



General Assembly
Economic and Social Council

Distr.
GENERAL

A/39/171
E/1984/54
24 April 1984

ORIGINAL: ENGLISH

GENERAL ASSEMBLY
Thirty-ninth session
Item 80 (a) of the preliminary list*
DEVELOPMENT AND INTERNATIONAL ECONOMIC
CO-OPERATION: INTERNATIONAL DEVELOPMENT
STRATEGY FOR THE THIRD UNITED NATIONS
DEVELOPMENT DECADE

ECONOMIC AND SOCIAL COUNCIL
Second regular session of 1984
Item 5 of the provisional agenda**
REVIEW AND APPRAISAL OF THE
IMPLEMENTATION OF THE
INTERNATIONAL DEVELOPMENT
STRATEGY FOR THE THIRD UNITED
NATIONS DEVELOPMENT DECADE

Social aspects of development

Report of the Secretary-General

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* A/39/50.

** See Economic and Social Council decision 1984/101.

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I. INTRODUCTION

1. The present report was requested by the Economic and Social Council in its decision 1983/123 of 26 May 1983. The Council decided that:

"The Department of International Economic and Social Affairs, including the Office for Development Research and Policy Analysis and the Centre for Social Development and Humanitarian Affairs, should prepare a report on the progress achieved since 1981 in the area of social development, for submission to the General Assembly at its thirty-ninth session, for its review, through the Committee on the Review and Appraisal of the Implementation of the International Development Strategy for the Third United Nations Development Decade, established by the Assembly in resolution 37/202, and the Economic and Social Council in 1984".

It complements the comprehensive report of the Secretary-General on the review and appraisal of the implementation of the International Development Strategy for the Third United Nations Development Decade (A/39/115-E/1984/49) which provided a condensed review of issues and sectors relating to social development. In addition to the present report, more detailed information is being made available to the Committee on Review and Appraisal by agencies and organizations of the United Nations system with specific responsibility in the relevant areas. Also, forthcoming world conferences, notably on population 1/ and on the situation of women, 2/ will provide opportunities for a comprehensive review of the implementation of plans and programmes of action that have been endorsed in the International Development Strategy (see General Assembly resolution 35/56 of 5 December 1980, annex).

2. The scope and structure of the present report have been determined by the social goals and objectives set forth in the International Development Strategy. These include the reduction and elimination of poverty and a fair distribution of the benefits of development, the eradication of hunger and malnutrition, full and productive employment, longer life expectancy, and health, education, literacy and shelter for all. The Strategy also calls for the full and effective participation by the entire population in development, including equal status for women in both principle and practice and the integration into society of vulnerable population groups, especially children, youth and disabled persons.

3. The time-frame specified in the Strategy for achieving these objectives generally extends to the year 2000. As the period which has elapsed since the adoption of the Strategy is in this context very short, only a broad assessment can be made of the extent to which social conditions appear to have changed in the right ways. The available evidence suggests a mixed picture. In some parts of the developing world, notably in Asia, large groups improved their standards of living. Elsewhere, particularly in Africa, poverty increased dramatically: not only material deprivation, but also insecurity worsened. In many countries of Latin America, both the poor and the middle-income social groups experienced a deterioration in their living conditions. Disparities in income and opportunities continued to be large and could not change significantly in such a short period. In some countries, however, only a small fraction of the population has preserved its level of living. As the labour force continued to expand rapidly and as

recession or reduced economic growth generally prevailed, the goal of full and remunerative employment appeared more and more out of reach. Thus, the first prerequisite for the effective participation of people in the development process could not be met. On the other hand, there were signs of a greater involvement of women, and of specific groups, in the process of social change. Many demands were voiced, sometimes by the poorest people themselves, for changes in social structures and social mores.

4. The policy measures outlined in the Strategy for achieving development goals and objectives are both international and national. One condition was creation by the international community of an environment supportive of national and collective efforts. As observed in the comprehensive report, such an environment was lacking in the first years of the Decade. Not only was the world economy unstable and in a state of recession, but international co-operation was strained, political tensions became more pronounced and conflicts persisted or erupted in various parts of the world. More efforts and resources were devoted to military purposes. The notion of solidarity at the world level and the conviction that development was a common cause appeared to falter. Some assessment is made in this report of the consequences for social development of this unfavourable situation.

5. The Strategy reaffirms that the primary responsibility for the development of developing countries rests upon those countries themselves and it provides broad orientations for the design of social policies. The effects of domestic policies initiated or implemented during the recent period, for instance in health and education, will generally not be felt until a later period. There was also great diversity in the social policies actually pursued. The present report gives some indications of the various directions which social policies took and of the difficulties encountered. Social policies were often hampered not only by lack of resources but also by socio-political conflicts and by organizational bottle-necks. At the same time, actions and programmes more beneficial to the people concerned while being less costly for the community were initiated in many countries. Such actions will remain crucial for a betterment of social conditions during the Decade, even in the context of an improved external environment.

II. POVERTY AND LEVELS OF LIVING

6. The reduction and elimination of poverty is a primary objective for the international community during the Decade, as it was during the last two decades. In spite of the conceptual and practical difficulties attached to a global assessment of the extent of poverty in the developing world, some indicators, notably the infant mortality rate and the availability of food products per capita, suggest that some progress took place during the 1960s and 1970s. Still in global terms, and considering poverty as material or physical deprivation, this progress has not been entirely stopped by the severe problems of the world economy at the beginning of the 1980s. The total number of people exposed to extreme poverty, hunger and starvation in the developing world as a whole may not have increased during this period. Total world supplies of the major food commodities and growth in food production continued to keep pace with the increase in population. Notably in Asia, a number of large and densely populated developing countries expanded

their production and consumption of food and other essential goods and services. Agriculture and food production in Asia has sustained the progress which had increasingly been recorded in the previous decade. Together with the now fairly widespread introduction of new technologies in agriculture, production appears to be more insulated from the worst disruptions due to climate.

