

**South Asia MDG Forum**

*Kathmandu, Nepal*

*11-12 October 2006*

**HIGH-LEVEL PANEL SESSION ON NATIONAL STRATEGIES AND  
APPROACHES IN REACHING THE MDGs**

**MDGs and Transformative Social Policy: The Urgent Agenda for South Asia**

**Statement by  
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Honourable Ministers,  
Excellencies,  
Colleagues and Friends,

It is indeed an honour and a pleasure to participate in this High-level Panel session on national strategies and approaches in reaching the Millennium Development Goals and to join the effort of three important development players in the region, which are also sister agencies in the multilateral system– ESCAP, UNDP and ADB.

The MDGs are both a rallying point and *guiding North star* giving us all a shared vision. They provide us with an unprecedented opportunity to join forces and to push for development results with a coherence never witnessed in the past.

Since MDGs not only *relate to* children, but children are actually at the *very heart* of the MDGs and since, in South Asia, “development” really must be about children and youth – they constitute 40 to 50% of the country populations in this region, UNICEF is totally committed to the acceleration of MDG progress in this region.

Let me briefly recall:

- Goals 2 – education, 3 – gender equality, 4 – child health, 5 – maternal health, 6 – to combat HIV/Aids, malaria and other diseases – directly and immediately address child rights to survival and development;
- Goal 1 addresses child rights in a more mediated form, via household income and livelihoods, and access to food;
- Goal 7 addresses the crosscutting issue of water and sanitation and housing which, which indeed are of critical importance to the wellbeing of children;
- Goal 8 relates to child rights via the global macroeconomic situation, aid and debt issues, and globally regulated access to drugs or health and education services.

Basically my presentation revolves around 4 points:

- 1) With child populations of 40-50 % in this region, MDG fulfilment is absolutely crucial for this and future generations and for long-term peace and stability, development and growth.
- 2) In pursuing the MDGs, a rights-based approach to development in accordance with the agreed global normative frameworks requires strategies of universalism. Due to the prevalence of social exclusion in the region, however, special measures are also required to ensure that universalism is attained.
- 3) From a UNICEF perspective, the opportunity for synergies between multiple development stakeholders is great. In particular, MDG achievement is supported and strengthened by the normative underpinnings of the Convention of the Rights of the Child and the global commitments made for a World Fit for Children.
- 4) It is the myriad partnerships between different stakeholders that will ultimately be the drivers of MDG achievement and UNICEF will do all it can to support policies and strategies that quickly change the facts on the ground, as far as children are concerned.

### **1. So, let's start by looking more closely at how South Asia, in particular, is performing on the MDGs:**

We find that South Asia's particular performance and challenges are often buried in the complex region of Asia. The reality is that South Asia remains a region struggling with poverty and social exclusion, and in many parts we find the situations of women and children in particular to be dire.

The Millennium Development Goals and other child-related development objectives remain under-delivered in most countries in the South Asia region.

There is much concern and consternation over the 'South Asia paradox'

- While there is impressive economic growth rates, integration into the global economy and technological prowess
- And there is also noteworthy government commitment to fulfilling child rights and human development, and to enhancing child well-being, as expressed in support to the Millennium Declaration and the 2005 Millennium Summit, in decisions taken at the SAARC, as well as in each country's development plans
- Yet, these "positives" are juxtaposed with extremely high rates of child mortality, maternal mortality, and women's illiteracy, a growing incidence of HIV/Aids, and low levels of access to drinking water and notably to sanitation.

Some examples:

#### ➤ **In health:**

- **Child nutrition:** South Asia has the highest percentage of underweight children under 5 (46%), with India, Bangladesh and Pakistan accounting for half (73 million) the world's underweight children
- **Maternal mortality** is very high in absolute and relative terms. Over 200,000 of the global 529,000 annual maternal deaths occur in South Asia.
- **Child mortality:** one out of every three child deaths occurs in South Asia and almost one child in ten dies before her or his fifth birthday. Neonatal mortality contributes greatly to infant mortality, with 41% of global neonatal deaths occurring in South Asia, despite featuring only 28% of global births.

- **Sanitation coverage** is among the lowest in the world, with 921 million people, including 106 million children, living without access to improved sanitation. This represents one third of the global total.
- **HIV/AIDS**- South Asia has a total of 5.9 million people infected with HIV, of whom a quarter are children under 18, and the numbers are increasing.
- Only in **drinking water** is there significant progress in South Asia, and the region is on track to achieve the MDG target.

