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Held at Headquarters, New York, on Tuesday, 2 July 2002, at 10 a.m.

President: Mr. Šimonović (Croatia)

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The meeting was called to order at 10.15 a.m.

Adoption of the agenda and other organizational matters (*continued*) (E/2002/49, 74 and 100 and Add.1)

Themes for the high-level and for the coordination segments of the substantive session of 2003 of the Economic and Social Council

1. **The President** said that, the General Assembly had decided, in paragraph 53 of annex I to its resolution 50/227, that, at the annual substantive session, the Council should undertake consultations on the theme for the high-level segment for the following year, with a view to reaching a decision, if possible, during the substantive session, but in any case not later than at a resumed session in the autumn. In that context, he drew the Council's attention to the note of the Secretary-General on themes for the high-level and for the coordination segments of the substantive session of 2003 of the Economic and Social Council (E/2002/49). He noted that, on 23 July 2002, the Council was to hold a meeting with the chairpersons of its functional commissions; that would provide a unique opportunity to discuss possible contributions by the functional commissions to the following year's high-level and coordination segments. It was therefore to be hoped that the Council would be able to decide on themes for those segments prior to that date.

Requests from non-governmental organizations to be heard by the Economic and Social Council

2. **The President** drew attention to document E/2002/74, which contained requests from non-governmental organizations to be heard by the Council. The Committee on Non-Governmental Organizations had decided to recommend that the organizations listed in the documents should be heard under the agenda items indicated. He took it that the Council agreed to hear the statements by the non-governmental organizations listed in the document.

3. *It was so decided.*

4. **The President** said that, following the conclusion of the recent session of the Committee on Non-Governmental Organizations, two additional requests to be heard by the Council had been received from non-governmental organizations, namely, Human Rights Watch, which wished to make a joint statement on behalf of 10 non-governmental organizations in

consultative status with the Council, under agenda item 14 (g), and the Asia Crime Prevention Foundation, a non-governmental organization in consultative status with the Council, which wished to be heard under agenda item 14 (c). He took it that the Council agreed to hear statements by the two additional non-governmental organizations to which he had referred.

5. *It was so decided.*

The contribution of human resources development, including in the areas of health and education, to the process of development (*continued*) (E/2002/13, 46, 50 (chap. I) and 73; E/2002/L.9; E/2002/CRP.2)

6. **Mr. Desai** (Under-Secretary-General for Economic and Social Affairs), introducing the report of the Secretary-General on the contribution of human resources development, including in the areas of health and education, to the process of development (E/2002/46), said that the term "human resources development" was rather unfortunate, since it implied that people were resources to be used for development, in the same way as land or capital goods, whereas the main objective of development was to improve the lot of human beings, and the international community's interest in human resources development was rooted in ethical, rather than monetary, concerns. The concept of development in the service of human beings had been the underlying theme of all the major United Nations conferences of the 1990s, including the United Nations Conference on Environment and Development (Rio de Janeiro, 1992), the International Conference on Population and Development (Cairo, 1994), the World Summit for Social Development (Copenhagen, 1995) and the World Conference on Women (Beijing, 1995), and was reflected in the human-centred development goals of the Millennium Declaration.

7. Human resources development had long been a part of development policy and planning. There already existed a well-defined set of human resources development goals, and there had been significant progress towards achieving them. The Council must therefore consider what its contribution to the process would be. In his view, it could add value in four areas. First, it should seek to generate a sense of urgency so as to ensure that the Millennium development goals in respect of poverty reduction, health and education were realized by the target dates set; that would not happen unless the current rate of progress was accelerated. Second, it should promote the integration of sectoral

planning processes in the three areas just cited, particularly at the country level: poverty reduction had become the focus of increased attention following the Millennium Summit, and it was important to ensure that the new poverty reduction initiatives were integrated with existing development activities. Third, with regard to health and education, the Council should emphasize cross-sectoral linkages, for improvements in one sector were dependent on advances in the other. Lastly, it should see to it that adequate resources were provided for the realization of development goals. Substantial resources had been committed at the International Conference on Financing for Development, but there was a need to ensure that the issue remained on the international agenda.

8. **Dr. Piot** (Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS)), addressing the Council immediately prior to the launching of the *Report on the global HIV/AIDS epidemic*, said that few issues were as relevant to human resources development as HIV/AIDS. The publication of the biennial report, the third of its kind, was occurring one week before the convening in Barcelona, Spain, of the fourteenth International AIDS Conference and one year after the special session of the General Assembly on HIV/AIDS, which had marked a turning point in the international response to the epidemic.

9. The HIV/AIDS epidemic was continuing to spread. Even in the world's most affected region, southern Africa, the number of persons infected with HIV was increasing, and the natural saturation point had yet to be reached. That was also the case in the Caribbean, now the world's second most affected region. The international community was thus only at the beginning of what would surely prove to be the largest epidemic in human history. The level at which HIV would be stopped would depend, in the first place, on the response of society.

10. The report illustrated the devastating impact of HIV/AIDS in the 45 most affected countries, those in which more than 1 per cent of the population was infected. It was estimated that more than 68 million people would die from the disease in those countries over the next 20 years if prevention and treatment remained at their current levels. The report also demonstrated how AIDS was driving households into poverty and exacerbating the current famine in Africa.

11. For the first time, the report contained figures on the number of HIV-infected persons receiving treatment with anti-retroviral drugs. It showed that, of the 730,000 persons receiving such treatment, around 500,000 lived in the highest-income countries, in which there had been some 25,000 AIDS-related deaths over the past year. In Africa, where there had been about 2.2 million deaths from AIDS in the same period, only 30,000 persons were receiving life-saving drugs out of a total population of approximately 28.5 million HIV-infected persons.