7. In vast areas of the developing world, however, poverty has increased dramatically in recent years. In many developing countries, aggravated in some areas by drought, production of basic goods has declined. Overall, roughly one fifth of the total population of the developing regions lives in countries where there was an absolute decline in economic activity in the first three years of the Decade. About another one tenth lives in countries where per capita output either stagnated or declined. In Africa, food conditions deteriorated, with production and availability per capita lower than at the beginning of the 1970s, and the spectre of hunger and starvation ever more present. Forced to cut back on food imports by balance-of-payments pressure, a number of African countries lacked the means to provide for minimum food security. More than 20 sub-Saharan countries are currently facing acute food shortage. As a decline of the production and import of other essential goods was compounded by persistent problems deriving from an insufficient physical and organizational infrastructure, poverty became more dramatic in large parts of the African continent.

8. Poverty spread not only in Africa and in the least developed countries as a group, but also in developing regions which had experienced rapid growth, economic progress and social change during the last decade. The world recession has had the most direct and abrupt effect on the countries whose economies had been increasingly sustained by industrial expansion and strong export performance. Particularly in Latin America, the reversal from strong growth to depression has come extremely quickly, bringing rapidly spreading misery in economies which had become complex and more integrated both internally and internationally.

9. The above statements probably underestimate the immediate loss of income. The adverse changes in the terms of trade and high interest rates have reduced the share of output available for domestic consumption and investment; the diminished flow of external finance has simultaneously contributed to reducing domestic supplies of goods and services. Although a comprehensive estimate of these effects on real disposable income and consumption in developing countries is not possible at this point, the preliminary evidence suggests that they may be as large as recorded declines - sometimes of 5 per cent in 1983 - in gross domestic product per capita.

10. A decline in living standards in developing countries has to be seen primarily in terms of human suffering and the sacrifices involved. For many social groups, particularly for new urban strata, this decline has meant not simply less income and consumption, but elimination of their thin margin of economic security, rapid impoverishment, loss of social status and increasing disintegration of their established way of life. Developing countries generally also lack the elaborate "safety net", in the form of broad-scale systems of social security and welfare payments, which could soften the impact on living standards of a precipitous decline in the economy. The current social situation in a number of developing

countries recalls the social effects of the great depression of the 1930s in the then newly-industrialized countries of Europe and North America. Not only are the poor getting poorer but part of the middle class is falling back into poverty.

11. The decline in income has not only reduced current consumption, but has also led to a curtailment in expenditures on social infrastructure, such as educational and health facilities, which has a long-term repercussion in loss of future welfare and increased vulnerability to external shocks.

12. In about one half of developing countries austerity programmes are being implemented as part of their efforts to correct external and internal economic imbalances and to adjust to an unfavourable international environment. With their emphasis on demand restraint, those measures have the effect of depressing living standards for large sections of the society.

13. In many developing countries, the prospects for a renewal of economic growth over the next several years at rates comparable to those of the late 1970s, which would arrest the deterioration in living standards, are clouded in view of such problems as the trend towards protectionism in developed countries, the burden of external debt, and the likely levels of external assistance and financing. These problems will not disappear simply with the recovery of the major developed countries economies.

III. EMPLOYMENT

14. Besides the goal of full employment by the year 2000, the International Development Strategy calls for intensive efforts to increase opportunities for productive employment. In most developing countries the majority, or a sizeable minority, of people still make their living in traditional agriculture, petty trade and transport and low-productivity personal services. Small-scale self-employment, unpaid employment given to family members and paid employment within the informal urban sector provide another major source of income. In the early phases of growth, these latter types of employment have increased in relative importance, while at higher levels of development growth has normally reduced the relative importance of such jobs while also making it possible to earn a better living in them. In the past decade of relatively rapid growth, and with urbanization, industrialization and the spread of commercial agriculture and public services, paid employment in organized establishments spread rapidly throughout the developing regions. Such opportunities have shrunk as a result of the recession. At the same time, while economic fluctuations in the past were reflected in levels of income and extent of underemployment, they have recently come to be more directly felt in open unemployment. The recession has much enlarged such open unemployment as well as exacerbated the problem of underemployment.

15. In Africa, where only a limited proportion of total income is normally derived from employment in the modern sector, opportunities of gainful employment in both the modern sector and the rural economy have been shrinking rapidly. Critical shortages of skilled manpower continued to co-exist with low productivity and low levels of income from work in the rural areas and in the urban informal sector.

Open unemployment has also increased in this region. The public sector, which had over the years been a dynamic source of employment, is not likely to be able to play the same role in the immediate future. New opportunities for gainful employment will have to come for the foreseeable future from an invigorated agriculture and the urban informal sector. In the Latin American region, growth of demand for labour has fallen below the growth of the economically active population and there has been a very sharp rise in open unemployment in the urban sector. In some large Latin American countries, employment in the non-agricultural sector has been declining in absolute terms since 1980, after two decades of very rapid growth and job creation. Revival of employment will be closely linked to improved export opportunities, a greater supply of imported inputs needed in production, and investment confidence, all closely related to global recovery and satisfactory resolution of major debt problems. In South-East Asia, slower expansion in exports of manufactures slowed employment growth; there was even a decline of employment levels in certain countries.

16. In the largest Asian countries, while industry continues to generate new employment opportunities, the long-term effects on employment in agriculture of technological changes remained uncertain. Jobs in and out of agriculture have been gained by the introduction of the high-yielding varieties and the associated new techniques. Livelihoods have also been lost, the balance differing from area to area, and over the cycle from first introduction to full maturity. There has been a net gain in employment where the number of owner-cultivators substantially outnumbered tenants, squatters and other landless labour before the introduction of the new techniques. Where changes were newly introduced there has typically been some initial disruption, even in such favourable circumstances.