➤ **In education:**

- **Primary school enrolment** is low, at 74% regionally, with some of the countries barely exceeding 50%, such as Pakistan with 52% and Afghanistan with 54%.
- 26% of primary school age children are **out-of-school**, with more girls being out of school than boys
- **Female literacy rates** are among the lowest in the world. In 2001, while women from South Asia constituted about 21% of the world's female population they represented about 44% of the world's illiterate women.

➤ **Regarding cross-cutting issues:**

- **Child poverty and child labour** are pressing issues. [In India, an estimated 14% of children aged 5-14 are engaged in child labour].
- **Youth unemployment** is an issue across the region. [According to official statistics, in all countries, except Sri Lanka, the share of youth unemployment in the total youth population has increased between 1995-2000].
- **Gender inequality** is among the worst experienced globally.
- The comparatively favourable macroeconomic and per capita average growth rates of GDP in the region conceal large and increasing income divergences.

The extent of the challenge is seen in magnified form at particular **district and village levels**, as MDG performance varies across areas within each country.

**2) Why is this so and what can we do? What policy response can be recommended to address poor MDG performance?**

The academic literature as well as our experience in the 8 countries of South Asia suggests that social exclusion is a key reason for poor MDG performance. Social exclusion generally takes the form of discrimination and exclusion in three areas crucial to human development:

- Access to economic livelihoods,
- Access to social services and
- Access to political and community participation.

In South Asia, social exclusion is primarily based on gender, caste, ethnicity, religious affiliation, language group, disability, or geographical location.

And it is based on age. The very young and the very old are frequently excluded from resources and from political and policy decisions and considerations.

Given these different forms of social exclusion, the principle of universal coverage in terms of basic health and education services, or access to drinking water or sanitation facilities, is de facto not met.

It is now very clear, therefore, that health and education policy needs to be underpinned by special efforts, a set of "special measures" or special interventions which enable and empower the socially excluded to claim their rights. Societies plagued by social exclusion need forms of deliberate social inclusion to move towards universal delivery of services and entitlements.

South Asia, in fact, is a laboratory of possible policy responses to move towards socially inclusive societies. The 'special measures' we already observe include:

- In the political domain: affirmative action in the form of numerical quotas & reservations. Quotas and reservations indeed are used not only in political representation, but also in access to higher education. [For example, India has reservations in higher education and in its parliament. Nepal is proposing 1/3 reservation of public administration posts for women and/or ethnic groups.]
- Addressing the household level, we find examples of use of stipends, cash grants, conditional cash grants, or exemptions from user fees for socially-excluded and /or low income groups to enable them to use health and education services otherwise not affordable or reachable – or to serve as an incentive. [Examples include: Bangladesh's nation-wide scholarship for all girls in secondary education, Pakistan's girls' stipends programmes in Baluchistan, or Nepal's scholarship for Dalit schoolchildren.]
- At the fiscal budget level, new processes are being put in place to ensure that adequate funding is allocated to MDGs and to children – child budgeting in India, the "20/20 initiative" in Nepal, the MDG needs assessment and costing processes in Bhutan and Pakistan
- On the fiscal revenue generating side, India, Nepal, Pakistan and Sri Lanka have introduced special earmarked taxes – called cess – for education or to co-fund the National Plan of Action for Children.

These are just some examples – and I am sure many more examples will be shared in our further discussions.

But the above measures are not sufficient. Universalism and social inclusion will not materialise without participation. Questions of 'voice' and empowerment need to become integral to social policy design. This is because

- Firstly, participation is a right.
- Secondly, if users co-design social services, the related interventions are far more likely to truly meet needs and expectations.
- Thirdly, users need to be able to assess and evaluate services and ideally to have alternative choices.

In sum, as outlined in *A Future within Reach*, in the just-released *Fact Sheets on MDGs in South Asia* issued by ESCAP, and in our UNICEF ROSA work on social policy, there is a need to **rethink** social services delivery.

This rethinking requires at least four core elements:

- A genuine commitment to universalism as the guiding principle,
- Special measures to ensure access to services,

- Empowerment and participation of users to ensure the reliability, [cultural/social] appropriateness and quality of services.
- And thorough analytical and participatory assessments and reviews of the current special measures and their effectiveness, so as to have evidence-based policy guidance on improving social services outcomes.

