are on par with those of other countries at similar income levels.

VI. CONCLUSIONS AND RECOMMENDATIONS: HUMAN RESOURCES DEVELOPMENT POLICIES AND COMMITMENTS IN SUPPORT OF INTERNATIONAL DEVELOPMENT GOALS

While the challenge of achieving the goals set at the Millennium Summit for health, education and development remains considerable, it is possible to achieve tremendous advances with political leadership and commitment, as demonstrated by some developing countries. The millennium development goals are technically feasible and financially affordable at the global level. The high-level segment of the Economic and Social Council gave further political impetus and promote the broad goal of helping developing countries meet the changing needs of human resources development by developing consensus and recommendations along the following lines.

Ministers and Heads of delegations reaffirmed that human resources development is fundamental to the development process, contributing to poverty eradication and long-term economic growth through improved health, education and human capacity-building. To achieve the goals set in the Millennium Declaration, health and education policies must be fully integrated into poverty eradication strategies. Furthermore, health and education must be addressed in an integrated manner, with macroeconomic policy considerations, given the economic impact of health and education policies.

Box 9 • Conclusions and recommendations of the round table on human resources development

The third in a series of three round tables, held on 5 March 2002, highlighted the synergies between health and education for achieving the millennium development goals and their linkages to economic growth and income poverty. The round table also addressed the question of capacity for measuring progress towards the health and education millennium development goals.

A keynote address by Professor Jeffrey Sachs, the Special Adviser to the Secretary-General on the millennium development goals, emphasized that:

- Investing in health and education is critical to achieving the millennium development goals—which are an interconnected web of interventions designed to reduce poverty, increase productivity and further national development;
- The empirical evidence shows that, even with appropriate policies and domestic mobilization of resources, poor countries cannot reach the minimum amount required to maintain minimal health standards calculated at \$30 to \$40 per person per year;
- Narrowly defined objectives, costing and a “business plan” were needed for increased funding and aid effectiveness.

Several participants, while noting the importance of official development assistance for investing in health, questioned its sustainability and pointed to the need for simultaneous progress on market access, trade expansion and diversification of economies in view of their potential contribution to domestic resources for the social sector. Presentations were made by the World Bank, UNDP, ILO, UNFPA and WHO.

Human resources development strategies must be constantly adapted to meet the changing needs in the context of globalization. Improving the delivery and quality of basic health and education services and ensuring their sustainability will require institution-building through fiscal and organizational reforms and recruiting and training health and education professionals. The delivery of basic health and education services also needs

to be integrated with community-based approaches (e.g., “close-to-client” services for health interventions) to maximize efficiency and impact.

It is important to identify the linkages and complementarities between health and education policies and other sectoral policies. To take advantage of these synergies to foster progress towards the millennium development goals, a multisectoral approach is needed, entailing a web of mutually reinforcing strategies at the country level. The synergistic effect of health, education and other capacity-building approaches on development outcomes should be explicitly considered in the actual design and implementation of development strategies. Public action, particularly by ministries of health and education, needs to be better coordinated to maximize complementarities.

The role of the international community and the multilateral institutions is important in assisting developing countries build their human resources. New partnerships, such as the New Partnership for Africa’s Development, should be encouraged to achieve human resources development objectives through alliance of international organizations, donors and developing country Governments.

Domestic spending on human resources development, including in the areas of health and education, must be increased by developing countries to provide basic health care and education to the poor free of charge. In addition, international development assistance must be massively increased to provide adequate and sustained resources for effective programmes that will strengthen the necessary delivery systems for health and education. New mechanisms for transferring resources should be explored to enable a massive increase in development assistance in ways that ensure accountability and country ownership. Substantial increases in international assistance will be required, including for the Global Fund for HIV/AIDS, Tuberculosis and Malaria. Building on the recent commitments by some donors, the Council could thus reiterate the call for increased official development assistance and enhanced effectiveness, as well as greater debt relief and increasing resources generated through greater market access and trade, especially for the least developed countries.