12. He was pleased to note, however, that Governments in all countries had stepped up their response to the HIV/AIDS epidemic. One objective indicator of that new commitment was the sixfold increase in resources devoted to AIDS programmes in low- and middle-income countries since 1999. There was also evidence that the strategies used to contain HIV/AIDS were starting to work: more countries, including some of the very poorest, were seeing reductions in the number of persons becoming infected with HIV compared with five or 10 years ago. There had been less progress, however, in keeping those infected with HIV alive and in good health.

13. A major problem was the lack of resources for HIV education. Since the majority of countries, including some of the world's most populous nations, remained relatively unaffected by HIV/AIDS, it ought to be possible to keep rates of infection low, yet few of those countries had prevention programmes that reached the entire population. Low- and middle-income countries required around \$10 billion per year in order to conduct effective prevention activities, treat those infected with HIV and care for children orphaned by the disease. Expenditure in those areas currently stood at only \$3 billion per year and would have to increase by 50 per cent annually in order to reach the targets set by the General Assembly in the Declaration of Commitment on HIV/AIDS. The Global Fund to Fight AIDS, Tuberculosis and Malaria would have an important role to play in that regard. There was also a need to invest more in human resources, for it would be a mistake to focus solely on so-called cost-effective interventions without also strengthening the capacity of people, institutions and systems to deal with the epidemic.

14. It would be vital to bring HIV/AIDS under control if the Millennium development goals were to be achieved. The Declaration of Commitment provided a

road map for efforts in that direction. He stressed that HIV/AIDS was not only a medical, but also a social problem. Thus, if the various targets set by the General Assembly were to be met, efforts to combat HIV/AIDS would have to become part of the core business of every sector of society. It was also vital that the Council should continue to address the issue.

15. **Ms. Antunović** (Croatia) said that the theme for the high-level segment was particularly relevant, for only by fully integrating health and education policies in poverty eradication strategies, as well as increasing investment in human capital and improving cooperation among States, would the international community achieve the goals and objectives set at the Millennium Summit. She also wished to stress the need for gender mainstreaming in all human resources development policies and programmes. Gender-based differences should be addressed explicitly at the institutional level so as to ensure that all women and girls had full and equal access to health care and education. It was important to begin by investing in children, since any delay would deprive future generations of fundamental opportunities for development. Her delegation strongly supported the efforts of the Council towards the achievement of development goals and welcomed its close cooperation with the General Assembly, the Security Council, the Bretton Woods institutions and civil society.

16. The education system in Croatia faced numerous challenges. Her Government was working with all the major actors, including students and their families, teachers, civil society, the private sector and the media, to introduce reform. Through decentralization, local authorities were becoming more involved in decision-making; that would ensure that the demands of different groups were met. Education was now perceived in Croatia as a lifelong process. Consequently, learning was taking place not only in schools, but also in other environments, and teaching was being complemented by multimedia information sources. Three key factors had influenced the reform of the education system: the development of information and communication technologies, rapid scientific and technological innovation, and the process of globalization. The building of a system of high-quality education for all was vital for the development of every country. Such a system should seek to provide, for every individual, opportunities to develop their

potential to participate responsibly and actively in society.

17. There was increasing recognition among social and economic policy makers in Croatia of the interdependence of human health and education. Her Government's policy on health was oriented towards achieving four main goals: the consolidation of the existing health-care system, the removal of health risks, the promotion of a healthy lifestyle, and the improvement of the quality and accessibility of health-care services.

18. Croatia was a country with an economy in transition. As such, one of the most challenging tasks it faced was mobilizing sufficient resources to meet the education and health-care needs of its growing population. Given the contribution of education and health to the process of national economic development, expenditure in those areas constituted a fundamental intangible investment of any country. The constant upgrading of its human resources was a national priority for Croatia, and her Government was ready to contribute to efforts at the international level to include health, education and human resources development in overall development strategies.

19. **Mr. Staur** (Observer for Denmark), speaking on behalf of the European Union, the associated countries Bulgaria, Cyprus, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia, Slovenia and Turkey and, in addition, Liechtenstein, stressed the need to integrate reproductive health care and services, population and gender issues in national and sectoral policies and plans, and to strengthen the health sector, which was vital in the fight against HIV/AIDS. Greater efforts must be made to improve national health systems in developing countries, particularly in the area of reproductive health. In May, the development ministers of the States members of the European Union had reaffirmed the importance of improving reproductive health for development. They had stressed the crucial role of reproductive health services and education in poverty eradication, and, thus, in achieving the goals and targets set by international conferences and summits, including the Millennium development goals. Reproductive health services formed the basis for fighting HIV/AIDS, lowering maternal and child mortality and promoting gender equity and the basic right of couples and individuals to decide freely the number and spacing of their children. The ministers

had opposed any weakening of the consensus reached at the International Conference on Population and Development and its five-year review, and had emphasized the need for continued and increased support for the Conference's Programme of Action and the United Nations Population Fund (UNFPA) as its lead implementing agency.

20. Stressing the importance of financing for interventions against AIDS, he said that the European Union Action Plan on Aid for Poverty Diseases in Developing Countries offered a comprehensive package of interventions against the three major communicable diseases: HIV/AIDS, tuberculosis and malaria. The European Union was also committed to supporting the Global Fund to Fight AIDS, Tuberculosis and Malaria. It noted with concern the increased burden which non-communicable diseases represented and recognized the need to address mental health problems.