17. In those poor areas where the Green Revolution has not taken hold, conditions have been typically worse. Losses resulting from the subdivision of holdings, increasing incidence of landlessness and population pressure on labour markets were not here offset by gains in off-farm employment and income-earning opportunities, nor by substantial increases in overall food supplies and seasonal food security. A major task remains to extend the coverage of the Green Revolution techniques by expanding the areas under irrigation, by institutional reforms that will make the techniques accessible to farmers with very small plots, by technological development to reduce the need for expensive inputs without lowering the yield of grains, and by further research into raising yields of lesser staples, especially those grown under rain-fed conditions. These should have widely beneficial effects on incomes, jobs and food supplies.

18. For the developing world as a whole, and for the international community, steps towards the objective of full employment will represent a difficult challenge during the present decade and beyond. The labour force will continue to expand at an annual rate close to 2.5 per cent - as many as 35 million persons - until the recent decline of fertility lessens this pressure. In addition to its objective effects on employment, rapid economic growth combined with social mobility created in a number of developing countries a climate of hope and dynamism that lessened the social and political consequences of poverty, unemployment and underemployment. A prolonged economic stagnation would have the opposite effects.

IV. SOCIO-ECONOMIC DISPARITIES

19. Disparities in living conditions and opportunities remain endemic to societies at all levels of development: between men and women, urban and rural, generations, ethnic groups, occupations or income strata. The profound and rapid social transformation which countries have been undergoing has reduced some old disparities and forms of discrimination while increasing others and creating new ones.

20. The impact of the economic set-backs in the early part of the Decade, particularly through its effect on employment, real income and to a lesser extent the availability of services, has had an unequal effect on different groups. In middle income countries the poor have suffered; but those who in recent years had reached a moderate level of income and, lately, also upper middle-income groups, have been hit sometimes harder. The effect has been to give the impression of greater equality in income distribution, but in conditions of a generalized regress in living conditions. In lower-income countries where substantial and broad-based agricultural progress has been made despite global recession, as in parts of Asia, there has been a modest but genuine reduction in inequality in distribution. In much of Africa, stagnation or decline in agriculture has had the opposite effect: here increased poverty and greater inequality have gone hand in hand. Depressed export prices and reduced imports have deepened the misery. Sharp fluctuation in income distribution over short periods have occurred even while there has been a remarkable constancy over the medium term during the last two decades. The significance of such recent changes is thus difficult to assess. The evidence still suggests that substantial improvements are made only over the long-run, when demographic trends, economic productivity and structural characteristics, institutional evolution and finally government social policies reach a mutually supportive balance.

21. The idea of fairness in the distribution of the fruits of development, which is at the core of the social objectives of the Strategy, is now explicitly stated among the prominent national goals in national plans and policy declarations. Actual disparities, however, continue to be differently perceived, more or less tolerated. Rapid economic growth and the accompanying social changes have in places reduced tolerance of old disparities as may be seen in violent social protest and increased tensions. Conversely, in other places, recent economic set-backs have been met with resignation by weaker social elements, even in the face of perceived injustices.

22. In a very broad sense, disparities in living conditions reflect disparities in income and wealth; but not exactly. Differences in income lie behind the normally greater, and more immediately visible, disparities in housing conditions; and yet, in many countries, getting decent housing is now often a matter of luck, or geography, or social advantage only tenuously linked to income status, even of government policy. No exact coincidence exists between income and wealth, and effective access to services, such as education, health care or various amenities, which collectively have come to assume greater importance in people's assessment of their welfare. Political power does not always coincide with economic power or social status, particularly where change has been very rapid. People also belong

not to a single, cohesive interest group, but to several interest groups, simultaneously, some of which have wealth or income as the common factor, while in others it is ethnic origin or some other affinity which cuts across the income strata, and may include the richest and the poorest. With the multiplicity of loyalties and split economic interests, and lack of timely information on the distribution of income and incidence of government spending and taxation on different groups, perception of inequity often diverges from reality. Perception and the resulting pressures have been as important influences as reality in the shaping of government policy.

23. A notable feature of the recent past is the re-emerged goal of poverty reduction through the expansion of basic services among the central equity objectives. The bringing of services to as wide a population as resources permit has become an objective on which political agreement has proved least difficult, even if not always easy, to achieve. The welfare of those who are reached is almost always improved, while no one else appears to be adversely affected, at least not directly or demonstrably. The effect in terms of equity has varied according to the base from which extensions in the reach of basic services have been made; the differences are reflected in the national indicators of social progress. Thus, where recent reductions in infant mortality have been achieved from very high levels, there is the likelihood, although not the certainty, that it has been achieved by gains among the already relatively better off; improvements from moderate to low levels provide all but incontrovertible evidence of gains among the relatively less privileged socio-economic groups; while further improvements from very low levels suggest a major allocation of resources to expensive pre-natal and after-care medical facilities. An analogous logic applies to the reduction of the incidence of many common diseases, to overall life expectancy, to literacy and education enrolment rates, and some indicators of achievement in other social spheres.

24. As basic services have become available to a wider public through the public sector instead of to a small minority largely through private provision, so has the pressure for further extension intensified; and the discontent with what is perceived as insufficiently rapid progress has sometimes come to be organized into political protest that has spilled over into violence. Such activism has most typically focused on housing and education, sometimes on food costs. Education is a politically sensitive issue in that access to schooling is seen as a critical factor by many groups to enable them to maintain the social status or advance the economic interests of their children.