In order for any approach to human resources development to be successful, gender-based differences should be addressed explicitly at institutional, as well as individual and household levels. Health and education

systems must respond appropriately to ensure that wider societal patterns of discrimination and disadvantage that shape opportunities, resources and options available to individual women and men are not perpetuated.

To ensure aid effectiveness, there is a continuing need for regular and reliable monitoring of results achieved towards achieving the millennium development goals and of the commitments to increase financial resources and aid effectiveness. Building national level statistical and data analysis capacity contributes directly to monitoring the achievements of the goals at the Millennium Declaration, as well as preparing accurate and up-to-date statistical information for national and international level development planning.

The research and development capacity of developing countries in the areas of human resources and the health and education problems of developing countries needs to be strengthened. The scientific basis for all development assistance for health, as well as independent technical review of proposals, should be strengthened. Strategic research for, and the development of, necessary drugs and vaccines, particularly against diseases prevalent in developing countries, must be encouraged. At the same time, action needs to be taken to reduce the price of drugs in order to improve access of poorer communities to medication. Efforts must continue to ensure improved access to medicines of acceptable quality through affordable health systems, building on the progress made through the Doha process on the price of new drugs.

The strengthening of the United Nations system's catalytic, advisory and supportive role in promoting human resources development and universal access to quality services in the areas of health and education is called for. To this end, the United Nations system should be encouraged to continue and further its efforts to:

- (a) Support efforts at the national, regional and global levels to integrate human resources development programmes into poverty reduction strategies on the basis of national ownership and priorities;

- (b) Help countries build policies, institutions and local technical capacity to implement measures that are known to work in specific country contexts to improve sustainability and strengthen health and education systems;

(c) Facilitate explicit consideration of the mutually reinforcing effect of health, education and other factors on development outcomes in the actual design and implementation of development strategies;

(d) Develop mechanisms and tools to monitor, measure and evaluate the effectiveness of human resources development policies and programmes, especially with regard to their contribution towards achieving the millennium development goals;

(e) Build partnerships with stakeholders based on common goals, mutual responsibility and commitment and use sector-wide approaches that have been shown to increase donor coordination;

(f) Strengthen mechanisms for synthesizing and disseminating knowledge and good practices for effective development cooperation in human resources development.

International development assistance also needs enhanced coordination. Coordination instruments, including such as poverty reduction strategy papers, the common country assessments and the United Nations Development Assistance Framework, should be used as important tools to ensure increased coordination of multilateral assistance. While these instruments should be mutually complementary and reinforcing, every effort should be made to ensure that these do not result in creating cross-conditionality and over-burdening the limited capacities of developing countries. The Bretton Woods institutions should be encouraged to continue to enhance their support for the efforts of developing countries in the area of human resources development.

The outcome of the debate at the Economic and Social Council can make an important contribution to the General Assembly's deliberations on the follow-up to the Millennium Declaration.

*Contributors to the 2002 Economic and Social Council High-Level
Segment and its Preparatory Process:*

High-level officials from capitals:

Prof. A.B. Aborishade, Minister of Education of Nigeria

Ms. Željka Antunovic, Vice Prime Minister of Croatia

Ms. María Egenia Brizuela de Avila, Minister of External Relations of El Salvador

Dr. E. Borst-Eilers, Minister of Health, Welfare and Sport of The Netherlands

Mr. Tom Butime, Minister of State for International Affairs of Uganda

Mr. Bernard Dompok, Minister of Malaysia

Dr. Julio Frenk, Minister of Health of Mexico

Dr. Ana Evelyn Jacir de Lovo, Minister of Education of El Salvador

Ms. Zobaida Jalal, Minister of Education of Pakistan

Dr. Edward Khiddu, Minister of Education and Sports of Uganda

Mr. Juli Minoves, Minister of Foreign Affairs of Andorra

*Dr. P. Kwesi Ndoum, Minister for Economic Planning and Regional Integration of
Ghana*