21. The European Union fully agreed with the Secretary-General that education was one of the most powerful tools for reducing poverty and spurring economic growth and sustainable development. It viewed education as a means of empowerment and of changing behaviour and overcoming cultural traditions. It remained strongly committed to the Millennium development goal related to education, and to helping developing countries to achieve the goals set out in the Dakar Framework for Action. In that context, it welcomed recent Education for All initiatives by the World Bank, UNESCO and UNICEF. The European Union recognized both the current imbalance with respect to girls' education and the critical influence that educated women could have on family health, family size and girls' school enrolment and attendance. The issues of education and health were closely interrelated, as exemplified by the "education vaccine" against HIV/AIDS. In that connection, schools must adapt to the needs of AIDS-infected children and AIDS orphans, changing their curriculums if necessary.

22. The concept of capacity development was broader than that of human resources development. United Nations agencies would have to cooperate with a view to improving local capacity to attain internationally agreed development goals, including the Millennium development goals, while ensuring that local capacities were not replaced by foreign capacities but rather adapted to the demands of the modern globalized world. The European Union fully supported the search

for new and innovative solutions to reducing poverty, increasing productivity and furthering national development. Human resources development and national capacity-building were fundamental prerequisites to that end. Noting that globalization had transformed the relationship between donors and recipients and increased the involvement of recipients in capacity-building, he said that the European Union welcomed the upcoming World Summit on the Information Society, which would explore the application of new technology in the fields of health and education. Given the limited financial capacities of the United Nations agencies, the reform of operational activities of the United Nations must be pursued with a view to harmonizing activities at the country level. The European Union strongly supported any enhanced efforts by the funds and programmes to engage in joint programming, which would be a significant boon to sector-wide approaches. In tailoring solutions to specific countries, common-basket funding should be evaluated, where appropriate.

23. Convinced that international trade was an authentic engine for development, the European Union was firmly committed to playing a leading role in the negotiations outlined by the Doha Development Agenda, particularly with regard to market access for developing countries. The European Union was the main export market for developing countries and offered them generous trade preferences. Its "Everything but Arms" initiative provided tariff- and quota-free access to the European market for all goods (except arms and ammunition) from the least developed countries. The European Union would increase its assistance to strengthen long-term trade capacity, productive capacity and measures to alleviate supply-side constraints in developing countries. In accordance with the Doha Agenda, it would facilitate technical assistance to improve the negotiating capacity of developing countries with respect to trade, including in relation to the WTO Agreement on Trade-related Intellectual Property Rights.

24. As the world's largest donor of development aid, contributing approximately half of all global official development assistance, the European Union was committed to the new partnership for resource mobilization forged in Monterrey, to a substantive overall increase in official development assistance and to undertaking measures to enhance the effectiveness of its aid, including implementation of the

Development Assistance Committee (DAC) recommendation on untying aid to the least developed countries and harmonization of aid procedures in line with DAC best practices by 2004. Its political will, however, was closely linked to the implementation of commitments by all developing partners, including the national responsibility of recipients for economic and social development, good governance, democratic institutions, the rule of law and human rights. The European Union agreed with the Secretary-General on the need to increase both domestic social spending and international support in that sector, particularly in the areas of health and education.

25. The European Union viewed the forthcoming World Summit on Sustainable Development as a process building on the Doha Development Agenda and the Monterrey Consensus. It would do its utmost at the Summit to ensure that the economic, social and environmental dimensions of sustainable development were addressed and that commitments between governments of rich and poor countries, and between governments and civil society and the private sector, were clearly set out.

26. **Mr. Frenk** (Mexico) said that middle-income countries and emerging economies faced a twin development challenge — dealing with the backwardness of impoverished groups and assuming the risks entailed by accelerated urbanization and industrialization. In response, his Government had formulated a new strategy characterized by synergies between the economic and social sectors; among the various social sectors, including health, education and nutrition; and between the Government and civil society with a view to replacing the traditional assistance approach by one of shared responsibility. The new Mexican strategy focused on capacity-building through education, health and nutrition. An innovative programme at the community level called “Opportunities” offered scholarships to families in extreme poverty, particularly to girls; a food supplement, which was producing a significant increase in children’s height and weight; and an essential health interventions package. It also carried out a number of productive income-generating projects targeting women in particular. Another innovative programme was the extension of social security to informal or self-employed workers and their families. The insurance improved their access to health services and strengthened their financial security by protecting

them from the impoverishing effects of illness. Underlying all those efforts was his Government’s conviction that development must be people-centred.

27. His delegation shared the Secretary-General’s vision and applauded the Council for its role in implementing it in practice. It also supported the important conclusions of the report of the Commission on Macroeconomics and Health of the World Health Organization.

28. **Mr. Minoves-Triquell** (Andorra), noting the synergy between health and education, the two principal parameters of human capital, said that the interaction was particularly evident in Africa, where numerous educators had been affected by the HIV/AIDS pandemic and, conversely, the education of girls had the effect of reducing infant malnutrition and mortality and, ultimately, of raising household income. National health and education policies must be bolstered by international cooperation, research and development financing from the international community, as stressed at the Monterrey Conference. In the area of health, his delegation welcomed the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria, to which Andorra contributed, and called for redoubled efforts to reduce infant mortality, which remained at a disturbingly high level. In the area of education, it welcomed the creation by the Group of Eight of a working group to study measures for implementing the objectives of the Dakar Framework for Action and hoped that the objectives of the special session on children, particularly with regard to girls’ education, would be implemented. In that connection, his Government was considering practical and effective ways of contributing to specific programmes for girls’ education in developing countries.

29. Armed conflict hampered human resources development and its contribution to the development process, rendering health and education investments unproductive. Andorra, born of centuries of peace and democracy, had always promoted a culture of peace, which began with educating children about peace and human rights and, above all, keeping them in school and away from armed conflict. Equally important was the strengthening of international institutions for peace and human rights, such as the International Criminal Court, for which Andorra had contributed to the drafting of the preamble of the Statute.

