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High-level segment**The contribution of human resources development,
including in the areas of health and education to the
process of development******Report of the Secretary-General*****

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*** Inputs received from a number of relevant United Nations 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).

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-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.

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I. Introduction

1. 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.

2. In the recent past, human resources development has remained at the forefront of the international agenda. The General Assembly special sessions 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

3. 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.

4. 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.

5. 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

6. 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.

A. The role of health in development

7. 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.

8. 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.

B. The role of education in development

9. 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

10. 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.

C. Synergies between health and education

11. 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.

12. 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.

13. 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.

D. Linkages between sustainable development and health and education

14. 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.

15. 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.

16. 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

17. 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.

18. 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.

19. 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 immune 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.

20. 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.

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.

21. 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.

E. The role of technology in human resources development

22. 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.

23. 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.

24. 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.

F. Human resources development and macroeconomic policies

25. 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.

26. 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.

27. 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.

G. Exploiting the various synergies

28. 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.

29. 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

30. 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.

31. 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.

32. 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.

33. 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.

34. 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.

A. Challenges to improving health

35. 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.

36. 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.

37. 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.

38. 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

39. 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.

40. 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.

41. 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 Commission 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.

42. 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.

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.

B. Challenges to improving education

43. 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 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.

44. 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.

45. 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.

46. 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.

47. 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.

48. 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.

49. 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.

50. 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.

51. 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.

52. 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.

53. 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.

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.

IV. Actors in human resources development

54. 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.

55. 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.

56. The stewardship role of the State should be encouraged to integrate various actors into a systematic and long-term framework. Political will at the 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.

57. 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.

58. 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.

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.

59. 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.

60. 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.

61. 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.

62. 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

63. 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.

64. 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.

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.

65. 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 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.

66. 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.

67. 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.

68. 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.

69. 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.

A. Financing for health

70. 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.

71. 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.

72. 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.

73. 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.

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.

B. Financing for education

74. 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 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 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.

75. 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.

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.

VI. Conclusions and recommendations: human resources development policies and commitments in support of international development goals

76. 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 can give 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.

77. Ministers and Heads of delegations could reaffirm 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.

78. 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.

79. 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.

80. The role of the international community and the multilateral institutions is important in assisting developing countries build their human resources. The Economic and Social Council could encourage partnership efforts by Governments, international organizations and civil society aimed at enhancing the outcomes of health and education, and should consider promoting the launching of new partnerships in such areas as the “education vaccine” for HIV/AIDS, partnerships for affordable essential drugs and international initiatives for good stewardship. 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.

81. 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. The Economic and Social Council should play a pivotal role in maintaining the focus on financing for human resources development as part of its role in the follow-up to the International Conference on Financing for Development. 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.

82. 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.

83. 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.

84. 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.

85. The Economic and Social Council should call for 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. 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.

86. **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-conditionalities and overburdening 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.**

87. **The outcome of the debate at the Economic and Social Council can also make an important contribution to the General Assembly's deliberations on the follow-up to the Millennium Declaration, which will focus on the subject of communicable diseases at its fifty-seventh session.**

Notes

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.

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.

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>).

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.

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.

⁷ See E/1999/55, para. 86.

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.

⁹ World Bank, Financing for development report, 2001.