Ms. Ann Therese Ndong-Jatta, Secretary of State for Education of Gambia

Mr. Paul O'Neill, Secretary of Treasury of the United States

Dr. Ahmed Bilal Osman, Federal Minister of Health of Sudan

Mr. Jacobus Richelle, Director-General for Development of the European Commission

Dr. Awa Marie Coll Seck, Minister of Health of Senegal

*Dr. Eve Slater, Assistant Secretary of Health of the United States Department of
Health and Human Services*

Dr. Andro Vlahušić, Minister of Health of Croatia

Dr. Myriam Abel, Director of Public Health of Vanuatu

Ms. Gun-Britt Andersson, State Secretary, Ministry for Foreign Affairs of Sweden

Mr. Radu Mircea Damian, State Secretary, Ministry of Education and Research of Romania

Ms. Faith Innerarity, Chairperson of the Commission for Social Development, Senior Director of Labour and Social Security of Jamaica

Dr. A. Ns'aluba, Director-General of Health of South Africa

Prof. Jairam Reddy, Chair, Commission on Education of South Africa

Mr. Carsten Staur, Secretary of State, Ministry of Foreign Affairs of Denmark

ECOSOC Bureau Members:

Dr. Ivan Šimonović, President of the Economic and Social Council and Permanent Representative of Croatia to the United Nations

Mr. Jassim Mohammed Buallay, Vice-President of ECOSOC and Permanent Representative of Bahrain to the United Nations

Mr. Dumisani Shadrack Kumalo, Vice-President of ECOSOC and Permanent Representative of South Africa to the United Nations

Ms. Marjatta Rasi, Vice-President of ECOSOC and Permanent Representative of Finland to the United Nations

Mr. Gert Rosenthal, Vice-President of ECOSOC and Permanent Representative of Guatemala to the United Nations

Representatives of the United Nations system:

Mr. Kofi Annan, Secretary General of the United Nations

Ms. Carol Bellamy, Executive Director of the United Nations Children's Fund (UNICEF)

Dr. Gro Harlem Brundtland, Director-General of the World Health Organization (WHO)

Mr. Nitin Desai, United Nations Under-Secretary-General for Economic and Social Affairs (DESA)

Mr. Jacques Diouf, Director-General of the Food and Agricultural Organization (FAO)

Prof. Johannes A. van Ginkel, Rector of the United Nations University (UNU)

Mr. Peter Hansen, Commissioner-General of UNRWA

Mr. Horst Köhler, Managing Director of the International Monetary Fund (IMF)

Mr. Carlos Magariños, Director-General of the United Nations Industrial Development Organization (UNIDO)

Mr. Mark Malloch Brown, Administrator of the United Nations Development Programme (UNDP)

Mr. Miguel Rodríguez Mendoza, Deputy Director-General of the World Trade Organization (WTO)

Mr. James T. Morris, Executive Director of the World Food Programme (WFP)

Dr. Thoraya Obaid, Executive Director of the United Nations Population Fund (UNFPA)

Prof. G.O.P. Obasi, Secretary-General of the World Meteorological Organization (WMO)

Dr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS)

Dr. Mamphela Ramphele, Managing Director of the World Bank

Mr. Rubens Ricupero, Secretary General of the United Nations Conference on Trade and Development (UNCTAD)

Ms. Anna Tibaijuka, Executive Director of UN-HABITAT

Mr. Patrizio Civilì, Assistant Secretary-General for Policy Coordination and Inter-Agency Affairs (DESA), United Nations

Sir John Daniel, Assistant Director-General for Education of the United Nations Educational, Scientific and Cultural Organization (UNESCO)

Mr. Eduardo Doryan, Special Representative of the World Bank to the United Nations