30. In conclusion, he said that the Ministry of Foreign Affairs had just established a new department of development cooperation with a view to better coordinating and progressively increasing its contributions in that area.

31. **Mr. Nduom** (Ghana) said that, while blueprints existed at every level to address development challenges, the political will and financial resources required to implement agreed commitments had been lacking thus far. Despite its domestic resource constraints, Ghana would continue to mobilize all available resources and allocate significant portions of its national budget to key social sectors of health and education. The Ghana poverty reduction strategy accorded high priority to health, education and the infrastructure required for growth. His Government was also deeply committed to fulfilling its responsibilities with respect to the rule of law, good governance and poverty reduction.

32. The international community must create an enabling global environment, based on the agreed commitments deriving from the recent Ministerial Conference of the World Trade Organization, held in Doha, Qatar, and the International Conference on Financing for Development. It must provide not only quick and massive external financing and technical support but also medium- and long-term support to developing countries, including better market access and relief from unsustainable external debts. In that connection, his delegation was distressed by rising levels of farm subsidies in Europe and North America, even as developing countries were being encouraged to adopt liberal market reforms. Such subsidies impeded market access, caused dumping in the markets of developing countries and adversely affected their access to the external market and their capacity for human resources development.

33. Ghana welcomed the action plan recently adopted in Canada by the Group of Eight industrialized countries with regard to the New Partnership for Africa's Development. His Government was committed to fulfilling the objectives of the New Partnership. It looked forward to further implementation of the commitments undertaken by the World Education Forum, and to the adoption of the ministerial declaration by the current high-level segment.

34. **Mr. Ovando Cárdenas** (Guatemala) said that his delegation would support the statement to be made by

the representative of Venezuela on behalf of the Group of 77 and China. As a multicultural, multi-ethnic and multilingual society, Guatemala faced even greater challenges than most countries in the areas of health and education. Its commitment to the health sector was embodied in its Health Code and its National Health Plan 2000-2004. One of its main programmes had helped to expand basic health coverage of the population by 25 per cent since 1999 and provided training to local community members. Its reproductive health programme offered health care to both sexes at every phase of life, with a view to reducing maternal mortality and improving the quality and scope of health care in the communities. The national immunization programme had introduced a mumps, measles and rubella vaccine and, in May 2002, had launched a campaign to eradicate measles and ensure follow-up with the anti-polio and measles and rubella vaccine. Guatemala had been one of the first countries to use the measles and rubella vaccine in a follow-up campaign. A programme to promote the accessibility of medicines provided free or low-cost medicines to the poorest sectors of the population through 1,200 social dispensaries, as well as smaller-scale rural and community outlets. The programme covered 6 million persons and maintained the highest pharmaceutical standards of quality. Nutrition programmes were promoting the use of vitamin-A-enriched sugar and vitamin-B-complex-enriched flour. With a view to completely eliminating congenital hypothyroidism, assistance was being provided to small-scale salt producers in order to ensure that their products were iodized. A programme for early detection of the disease had also been established.

35. Under the Health Code, the Ministry of Health was responsible for evaluating and supervising actions aimed at controlling sexually transmitted diseases and HIV/AIDS, which had been declared a social emergency. A general law protected the human rights of persons living with HIV/AIDS and required sex education to be included in school curriculums, beginning in the fifth grade. In that connection, the Ministry of Health, together with civil society, international bodies, and the Joint and Co-sponsored United Nations Programme on AIDS (UNAIDS), was carrying out a national strategic plan for 1999-2003. His delegation called on the international community to provide stable and predictable contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

36. The centrepiece of educational reform in Guatemala was the revitalization of public education at the various levels, from primary school to university. The Ministry of Education would also continue the school breakfast programme. Social reform in Guatemala would focus on decentralization and participation by communities, families and teachers, and on the need to emphasize intercultural contacts and expand bilingual education. The education budget would be substantially increased to that end and the process would be carried out with input from teachers. In conclusion, he stressed the importance of the integration of women in every aspect of human resources development and expressed Guatemala's support for the text of the draft ministerial declaration.

37. **Mr. Zarif** (Islamic Republic of Iran) said that the serious situation faced by hundreds of millions in large parts of the world called for realistic, pragmatic and comprehensive policies. With the development of human resources at the forefront of the agenda of the United Nations, attention needed to be focused on transfers of knowledge and technology, to enable developing countries to improve their own capabilities. As the International Conference on Financing for Development had concluded, there was a risk that the resources available would fall short of needs, yet if the Millennium development goals were to be even partially achieved, governments would need to meet their funding commitments. In Iran, the Government was retaining a strong focus on promoting education and health-care improvements, particularly in rural areas. That had resulted in a very positive assessment of economic and social reforms from the World Bank: infant mortality had fallen, poverty had been reduced, and girls were receiving basic education as a right. Those successes were testament to the policy of national ownership of development, with the Government bearing the primary responsibility for designing and implementing policy.

38. Human beings were the focus of development. If human resources were to be improved, they needed a positive international environment and sound macro-economic policies. Unfortunately, the international community had tended to divide the world unnecessarily into rival camps, favouring exclusion over inclusion, and thus harming free trade and integration into the world economy. Huge increases in military spending were also harming the economies of developing countries, diverting money that could be

used for the development of human resources, and threatening to set off a new arms race. Iran was seeking to promote a "dialogue among civilizations" and a "coalition for peace" for the sake of less rivalry, better global governance and promoting the common objectives of welfare and prosperity.

39. **Mr. Imamura** (Japan) said that development of human resources was at the core of nation-building. That was all the more the case for countries which, like Japan, lacked natural resources and needed to find other ways of generating economic growth. Individual countries' ownership of development could only produce progress if accompanied by the human resources necessary to receive, digest and develop capital and technology.