25. As coverage of basic services has been extended, Governments, particularly those of middle-income countries, have come under pressure to move still more rapidly towards universal coverage, and at the same time under a conflicting pressure to upgrade existing services. This can be clearly seen in education, with the conflicting pressures for more basic, better quality basic, more secondary and tertiary, and better quality at these levels. Difficult considerations of equity, efficiency and politics have had to be balanced, and it was to be expected that judgements as to what constitutes a desirable balance have differed from country to country and among sectors. In some poorer countries, where the provision of basic services had been available to only small segments of the population, a trend

towards upgrading in preference to expansion had begun to emerge during the late 1960s and 1970s. More recently, this course has proved unacceptable, and governments that insisted on following it have typically come under attack from a wide spectrum of their population.

26. Where the recession has been deep or prolonged, enforced austerity in public finances has introduced new complications into the balancing act between the different claims on Government. Retrenchment has brought sharper conflict about priorities. Certainly, the better off have to an extent been able to protect themselves through private arrangements.

27. In many cases the effect on existing services has been slow to make itself felt, as services coped with retrenchment first by scaling down or postponing new schemes. As austerity persists, the performance of entire operations is likely to suffer even though they may maintain budgets close to old levels. Where salaries of personnel and administrative overheads account for a large portion of total costs, there has been a natural tendency to maintain the staff complement as long as possible while the resources for the performance of essential functions have shrunk. The greatest damage will be suffered where effectiveness depends on continuity - as in many areas of public health and disease control - or where interruption even for a relatively brief span will have long-term, and often irreversible, consequences - as with child nutrition and immunization, or with maintenance of plant and equipment. Governments will be compelled to review again priorities: who gets what services, and how the cost of providing them should be distributed. One positive feature in the negative setting is that the efforts of those who have been trying to find effective new ways for meeting health care, education, shelter and other essential needs, including both less complex and expensive means and those which the newest advances in science and technology are making feasible, are being followed with more attention, and are beginning to receive new support.

V. THE STATUS OF WOMEN

28. The achievements of the United Nations Decade for Women (1975-1985), will be appraised by a world conference, to be held in 1985. 2/ "Equality, Development and Peace" were the three global themes of the Decade, which was inaugurated by a world conference held during the International Women's Year, 1975. 3/ A second world conference, held in 1980, drew up a Programme of Action for the second half of the Decade, 4/ which emphasized employment, health and education as key components of strategies for the full and equal participation of women in development. Those objectives and measures were endorsed in the International Development Strategy, which called for appropriate measures that would generate the profound social and economic changes required to eliminate the structural imbalances which compound women's disadvantages. At this stage, and given the dimensions of this issue and the paucity of precise information, only some preliminary remarks can be made on the changes in the status and situation of women in developing countries during the first part of the 1980s.

29. The condition of the majority of women in the developing world has changed, at most, marginally in the period under review. They are still affected by the low levels of living prevailing in their communities and by their status. They are confronted with the double disadvantage of being considered second-rate citizens and private persons with multiple tasks and responsibilities. Since women carry the main burden of housework and are responsible for the care of children, their daily difficulties have been compounded in many countries by the overall deterioration of the social situation. They have experienced greater problems in securing basic goods and services for the survival of the family. In many countries, women also experience difficulties in the performance of their tasks in subsistence agriculture. Opportunities for remunerated employment which, in predominantly rural societies concern only a minority of women, have also dwindled. Sometimes modernization itself has reduced the traditional influence of women and girls and a greater participation of women in those activities that modern society considers productive has had ambivalent consequences for the welfare of women. Women have perhaps more autonomy and a control over resources, but also are required to devote more hours of work to discharge their multiple responsibilities.

30. At the same time, some of the pre-conditions for the advancement of women are progressively met in a number of developing countries. Access of girls and young women to the various levels of education is generally improving, although the number of girls not enrolled in schools remains significantly greater than the number of boys. Access to health services is also improving, though it is often noted that the most pressing health problems in developing countries are those of women during their reproductive years, in addition to those of young children. It has been estimated that two thirds of pregnant women in the developing world suffer from nutritional anaemia which, in addition to being a health hazard, creates a permanent state of fatigue. The control of women over their fertility through the availability of modern methods of contraception has also continued to improve. Family planning services have been expanded in most countries. Yet, it seems that in Africa, as well as in western Asia and several countries of southern Asia, only around 10 per cent of married women use contraceptive methods - for comparison, the proportion in developed countries is between two thirds and three quarters. Undesired pregnancies, including at very early or advanced ages, inadequate spacing of births, complications arising from unsafe abortions, are still common. In many developing countries the majority of women have entered into a legal or consensual union and have borne at least one child by the age of 20. Current customs and social mores remain in contradiction with the objective of equality between men and women. Improvements in the status of women and reduction of discrimination have affected only a small minority of women.

31. The growing awareness of women of their inferior status and the pressure they have exerted at the international and national levels have led to a number of changes in laws and regulations. The Convention on the Elimination of All Forms of Discrimination against Women (General Assembly resolution 34/180, annex) entered into force in 1981 and had been signed by 90 States and ratified by 53 States at the end of 1983. This instrument, if implemented, would radically change the status and situation of women in all spheres of society. Under article 5 of the Convention, for instance, States parties agree to modify social and cultural

patterns of conduct of men and women with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes. Article 13 calls for the elimination of discrimination against women in areas such as the right to family benefits, to bank loans, mortgages and other forms of financial credit. Article 15 provides for a legal capacity for women, in civil matters, identical to that of men, with States parties agreeing that all contracts and other private instruments that restrict the legal capacity of women shall be deemed null and void. In recent years, a number of developing countries have taken legislative steps to ensure more equality for women in civil and political rights, education, employment and other domains.

32. Such legal steps are generally made to create a movement and to help transform progressively the structures of society and the attitudes that are maintaining women in their inferior status. In many cases, however, Governments that are committed to changes in the status and situation of women are not in a position to implement the relevant policy because traditional and conservative forces are strongly opposed to such changes. In still other cases, Governments have formulated ideologies and implemented policies that are adverse to the principles of equality and participation as currently advocated by international organizations and by women's movements. In this essential domain of women's advancement, as in other aspects of social development, recent years have been marked by set-backs as well as progress.