Mr. Amir Dossal, Executive Director of the United Nations Fund for International Partnerships (UNFIP)

Ms. Imelda Henkin, Deputy Executive Director of the United Nations Population Fund (UNFPA)

Ms. Angela E.V. King, Special Advisor on Gender Issues and Advancement of Women of the United Nations

Mr. Stephen Lewis, Special Envoy of the United Nations Secretary-General on HIV/AIDS in Africa

Dr. David Nabarro, Executive Director of the World Health Organization (WHO)

Prof. Jeffrey D. Sachs, Director of Columbia University Earth Institute

Mr. Kunio Waki, Deputy Executive Director of the United Nations Population Fund (UNFPA)

Mr. Orvill Adams, Director of Health Service of the World Health Organization (WHO)

Mr. Iqbal Alam, Senior Technical Consultant, Technical and Support Division of the United Nations Population Fund (UNFPA)

Ms. Delia Barcelona, Senior Technical Officer, Technical Support Division of the United Nations Population Fund (UNFPA)

Mr. Yves Bergevin, Director of Health Section, Programme Division of the United Nations Children's Fund (UNICEF)

Mr. Peter Buckland, Senior Education Advisor of the United Nations Children's Fund (UNICEF)

Dr. Andrew Cassels, Director of Health and Development of the World Health Organization (WHO)

Dr. Rufaro Chatora, Director, Health System Development of the World Health Organization (WHO)

Dr. Shanta Devarajan, Chief Economist for Human Development of the World Bank

Mr. Grzegorz Donocik, Senior Liaison Officer of the United Nations Industrial Development Organization (UNIDO)

Mr. Patrick Friel, Coordinator, Commodities Management Unit, Technical Support Division of the United Nations Population Fund (UNFPA)

Mr. John Langmore, Director of International Labour Organization (ILO) Liaison Office to the United Nations

Mr. Vincent McLean, Representative, United Nations Office for Drug Control and Crime Prevention (UNDCP)

Mr. Benson C. Morah, Country Technical Services Team of the United Nations Population Fund (UNFPA)

Mr. Hafiz Pasha, Assistant Administrator of the United Nations Development Programme (UNDP)

Mr. Michael Sidibe, Director, Country and Regional Support Department of the Joint United Nations Programme on HIV/AIDS (UNAIDS)

Dr. Sethuramiah Rao, Director, Strategic Planning and Coordination Division of the United Nations Population Fund (UNFPA)

Mr. Andre Roberfroid, Deputy Executive Director of the United Nations Children's Fund (UNICEF)

Ms. Stephanie Urdang, Advisor of Gender and HIV/AIDS of the United Nations Development Fund for Women (UNIFEM)

Mr. Michael Usnick, Director of the World Food Programme (WFP) Liaison Office to the United Nations

Mr. Jan Vandemoortele, Principal Advisor, Group Leader, Socio-Economic Development Group of the United Nations Development Programme (UNDP)

Representatives of civil society:

Prof. Bruce Alberts, Co-Chair of the InterAcademy Council

Dr. Jo Ivey Boufford, Dean of the Robert F. Wagner Graduate School of Public Service New York University

Dr. Lincoln C. Chen, Director of the JFK School of Government of Harvard University

Ms. Charlotte Christ-Weber, Member of the Board of the World Association of Girl Guides and Girl Scouts

Dr. Gordon Conway, President of the Rockefeller Foundation

Dr. Nils Daulaire, President and CEO of the Global Health Council

Dr. Christine Durbak, World Information Transfer

Mr. James Hester, President of the Harry Frank Guggenheim Foundation

Mr. Bremley W.B. Lyngdohm, Global Youth Action Network

Dr. Yefim Malitkov, President of the International Association Znanie

Mr. Charles MacCormack, President of the Save the Children Fund USA

Ms. Valeria Merino-Dirani, Corporación Latino Americana para el Desarrollo

Dr. Penina Mlama, Executive Director of the Forum for African Women Educationists (FAWE)