40. Belief in the central role of education and health in modernization and development dated back many years in Japan. Primary education had been made compulsory early on in the drive to develop the country, and universal provision of school meals immediately after the Second World War had helped to cope with food shortages and to improve standards of nutrition. In the years before the Second World War, preventive medicine had been promoted by ensuring that there were public-health nurses in every town and village. Japan believed that it was thanks to the progress made in health and education standards that the population had been able to drive the country's strong economic growth in the post-war period.

41. His Government's belief in health and education extended to its aid activities abroad. At the Group of Eight summit in Kyushu in July 2000, Japan had pledged \$3 billion of assistance to fight HIV/AIDS. That had been followed by a pledge of \$200 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Between 1997 and 2001, Japan had provided the funding for approximately 1.1 million children in developing countries to receive basic education. It was funding over 40 per cent of the cost of the United Nations Children's Fund "Back-to-school" campaign in Afghanistan. Beginning in 2002, Japan's Basic Education for Growth Initiative would provide \$2 billion over five years for developing countries.

42. His delegation strongly supported the work of the Council high-level segment, which highlighted the issue of human-resources development, focusing on health and education, as a means to cope with economic and social challenges across the board.

Although Japan's ongoing efforts to revitalize its economy through structural reform would have inevitable consequences for official development assistance, because the Government had to remain accountable to the taxpayers, it was determined to continue its involvement in the Council's work.

43. **Mr. Mantica** (Italy) said that the timing of the Council's high-level segment was important, coming as it did after the Monterrey Consensus and the unsuccessful Bali Preparatory Conference, and in the lead-up to the Johannesburg World Summit on Sustainable Development. It provided an opportunity to determine what the Council could do to combat poverty, taking the Millennium development goals as a benchmark.

44. His Government saw health and education, and, in addition, fighting hunger, as prerequisites for development. Malnutrition, illness and illiteracy were the cause, and not just a symptom, of the poverty which afflicted billions of people, and they needed to be addressed in a unified manner. Four factors affected the commitment of Europe and the United States to increasing official development assistance: first, the structural reform which the industrialized countries were pursuing with a view to achieving greater rates of economic growth; second, timely implementation of the undertakings of the Doha ministerial conference of the World Trade Organization to open up trade, including trade in agricultural products; third, accelerated, and if possible extended, debt relief; and, fourth, a climate of good governance that would encourage investment in developing countries. All those considerations were reflected in the Compact for Development agreed at Monterrey.

45. Implementing the Compact for Development would rely on investment of the resources released by debt relief in health and education, within the framework of the poverty reduction strategy papers (PRSPs). Aid for developing countries would also have to be stepped up, and the proportion of that aid devoted to developing human resources increased. Public-private partnerships were an important catalyst in mobilizing resources for human resources development from the members of the Organisation for Economic Cooperation and Development. A significant example was the Global Fund to Fight AIDS, Tuberculosis and Malaria. Efforts focusing on prevention and treatment needed to be supplemented by research, a field in

which Italy was heavily involved, both bilaterally and multilaterally.

46. Investment in education was investment in development and peace. Access to primary education for all children by 2015, including equal access for girls, was an important goal which was not on track. It was also necessary to focus on the most vulnerable, such as children affected by AIDS, child workers, children in rural areas, handicapped children and children caught up in conflict. The members of the Group of Eight had agreed at their summit in Kananaskis to give added support to the Education for All initiative, including its fast-track component. Developing countries themselves were being called upon to spend 10 per cent of their budgets on education. Commitment and coordination from the donors was essential, as was budgetary support, and contributions to the cost of training and paying teachers. His Government also strongly supported the establishment of North-South networks of educational establishments, along the lines of the public-private partnerships used to promote health-care improvements.

47. Information and communication technologies had an important role to play in achieving the Millennium development goals in health and education. His Government was committed to improving developing countries' access to those technologies, in order to bridge the digital divide.

48. Three quarters of those living in absolute poverty were in rural areas, and rural development and agricultural productivity, as a means to achieve food security, deserved close attention. The principle of local democracy, and the role that could be played by local authorities, also meant that good governance should be widened to include those authorities.

49. Developing human resources was an investment in peace and conflict prevention. Freedom from hunger and illness, education in the interest of knowledge and know-how, and the right to form an identity and acknowledge the identity of others were matters of primary principle in development. Achieving those aims represented an opportunity to save the human and financial costs of internal and external conflict, and the costs of reconciliation and rebuilding. That was the message of the New Partnership for Africa's Development (NEPAD) and the Group of Eight Africa Action Plan. Italy wished that message to be echoed in

the Council, as it sought to shape a new kind of cooperation within the United Nations system and with the Bretton Woods institutions.

50. **Mr. Fedotov** (Russian Federation) said that the choice of human resources development as the focus for the Council high-level segment showed that the Council was able to react to rapid change in the field of development. Economic development could not be achieved without educated and healthy individuals, nor could countries hope to profit from globalization and overcome its disadvantages without such individuals. The international consensus regarding that conclusion had been reflected in recent fundamental United Nations documents such as the Millennium Declaration, the Monterrey Consensus and the Final Outcome Document of the United Nations General Assembly special session on children. Effective action needed to be taken at international, regional and national levels, an aim which had to be pursued by integrating policies on health and education as part of an overall strategy to combat poverty.

51. The radical change, and resulting difficulties, which Russia had faced in recent years had not resulted in its education system losing its scientific and organizational potential. It had been able to refocus its efforts on exploiting information technology. Russia's "education for all" plan of action was focused on developing basic education and modernizing the entire education system. With presidential backing, it was seeking to instil in the upcoming generation a spirit of peace, tolerance and resistance to extremism and violence. New and up-to-date arrangements were being made for pupils with special needs. The legal foundations of an improved education system were also being laid.