VI. THE WELFARE OF CHILDREN

33. The International Development Strategy refers to the objective highlighted during the International Year of the Child in 1979, 5/ which called for a fostering of the welfare of children and stressed the essential role of the family in the balanced development of the child. Infant mortality should be reduced in the poorest countries to less than 120 per 1,000 live births by 1990. Child labour should be eliminated in conformity with the relevant international labour conventions, and special attention should be paid to the large number of children under 15 years of age living in poor and urban areas.

34. The policy measures required to achieve those objectives are mentioned in broad terms in the Strategy. To promote the general welfare of children, national development efforts, including policies, programmes and services that affect children, should be reviewed regularly with a view to extending and strengthening the basic services benefiting children, including water and sanitation, health, nutrition and education. International co-operation in support of these measures should be enhanced and strengthened. Measures to reduce infant mortality will include proper nutrition, education of parents, immunization of children and better environmental health. The need for prompt measures to eliminate child labour is also mentioned.

35. Children, defined as those under 15 years of age, represent 40 per cent of the population of developing countries. Their number and proportion will continue to grow rapidly during this decade in most countries until the population structure

reflects the emerging decline of fertility. This enormous weight of the young population in the developing world is also expressed by the median age, currently at 21 as compared with 32 in the developed countries. In some African countries, the median age is around 14.

36. Malnutrition remains the bane of children's welfare in the developing countries. While obvious starvation is relatively infrequent, it is estimated that roughly one quarter of the developing world's young children suffer from an invisible malnutrition which affects their growth and lowers their resistance to disease. 6/ Surveys suggest that the acute form of protein energy malnutrition, called wasting, which is the last step before clinical malnutrition and the risk of immediate death, affects 35 per cent of pre-school children in Africa, 16 per cent in Asia and 4 per cent in Latin America. Within those regions, wasting appears to be consistently low in Latin America, high in South-East Asia and reaches very diversified levels in Africa. There are no indications that the prevalence of this acute form of malnutrition has lessened during the last 10 years. 7/

37. More food, safe water and better living conditions for the families are obviously required to increase child survival and child health. In addition, however, and in line with the emphasis on basic services, community involvement and the active participation of people that has marked recommendations on health and related policies over a decade, relatively simple and non-costly measures are advocated to improve the basic welfare of children in the developing world. In addition to universal child immunization mentioned earlier, such measures include oral rehydration therapy, which is based on the recent discovery that adding glucose to a solution of salt and water can increase considerably the body's rate of absorption of the fluid and, therefore, prevent the often fatal dehydration that is caused by diarrhoeal infection. Provided the right ingredients are available, this simple therapy can be administered by the family. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) are also promoting breastfeeding. The World Health Assembly adopted, in 1981, the International Code on the Marketing of Breast-Milk Substitutes, and a number of developing countries have taken measures to discourage the use of imported baby-milk formula.

38. There are large numbers of children living without families. Current estimates put them at 80 million in the world, with half of them in Latin America. Most likely, this problem became more serious in recent years as economic and social conditions deteriorated in many urban areas of developing countries. Quite apart from the evolution of social norms and attitudes affecting, for instance, childbearing and childrearing out of wedlock, extreme poverty explains why a growing number of children and young adolescents are left to themselves to survive in the cities of developing countries.

39. The elimination of child labour is also closely linked to a general improvement of living conditions and to long-term socio-economic changes. 8/ It is an objective which is generally accepted. The International Labour Organisation (ILO) reports continuing progress in national legislations and in the ratification of the various conventions adopted by that organization since 1919, including the comprehensive Minimum Age Convention of 1973 (ILO Convention No. 138). Attitudes

regarding what constitutes "work" for a child and the extent to which it is desirable or not for the "good" of the young human being to be exposed as early as possible to the difficulties, hardships and challenges of "real" life, vary among societies and even more among social groups. Yet, and in spite of the prevailing high levels of underemployment and unemployment in many developing countries, formal education is increasingly perceived as necessary and desirable. Child labour is rarely the result of a choice. It is imposed on children and their families by poverty and the absence of a real alternative. There is, therefore, no contradiction between progress in legislation and in attitudes and an actual increase of child labour. Such increase, in number and proportion of children under 15 years, is likely to have occurred in recent years in a number of developing countries, particularly in Africa and Latin America. The dimensions of the problem are uncertain but, even with conservative estimates, striking. According to the ILO, 50 million child workers - 10 to 14 years of age - in the world is a minimum figure. In a number of developing countries of Asia, Africa and Latin America, at least 20 per cent of the children under 15 years are reported to be working. Children under 10 years are often an important part of the work-force.

40. The elimination of child labour being a long-term objective, improvements in children's working conditions are also seen as requiring renewed efforts. The provision of minimum levels of education, health protection and welfare facilities and services is complicated by the fact that many children work in the informal urban sector where the enforcement of existing laws and regulations through labour inspectors or other forms of control is particularly difficult. In addition to overall policies for the reduction of poverty and the creation of employment for the adult population, which in the long run will reduce child labour, the ILO promotes measures and regulations for the protection of working children.

VII. EDUCATION

41. Education for all and the development of human resources are seen in the Strategy as objectives in themselves and as essential instruments to enhance the capacity of society for economic and social progress.

42. The last two decades, particularly the period between the mid-1960s and the mid-1970s, was one of rapid expansion in education and global literacy. Even so, at the beginning of the 1980s, still only 1 out of 2 children in developing countries was completing a minimum cycle of primary schooling, and 4 out of 10 adults (6 out of 10 women) could not read or write. Given the magnitude of the overall problem, the Strategy reaffirmed the importance of providing universal education on the broadest possible scale, and, as concrete objectives for the year 2000, the closest possible realization of universal primary enrolment and the eradication or considerable reduction of illiteracy.