Ms. Jenny Perlman, the Hunger Project

Mr. Frank Schroeder, the Friedrich Ebert Foundation

Ms. Jackie Shapiro, Co-Chair of the United Nations Working Group on Girls

Dr. Victoria Sharp, President of the Médecins du Monde USA

Ms. Leslie Wright, Chair of the World Association of Girl Guides and Girl Scouts (WAGGGS)

Representatives of ECOSOC Member States and Observers:

Mr. Ismael Gaspar Martins, Permanent Representative of Angola

Mr. Arnaldo M. Listre, Permanent Representative of Argentina

Mr. John Dauth, Permanent Representative of Australia

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Mr. Michel Kafando, Permanent Representative of Burkina Faso

Mr. Felix Mbayu, Minister Counselor, Cameroon

Mr. J. Gabriel Valdés, Permanent Representative of Chile

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Mr. Amraiya Naidu, Permanent Representative of Fiji

Ms. Marjatta Rasi, Permanent Representative of Finland

Mr. Yves Doutriaux, Deputy Permanent Representative of France

Zmrs. Juliana Ganyangel Baldeh, Counsellor, Permanent Mission of Gambia

Mr. Hanns Heinrich Schumacher, Chargé d'affaires, Deputy Permanent Representative of Germany

Mr. Nana Effah-Apenteng, Permanent Representative of Ghana

Mr. Thorsteinn Ingolfsson, Permanent Representative of Iceland

Mr. Kamallesh Sharma, Permanent Representative of India

Mr. Hadi Nejad Housseinian, Permanent Representative of the Islamic Republic of Iran

Mr. Sergio Vento, Permanent Representative of Italy

Ms. Mignonette Patricia Durrant, Permanent Representative of Jamaica

Mr. Yoshiyuki Motomura, Deputy Permanent Representative of Japan

Mr. Walter Baltzan, Permanent Representative of Malta
Dr. Hector Bonavia, Chargé d'affaires, Permanent Mission of Malta
Ms. Roberta Lajous, Permanent Representative of Mexico
Mr. Jargalsaikhany Enkhsaikhan, Permanent Representative of Mongolia
Mr. Muraj Raj Sharma, Permanent Representative of Nepal
Mr. Dirk Jan van den Berg, Permanent Representative of the Kingdom of the Netherlands
Mr. Arthur C.I. Mbanefo, Permanent Representative of Nigeria
Mr. Teniola O. Apata, Deputy Permanent Representative of Nigeria
Mr. Austin Peter Etanomare Osio, Minister Counsellor, Permanent Mission of Nigeria
Mr. Shamshad Ahmad, Permanent Representative of Pakistan
Mr. Oswaldo de Rivero, Permanent Representative of Peru
Mr. Francisco Seixas da Costa, Permanent Representative of Portugal
Mr. Alexandru Niculescu, Permanent Representative of Romania
Mr. Yuri N. Isakov, Deputy Permanent Representative of the Russian Federation
Mr. Juan Luis Flores, Deputy Permanent Representative of Spain
Mrs. Irma Loemban Tobing-Klein, Permanent Representative of Suriname
Ms. Ruth Jacoby, Ambassador, Permanent Mission of Sweden
Mr. Matia Mulumba Semakula Kiwanuka, Permanent Representative of Uganda
Mr. Valery P. Kuchinsky, Permanent Representative of Ukraine
Mr. Stewart Eldon, Deputy Permanent Representative of United Kingdom
Mr. Mark Runacres, Counsellor, Permanent Mission of United Kingdom
Mr. Sichan Siv, Ambassador, Permanent Mission of United States of America
Mr. Milos Alcalay, Permanent Representative of Venezuela
Mr. Tichaona Joseph B. Jokonya, Permanent Representative of the Republic of Zimbabwe