52. International cooperation for lifelong learning was vital: distance learning could improve vocational training and increase physical mobility and portability of qualifications to take advantage of globalization. In that connection, greater efforts were needed to narrow the digital divide by increasing international assistance for developing countries and countries with economies in transition. Such efforts needed to retain close links with the efforts of the United Nations to implement the Millennium development goals.

53. An education issue which affected the lives of millions and deserved a place in international education efforts was the preservation and promotion

of Russian, as a medium of communication and education, outside the borders of Russia. That had become an increasingly pressing problem since the fall of the USSR.

54. Suitable health care was vital if the Millennium development goals and other United Nations development goals were to be achieved. As in the case of education, efforts had to be comprehensive and span every level, from international to local. Priorities included wide availability of basic medicines, primary health care for the most vulnerable in society, combating the major infectious diseases, including HIV/AIDS, tuberculosis, malaria and polio, and supporting the Global Fund, in which Russia was a committed participant. Health problems needed to be viewed in connection with major issues of economic and social development, refining legislation and effective environmental policy.

55. His delegation agreed with the Secretary-General's conclusion that the United Nations should acquire a higher profile in developing human resources, particularly in connection with education and health care, as a reflection of the Millennium development goals. Improvements in human resources were a catalyst for growth. The development and implementation of international health and education strategies required a comprehensive, cross-sectoral approach, in which social issues, economic development and legislation were considered together.

56. **Mr. Moreno** (Cuba) said that it was impossible to conceive of human development without education and training, and that the only limit on knowledge should be the individual's own commitment and capabilities. United Nations conferences and summits had proposed steps to achieve that goal, but translation of those steps into action was falling far short of expectation.

57. The goals of free and compulsory education for all children, and a 50 per cent increase in adult literacy by 2015, had been set at the World Education Forum in Dakar and the World Summit for Social Development in Copenhagen, yet in Latin America alone, 20 million children were not in school because they were too poor. Talk of improving human resources seemed pointless when 826 million were starving, 325 million children had no schooling, and 825 million adults were illiterate. In addition, 2 billion had no access to low-cost basic medicines, 2.4 million had no basic sanitation and 11 million children under five died of

avoidable causes every year. One billion people were without piped drinking water, a situation which could be rectified by spending \$10 billion a year until 2015. That sum was equivalent to what European consumers spent on ice cream every year, or to one fifth of what United States consumers spent on pet food every year.

58. The wealth gap between the developed and developing countries was growing. The current world economic order had condemned 75 per cent of the world's population to underdevelopment, with 1.2 billion living in destitution. The richest, who had 37 times the income of the poorest in 1960, had 74 times the income of the poorest in 2002. The situation was being worsened by globalization, a new kind of economic neocolonialism, which, while purporting to promote equality where there had been none, had in fact perpetuated and accentuated inequality between developed and developing countries.

59. Official development assistance from the industrialized world had been 0.34 per cent of gross domestic product in the 1980s, far short of the 0.7 per cent target, and yet by 2000 was only 0.22 per cent. Prospects for the future looked bleak if developed countries were not only unwilling to adhere to recent commitments but also questioning past commitments. There appeared to be no sign of the much-needed reform of the international financial system or of solutions to developing-country debt, unequal trade or the developing world's lack of access to the technology and know-how required to develop materially or in terms of human resources. The developing countries were faced with a vicious circle: without development, there would be no improvement in human resources, and with no improvement in human resources, the prospects for development would be more and more remote. However, it was not too late to muster the political will and solidarity needed for concerted action at the national and international levels to mobilize the financial, technical and human resources to achieve the goals that had been set.

60. Despite the difficulties caused by a forty-year unfair and genocidal embargo, the Government of Cuba had made great efforts to improve the physical and intellectual abilities of all the population, in keeping with the wishes of the Cuban Revolution, which had set itself the goal of eliminating illiteracy and guaranteeing all citizens universal and free education at all levels. School enrolment was 100 per cent in primary schools, and 99.7 per cent in secondary schools. The education

system catered for children, teenagers and adults, including those with mental or physical disabilities.

61. The right to good health was another area in which the Revolution had brought progress, with public health efforts focusing on those at highest risk, including women and children. The current infant mortality rate was 6.2 per 1,000 live births. The incidence of HIV/AIDS, a serious threat to humanity and security in so many parts of the world, had been kept at the lowest level in the Americas: 0.05 per cent. As a sign of its commitment to the future of developing countries, Cuba had extended medical help to all, irrespective of race, beliefs or ideology. A medical assistance programme had sent 2,539 health workers to 18 countries, serving over 8 million people. Cuba had also set up a Latin American School of Medical Science, which had enrolled 5,853 students from 26 countries.

62. Promoting development, equality and social justice was an urgent priority if hundreds of millions were to emerge from what was, in human terms, prehistory. Without education, men and women would be unable to develop the physical and mental capabilities that would allow them to control their own destinies. The international community could continue to rely on Cuba's support in that task.

63. **Mr. Damian** (Romania) said that Romania's strategy for human resources development, prepared with a view to membership in the European Union and the North Atlantic Treaty Organization correlated development trends with demographic and macroeconomic predictions. Good health was central to the overall development process; health and child protection were an important aspect of his Government's programme, which was based on the principle that health care should be a collective social commodity available to all citizens, regardless of their capacity to pay. The Health Insurance Law ensured a high level of coverage and 2.8 per cent to 3.9 per cent of GDP was devoted to health spending.