A. Enrolment and literacy: a quantitative perspective

43. From 60 per cent in 1960, the gross enrolment ratio for primary education reached 86 per cent in 1980 and is projected to attain 88 per cent in 1985. The same gross enrolment ratios for Africa are estimated at 44, 79 and 84 per cent; for

Asia 63, 83 and 85 per cent; and for Latin America 73, 102 and 104 per cent. Fewer girls are enrolled, but the margin has narrowed, from 39 girls for each 100 pupils in 1960, to an estimated or projected 44 per 100 in both 1980 and 1985. The margin was greatest in Africa, but is now greatest in Asia; in Latin America there is virtual numerical parity between the sexes. Because many children start primary school late or for other reasons attend well beyond normal primary school age, the net ratios, which show the number of children in the relevant age group who are actually enrolled in school as against those who are not, is much lower, by roughly one quarter for developing countries on average; the difference between the two ratios tends to be greatest where schooling is least widespread.

44. Not all children enrolled at the beginning of the school year actually attend, or attend regularly, and many - rarely fewer than 15 per cent of those enrolled and commonly more than 20 per cent - are "repeaters". There is no evidence of any overall trend of improvement. In more mature school systems, those typically, but not necessarily, in countries at a higher level of economic endowment, there had emerged a trend of improvement in attendance; but the difficult conditions in those very countries as a consequence of the global recession have interrupted, if not reversed, this trend, especially in the poorer sections of urban areas. Fragmentary evidence also suggests that attendance at the first level, and sometimes even enrolment, had levelled off or declined in absolute terms in the early 1980s in some major school systems which were still well short of universal coverage, even where official policy was to press forward with the goal of universal primary enrolment. Given projected rates of population growth, and in order simply to maintain by the year 2000 the gross primary enrolment ratio attained in 1980, the developing countries as a group would have to increase their primary enrolment by some 30-40 per cent.

45. Gross enrolment ratios for secondary education are estimated at 13 per cent in 1960 and 31 per cent in 1980, and projected as reaching as much as 40 per cent in 1985, an extremely rapid rate of increase. The same ratios for third-level enrolment are put at 2, 7 and 9 per cent. At the second and third levels, present trends show a further widening of the disparities between the main geographic regions. The proportion of females to males at the secondary and third levels of education had already reached parity before 1980 in Latin America and was roughly 40-60 at the second level and 30-70 at the third level in Africa and Asia, but moving slowly towards greater equality.

46. In 1980, of the total adult population in Africa, 60 per cent were illiterate, in Asia 37 per cent and in Latin America 20 per cent. Countries exceeding 90 per cent illiteracy are now almost entirely least developed countries.

47. Most of the children who do not enter primary education and a large number of those who drop out early become illiterate adults. In the past few years renewed efforts have been made to reach adults through literacy campaigns in a number of countries, but past experience suggests that there is a limit to how much these can compensate for inadequate primary school coverage, even when redesigned to take into account the lessons learned from the shortcomings of other or earlier schemes. Recent developments in broadcasting, lowered costs of transmission, rapid spread of cheap radios and, with a lag, television throughout the developing world, including

often remote areas, have to some extent reduced the isolation and vulnerability of illiterates. At the same time, the increasing technological base of economic life and need for literacy and numeracy in daily routine is making the longer-run prospects of the young who cannot acquire these skills progressively more bleak.

B. Commitment and obstacles

48. At the beginning of the 1980s about 30, or one fifth of all developing countries or territories, had not yet imposed legal obligations on parents to send their children to school. Although there is no clear-cut distinction between the enrolment ratios for the countries that do not have compulsory education and those which do, figures for the early 1980s show that fewer than half of those from the former category, as against two thirds of the latter, were within sight of universal primary enrolment. On the other hand, although the majority of the developing countries, both in number and population share, had instituted free, compulsory primary schooling by 1980, only two thirds of these were close to being able to provide a school place for every child of legal school age.

49. The overall commitment of the developing countries to education and literacy has held up comparatively well in the present pursuit of austerity and budgetary restraints. Education budgets have been scaled down in some countries. But in some others, particularly in Africa and western Asia, levels of spending in real terms have been maintained, even increased.

50. From the intergovernmental regional meetings on the objectives, strategies, and methods of action in the field of education held so far, in the Latin American and the Caribbean region, and Africa, a consensus is evident on the need for a renewed, intensive and sustained effort to make good deficiencies and to meet unsatisfied basic educational needs by the year 2000, as an essential condition for the development of those countries. At the same time, at the international level, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNICEF have intensified their activities in education, including their special efforts for making primary education universal and reducing large-scale illiteracy. It is noteworthy in this connection that UNESCO and UNICEF were among the few international agencies which were able to attain their target level of resources for 1981 and 1982. Nevertheless, the immediate prospect at the national and international levels of substantial new resources being channelled into educational expansion and improvement are not good. As of now universal primary education and literacy are not in sight.

51. In addition to the basic problem of lack of financial means, a number of longer-term trends are likely to complicate the achievement of the Strategy objectives. The prevalence of child labour has already been mentioned. Another complicating factor in many countries is an unfavourable demographic structure, which, for some time in the future, will add substantially to the school-age population. Current estimates show that the proportion of persons 5 to 14 years of age in the total population in Africa and southern Asia, which together contain the majority of children of school age out of school, is increasing and is not expected on present projections to fall until the next decade.