### 3) **How do we push for better and earlier MDG results? The case for transformative social policy**

The “special efforts” towards social inclusion and participation are not likely to suffice to fundamentally improve MDG results. Building on the policy discussion in *A Future within Reach*, UNICEF sees social policy as encompassing a set of four intersecting and concentric policy areas:

- ❖ Policies in the immediate MDG areas: health, education, water, sanitation and hygiene, and HIV/Aids. Here, we are making headway as increasing attention is paid to policy measures – building on increasingly reliable situation analyses and policy outcome evaluations;
- ❖ The “crosscutting” Millennium Declaration areas: child protection - both prevention and redress - , gender, programme communication and behaviour change.

But I would argue that we also need to be more MDG-alert in “adjacent” policy areas:

- ❖ Economic policy needs to better address income poverty
  - Macroeconomics and active labour market policies need to focus on improving employment and livelihoods – the only sustainable way to overcome poverty;
  - Trade and industrial policy need to enhance each country’s productivity and competitiveness in the global economy – which is a prerequisite to enhancing employment;
  - Fiscal policy to generate the funds needed for governments to invest in achieving the MDGs and for a measure of redistribution;
  - And – often neglected – we need infrastructure investments into schools and basic health facilities, roads and pathways prerequisite for users to access social services, and reliable power supplies to run these facilities as a precondition for improving social services delivery as well as family livelihoods.
- ❖ Finally, we need to look far more carefully at policies for dealing with emergencies – man-made and natural:
  - In disaster-prone South Asia, social policy must design inclusive emergency preparedness strategies and interventions, because social exclusion can cause conflict and insecurity, and emergencies intensify existing vulnerabilities and exposures to risks and, in consequence, can reinforce exclusionary patterns.

These four areas are linked. If rights are consistently integrated into our conceptual approach to MDGs, it will accelerate achieving the goals as it empowers all stakeholders. If income poverty is addressed structurally, social services will address poor outcomes AND be able to provide progressively higher standards of quality in health and education. If economic policy integrates

consideration of social outcomes, it will address patterns of poverty and social exclusion - patterns which are sometimes inadvertently reproduced by particular paths of non-inclusive economic growth. If public policy has built in emergency preparedness including the resources to cope with disasters, the impact can at least be alleviated. In short - if we connect the immediate MDG agenda with broader and more encompassing approaches to economic and social policy, we can move towards a transformation of policy and in due course of social organisation – a transformation **urgently** needed in South Asia to achieve the MDGs and to meet them on time.

#### 4) What now? Suggestions on next steps

With regard to our common vision and agenda for achieving the MDGs in South Asia, we all appreciate the value of time-bound goals and targets and the imperative of integrating a rights-based approach into development thinking.

Two MDG-relevant precursors are closely associated with UNICEF's work: the Convention of Rights of the Child 1990 and the World Fit for Children Declaration of 2002.

- UNICEF was instrumental in the movement that led to the implementation and ratification of the CRC in 1990, together with other stakeholders. In terms of policy principles, this was an important step in promoting a rights-based approach in programming and advocacy and because it has “internalised” the discourse on economic, social and political rights - bringing into the mainstream a transformative piece of development policy and human rights: the International Covenants on Economic, Social and Cultural Rights and on Political and Civil Rights.
- The Special Session on Children and the World Fit for Children Declaration adopted in 2002 built on and expanded the MDGs and the Millennium Declaration and constituted a much-needed move into defining strategic action to achieve the MDGs.

For both, 2007 marks an important year for South Asian policy **discourse** – and for **results**.

- The SAARC Secretariat is currently reviewing its Decade on the Rights of the Child which it will bring before its 2007 Summit, and
- The UN General Assembly will in autumn 2007 look at progress under the World Fit for Children commitments.

It would be excellent if we could use the South Asia MDG Forum to understand and fully exploit the natural synergies between the MDGs and these other commitments and normative agreements, in terms of

- Combining MDG, Convention of the Right of the Child and World Fit for Children concerns, and
- Coming up with a strong set of recommendations for child rights and child well-being to transform the MDG performance in South Asia.

Thank you.

Kathmandu

11 October 2006