64. Loans from the World Bank and the Phare pre-accession assistance programme supported health reform; private practice had been reintroduced, most dentists and pharmacists worked in the private sector and family medicine had been introduced as a new specialty. The Ministry of Health and Family and the National Health Insurance House had developed a community public health programme that included

communicable diseases, immunization, food security, water and air quality and education for a healthy lifestyle. Its general objectives included development of infrastructure and human resources, harmonization of public health law with European Union directives and involvement of local communities in the development of public health programmes.

65. National strategies focused on hospital reforms, drug policies, the family, children and women. Efforts were being made to reduce neonatal, infant and maternal mortality and morbidity, promote modern contraceptive methods, reduce the number of abortions and control sexually transmitted diseases and HIV/AIDS. Working groups on information and communication technology involved all actors in the health-care system, while a national network under the Ministry of Health and Family provided Internet access. During a recent assessment of Romania's short-term technical assistance needs, the European Union had recognized medical professionals' commitment to high standards of care and enthusiasm for compliance with European standards, and it attached great importance to ensuring physicians' competence and to increasing the number of specialists.

66. The Government believed that education was the key factor in creating an integrated knowledge-based economy and promoting sustainable development. All relevant social partners discussed legislative initiatives relating to education in the Economic and Social Council of Romania, while the Government was responsible for ensuring free, compulsory education at the primary and secondary levels and for providing a number of university scholarships. Public spending on education had increased from 3.2 per cent of GDP in 2002, to 4.175 per cent in 2002. World Bank and European Union loans supported specific initiatives and programmes, and private sector participation was becoming an increasingly-used alternative in the development of the educational system.

67. More than 40 per cent of Romania's population lived in rural areas; rural education was being improved with support from the United Nations Children's Fund (UNICEF), the Japanese Government and the World Bank and the Government had recently introduced scholarships for university students who agreed to teach in rural areas after graduation. The Ministry of Education and Research was working to provide all Romanian schools with computers,

educational software, Internet access and teacher training.

68. In an effort to create a society whose tolerance, mutual respect and understanding would be recognized by the international community in a geographical area where ethnic problems were still of concern, the Government offered education at all levels in both Romanian and the languages of ethnic minorities and provided special programmes for the Roma population, street children and people who had special needs, were temporarily deprived of their freedom or lived in disadvantaged areas. "Second chance through education" programmes were available to the unemployed, and vocational training was being developed. University reform, supported by a World Bank loan, had led to curriculum reform and greater attention to priority areas such as economics and the social and environmental sciences. The first private universities had been accredited in 2001. Romania was playing an active role in its region by co-chairing the Education and Youth Task Force within the Stability Pact for South-Eastern Europe. A conference on new modern technologies and their impact on education and training in south-eastern Europe had been held in Romania in December 2000; its themes had included new technologies as a tool for ensuring lifelong learning policies at national level; counteracting the skills gap caused by discrepancies between existing qualifications and those required by new technologies; promoting social partnerships to implement new technologies in education and training; and coordination of actions and donor activities within the Stability Pact framework.

69. **Mr. Kjørven** (Observer for Norway) said that he welcomed the specific commitments made and result-oriented targets set by the Secretary of the Treasury of the United States of America on the previous day. For many years, Norway had allocated a substantial portion of its ODA to social sector development, and it strongly supported the 20/20 Initiative.

70. His Government had made education the first priority in its development efforts. If poverty reduction was the overarching Millennium development goal, education was the primary means to that end. The education of girls was particularly important. In 1992, the World Bank had found that girls' education was the development investment that yielded the highest economic return in the poorest countries, yet, over 120,000,000 children did not go to school and over

880,000,000 adults were illiterate with girls and women accounting for the majority of those numbers. It was unacceptable that 89 countries were expected to fall short of the Dakar Forum goal of universal primary education by 2015. Education must be factored into poverty reduction strategies and donors must provide stronger and better-coordinated support for capacity-building.

71. More effective use of the rights-based approach must be made. Every individual, including every single girl, had a right to an education and parents must be made aware of that right and instructed in ways of asserting it. While governments bore the primary responsibility for guaranteeing the right to education, the Dakar Framework for Action affirmed that no countries seriously committed to education for all would be thwarted by a lack of resources. His Government therefore supported the Education for All fast track initiative which the World Bank was developing in cooperation with UNESCO, UNICEF and bilateral donors and which involved concerted action to support low-income countries with demonstrated commitment to the goal of universal primary education.

72. Health and education were intimately linked and could lead to a vicious circle in countries where both were lacking. His Government endorsed international cooperation to combat diseases associated with poverty, including HIV/AIDS, tuberculosis and malaria. The fact that maternal health had not received the same attention as other health problems constituted gender discrimination. Women and girls must be given the highest priority in health policies and programmes. Most developing countries required a broad approach to health care rather than a focus on specific diseases; broken limbs, burns, asthma, diarrhoea, malaria, water-borne parasites, skin infections and pneumonia could be seriously debilitating and required a sustainable system of long-term service delivery. It must also be recognized that ill health could result from environmental degradation, malnutrition, political instability and lifestyle choices; those problems must be addressed at their roots through real political commitment by both North and South.

73. The World Summit on Sustainable Development, to be held in Johannesburg, was therefore crucial to the health sector, and he invited all donor countries to pledge that no country seriously committed to education and health for all would be thwarted in its

efforts to achieve its goals by lack of resources. He welcomed the progress made at the recent meeting of the Group of Eight, but more must be done if the Dakar commitments and the Millennium development goals were to be met. All developed countries must move closer to the ODA target of 0.7 per cent of GDP. For its part, Norway would increase its ODA to 1 per cent of GDP by 2005; it currently allocated more than 10 per cent of ODA to health spending and had decided to increase the proportion devoted to education from 8 per cent to 15 per cent by 2005.