52. A number of socio-cultural obstacles to achieving universal primary education and literacy remain important in some areas. Influential interest groups, especially at the local level, are not invariably anxious to promote education for the population at large. Societal and religious discrimination against girls and women contributes to perpetuating a large number of female illiterates or to limiting their education, at the most, to primary school. This fact, in turn, has a direct effect on perpetuating other social ills, including high birth rates and high infant and child mortality, as well as low concern for school participation or performance of future generations of children. There are practical obstacles, including the multiplicity of languages, for example in many African countries, that raise hard political challenges in selecting the appropriate language for teaching purposes, since costs prevent mass literacy campaigns from being conducted in all languages of a country, and, invariably, many children learn in what is to them an alien tongue, whether local or foreign. Little use for literacy in day-to-day life, as well as scarcity of written materials, especially in rural areas, make it difficult to stay literate once formal schooling ends. One of the lessons, also, of previous mass literacy campaigns, pursued both at a national and international level, is that without follow-up new literates lapsed back to illiteracy.

53. The above are formidable impediments to improving the quality of education no less than to increasing its quantity. Quality is an elusive concept, partly because schools, especially primary schools, are asked to perform a variety of social and personal development tasks which go beyond inculcating reading, writing and arithmetic, and beyond the imparting of cognitive skills. There is no dispute, however, that in developing countries, especially at the primary level, the quality of schooling, that is, of the general school system, not of the best schools, is, with some exceptions, very low. It is, moreover, difficult to improve, given sporadic attendance, illness, hunger, distance to school, lack of support at home, learning in an alien tongue, teachers who themselves lack the needed skills or enthusiasm, poor facilities and lack of instructional materials; the list is long. To take a concrete example of lack of teaching tools, experience has shown that, at a minimum, expenditure on those tools should account for approximately 10 per cent of recurrent expenditure (the rate for developed countries was 14 per cent in 1980), but, on average, 95 per cent of the funds allocated to primary schools in the developing countries were used to pay salaries at the beginning of the present decade. This leads to situations where 10 pupils have to share one elementary textbook.

54. Expansion, especially rapid expansion, clearly competes directly with improvement. In educational quality, the short- to medium-term price of expansion can be high. But, since the school is convenient as an administrative unit on which to centre other services, such as health screening, immunization, food distribution and welfare services, expanded enrolment and attendance provide possible non-educational dividends which countries are less inclined to ignore.

55. Challenges of an even larger scope arise in connection with attempts to expand second-level and third-level education. Bearing in mind that higher education absorbs much greater resources per student than does basic education, Governments in the developing countries are faced with the dilemma of deciding what share of

available resources should be directed to second-level and third-level education as against the increasing requirements for basic education. And as primary education expands, the pressure to increase secondary education grows. The existence of a relatively large number of unemployed persons with second-level and third-level education in many developing countries may be regarded as a signal that the expansion of such education has gone beyond the capacity of the economy to absorb them in productive employment. And yet the pressure for expansion continues, in part because unemployment among the educated has not tended to be long-term, and experience shows that more education confers often disproportionate benefits to the individual. The unemployment problems of those with higher educational attainments seem in part also to be due to inappropriate training in relation to demand and rarely due to a general oversupply of higher-level skills. Taking into account the future requirements for high-level skills, which go with modernization of agriculture, with industrialization and urbanization, a shift in the emphasis in favour of the professional, technical and practical has become crucial; and, above all, towards higher quality, more imaginative as well as rigorous grounding in the main disciplines, whether humanistic or scientific, on which productive and socially useful careers in any field are based.

56. After a period of rapid expansion and continued pressure to expand in the current period of greater budgetary stringency, attention has turned to such considerations of quality and relevance, as well as better management of the limited resources that can be made available to education.

VIII. THE INTEGRATION OF YOUTH IN DEVELOPMENT

57. The International Development Strategy recommends that all countries should give high priority to the mobilization and integration of youth in development and should take measures to that effect. The General Assembly, in resolution 38/22 of 22 November 1983, designated 1985 as International Youth Year, 9/ under the motto "Participation, Development, Peace".

58. As noted above in the section on the welfare of children, the population of developing countries is extremely young. More than half of this population is below 24 years of age. The number and proportion of young people continued to grow in the early 1980s and this trend will persist during the present decade. The age group 15-24 years increases on average at a rate of 2.8 per cent a year. The recent decline of fertility in some developing regions will not affect their population structure during the 1980s.

59. A great majority of the young people in developing countries are confronting the same problems and having the same responsibilities as their parents. Few of them have the possibility to devote their youth to learning and preparation for adult life. As noted earlier, a majority of young women in developing countries have borne a child before their twentieth birthday. Most young men do not have a secure and remunerative job and make a living on the family farm or in the informal urban sector. More opportunities for education and employment are needed to meet the aspirations of youth, but remain difficult to satisfy. In a number of developing countries, school-leavers experienced unemployment and idleness, while

young people made up the majority of the growing flow of migrants from rural to urban areas. Attempts have been made to limit that flow. Questions have been raised on the relevance and quality of the education systems. Non-formal types of training and education have been developed. Such questions and efforts have strengthened the conviction that the modernization of agriculture and the creation of employment in industries of various types and sizes were indispensable for the economic integration of youth in society.

60. The process of socialization of young people, however, also generated cultural issues. In economically dynamic as well as stagnant communities, socialization of the youth is no longer the relatively simple transmission, through the family, of well-accepted and well-tested values, attitudes and roles. The process of social change, created by increased communications, technological developments and the dissemination of goods and modes of behaviour, has not been stopped by the economic recession. Except in a few countries, traditional systems of authority and social mores are being progressively replaced by ideas and attitudes which do not yet constitute a coherent frame of reference and which create expectations and hopes that are difficult to satisfy at a low level of economic development. Young people remained both the actors and the victims of this process of change.

61. The integration of youth in development involved government action and policies and also a large number of private organizations, religious movements, clubs and associations which have been particularly active in recent years in a number of developing countries. These organizations are currently mobilized for the preparation of the International Youth Year: Participation, Development, Peace.