74. **Ms. Obaid** (Executive Director of the United Nations Population Fund (UNFPA)) said that no nation could remain strong and prosperous unless its citizens were healthy and educated and that investment in girls and women paid off the most. Many people, particularly women, remained trapped in poverty because they lacked resources, opportunities and basic services. Poor maternal health was a leading cause of death and disability among women of childbearing age in the developing world; almost half of all births in such countries took place without a doctor, nurse or mid-wife present and one woman per minute died for lack of care and treatment, most of them in Africa and Asia. That loss took an enormous toll on families and societies and constituted a massive violation of the most basic right to life.

75. The Fund could not fulfil its mission to provide girls with education and encouragement and women with the power to make life choices without the political and financial support of Member States. The health of women and children was placed at high risk when women became pregnant too soon, too late or too frequently. The ability of couples to plan the number, spacing and timing of births was a fundamental human right. Yet many women, particularly young women in the poorest countries, had no access to family planning services. Less than half the demand for family planning was being met in sub-Saharan Africa, and the demand for such services was expected to increase by 40 per cent during the next 15 years; over half the population of developing countries was under age 25 and the population of developing countries was expected to increase by a billion people within the time frame of the Millennium development goals.

76. Half of all new HIV infections occurred in young people but, just as they were the most vulnerable, they were also the best hope of halting the epidemic. Large-scale, targeted prevention efforts had proved successful

in many countries, including Uganda, Thailand and Senegal. Education on sexual health and services to prevent and treat sexually-transmitted infections were crucial in stopping the spread of AIDS. Moreover, girls who could protect themselves from unwanted pregnancy and early marriage were better able to remain in school.

77. She hoped that the Johannesburg summit would issue a statement of support for the links between education, health, gender equality, population and sustainable development, which had been stressed at the International Conference on Population and Development and in Agenda 21. When women and couples had access to schooling and family planning, they chose to have smaller families and to invest more in each child, and developing countries that had enabled women to make their own fertility choices had registered faster economic growth than those that had not. Improved education and access to health services could bridge the gender gap and the poverty gap that threatened to destabilize societies; scientific and technical education could bridge the still-growing digital divide; and universal education and health care, including in the area of reproductive health services, could narrow the differences between the wealthy nations with stable or shrinking populations and the poorest nations with rapidly growing populations. That was exactly what the Cairo Programme of Action was about; all the countries in which UNFPA carried out programmes had been implementing that Programme of Action through a nationally-owned, culturally-sensitive approach. Decreasing contributions to the Fund harmed the very people that the Council had been discussing for the past two days. She therefore thanked the European Union for its support, as reiterated in the statement by the representative of Denmark.

78. **Mr. Richelle** (European Commission) said that human resources development in the areas of health and education could be characterized as strong on policy but weak on implementation. Donors had achieved a shared vision of development principles and targets, as embodied in the Millennium development goals, and had agreed on the value of poverty reduction strategies, national ownership and common and complementary health and education policies. Yet, despite all efforts, those shared policies and principles had not been translated into results.

79. The main problem was the inadequacy of the governance structure at the global, regional and

national levels. Capacity-building and human resources development were particularly important in the areas of health and education. There was ample proof that poverty reduction and development were interdependent. Equal access to primary education could improve women's and children's health and combat HIV/AIDS, and access to basic health services and the fight against communicable diseases were prerequisites for a sustainable education and training system. Programmes should be designed and delivered in close cooperation with partner countries, the private sector and the representatives of civil society. Health and education policy must be based on a thorough understanding of the gender issue, and progress should be assessed through gender-disaggregated statistics and indicators, focusing on outcomes based on country ownership and dialogue.

80. First, human resources should be strengthened in developing countries through sector-wide approaches to policy formulation and implementation. Existing decentralization processes should be supported through capacity-building in order to bring decision-making closer to the stakeholders, an approach which had been shown to improve outcomes. The participation of civil society should be encouraged through capacity-building and training, with the help of donors, in order to enrich national debates on health and education choices and to improve governance. Procedures should be harmonized and standard procedures linked to those of recipient countries in order to increase the effectiveness of aid delivery, using common indicators consistent with the objectives and targets of the poverty reduction strategies, and partner countries must improve data collection and indicators on a reliable basis.

81. While the emphasis should be on action at the national and local levels, some issues must be addressed at the regional and global levels as well; examples included efforts to combat communicable diseases and strengthen regional educational centres capable of attracting nationals, thereby minimizing the "brain drain". At the global level, the European Community contributed to human resource development and capacity-building in health through substantial support for the Global Health Fund and in education it supported the World Bank fast-track initiative aimed at making the Dakar Declaration on Education for All a reality. Member countries of the European Union had committed themselves to a

common policy framework for increased assistance in the health and education sectors. However, more resources were needed in order to bridge financial gaps in countries where those sectors were often underfunded. The European Community had made sure that its regulations made possible the financing of the costs, including the recurrent costs, of capacity-building.

82. **Mr. Boehnke** (Common Fund for Commodities) said that the Common Fund for Commodities was an intergovernmental financial institution established within the framework of the United Nations with a mandate to support sustainable commodity development. It financed projects in the areas of research and development, productivity, new products and marketing, horizontal and vertical diversification, assistance in the transition to liberalized markets and mitigation of price risks. Its projects also addressed the issue of human resources and human and institutional capacity-building, thereby helping to lay the economic foundations for measures designed to improve education, health and sanitation in developing countries. Those areas were interrelated: they could not be financed without a strong economic base, yet economic growth could not thrive without an educated, well-trained and healthy workforce. Projects financed by the Fund therefore addressed the triangle of economic viability, social responsibility and environmental sustainability, and the Fund was eager to work closely with its national and multinational partners in matching aspirations with actions and translating declarations into concrete results.

The meeting rose at 1.15 p.m.