IX. HEALTH

62. The already mentioned reduction of infant mortality to less than 120 per 1,000 live births in the poorest countries by 1990, a minimum life expectancy of 60 years and a maximum infant mortality of 50 per 1,000 in all countries by the year 2,000, and the provision of safe and adequate sanitary facilities for all by 1990, are the health targets mentioned in the International Development Strategy in the context of the overall objective of a satisfactory level of health for all by the end of the century. The policy measures recommended to achieve that objective reflect the pre-eminence of the primary health care approach adopted at the end of the 1970s and the related conception of health as dependent not only on medical services, but also on the quality of the living environment. 10/

63. Despite considerable improvement in the past decades, health conditions are still very poor in large parts of the developing world. There is no evidence of significant progress during the first part of the 1980s. In fact, some signs suggest a deterioration in certain regions. Disparities in health conditions among social groups are high and have probably increased recently in those countries that have been particularly affected by the economic recession. The achievement of the health targets and objectives adopted by the international community would require renewed and intense efforts. On the other hand, health policies are both of a long-term and short-term nature. There are actions, such as immunization campaigns or the provision of safe water to a community, which yield immediate dividends for

the population concerned. Such actions are being progressively better integrated in an overall health strategy stemming from the primary health care approach. Many developing countries, with the support of international organizations - UNICEF and the World Health Organization (WHO) have taken steps in that direction.

A. Aspects of health conditions

64. Reliable data on mortality are scanty and changes in mortality rates cannot be identified over a short period. 11/ The available information suggests, however, the broad features of the current situation and the direction of the trends. Mortality remains very high in Africa. With a crude death rate above 16 per 1,000 and an infant mortality rate close to 120 per 1,000, life expectancy at birth does not reach 50 years (20 to 25 years less than in the industrialized countries). In regions with such high mortality, the death of children under five accounts for more than half of all deaths. Within the African continent, the situation varies considerably. Current estimates put life expectancy at 56 years in northern Africa, 53 in southern Africa, 49 in eastern Africa and 47 in the middle and western parts of that continent. There are even greater variations in the Asian continent. A number of countries, particularly in eastern and western Asia, have levels of mortality not much below those achieved in the industrialized regions of the world. Others, notably in southern Asia, have infant mortality rates above 100 and a life expectancy below 50 years. With a few exceptions, mortality levels are lower in Latin America than in the two other developing continents. On average, infant mortality is estimated at 63 per 1,000 and life expectancy at 64 years.

65. According to current projections, the target of a minimum life expectancy of 60 years by the year 2,000 will not be achieved in 54 developing countries, a majority of which are African countries. And infant mortality will still remain above 50 per 1,000 in 71 developing countries. Of those, 27 countries are expected to have a rate still over 100 by the end of the century. Such trends would mean that, at that time, three out of every five births in the world would occur in countries where infant mortality would be over 50 per 1,000.

66. These high levels of mortality are associated with the high incidence of diseases which are endemic in areas affected by malnutrition and by a lack of proper sanitation and water supply. 12/

67. Six main communicable diseases - diphtheria, whooping cough, tetanus, poliomyelitis, measles and tuberculosis - cause the deaths of approximately 5 million children a year in the developing world, 1 million of them in Africa, and cripple, blind or cause mental damage to perhaps 5 million more. Neo-natal tetanus accounts in many areas for 20 to 50 per cent of the total infant mortality. Measles, which is fatal for about 2 per 10,000 cases in the developed countries, is fatal for 2 per 100 cases in the developing world, the figure rising to 10 or more per 100 cases in malnourished populations. Some 4 of every 1,000 school-age children are killed or disabled by poliomyelitis. Whooping cough is estimated to cause the deaths of 600,000 children a year. In 1974, the World Health Organization launched an Expanded Programme of Immunization against these six major communicable diseases. By the end of 1982, most of the countries of the world had

become active in this Programme, while the development of regional information systems by WHO permitted the first estimates to be made of immunization coverage by region. The available data suggest that, without major acceleration, the Programme risks failure in reaching all children of the world by 1990, as was anticipated at its beginning. In Africa, for example, it is estimated that only 31 per cent of children under the age of one year are receiving a BCG immunization, 27 per cent a measles immunization and 19 per cent the required third dose of poliomyelitis vaccine. Less than 20 per cent of pregnant African women are immunized against tetanus. Figures are lower for South-East Asia and higher for Latin America.

68. There has been an alarming increase in the incidence of some tropical diseases, notably malaria, trypanosomiasis and schistosomiasis, over the past decade, and there is no evidence of a reversal in recent years. WHO has launched a Special Programme for Research and Training in Tropical Diseases to develop the technology that would help control such diseases. Research by the world scientific community and the pharmaceutical industry has so far been insufficient. The control methods at present available are often either inadequate or too costly and cumbersome for widespread use.

69. The most widespread diseases in developing countries are diarrhoeal ones, transmitted by fecal contamination of soil, food and water. Diarrhoea is a leading cause of child mortality. In some developing countries, it seems that 80 to 90 per cent of children suffer from worm infestations. The intestinal parasitic diseases, often chronic and debilitating, have an unmeasured but unquestionably dramatic effect on the attitudes, well-being, living and working conditions of masses of people. The control of such diseases requires an ample supply of potable water and adequate sanitation. The United Nations Water Conference, held in 1977, designated the decade 1981-1990 as the International Drinking Water Supply and Sanitation Decade ^{13/} and set the goal of safe drinking water and hygienic conditions for all by 1990. By the end of the 1970s, 42 per cent of the households in the developing regions had access to potable water supply, either in their own dwellings (19 per cent) or from wells and communal water taps (23 per cent); however, over three quarters of the population lacked access to any sanitation facilities. Since the beginning of the Water Decade, several countries have strengthened their programmes in this domain, with the support of multilateral and bilateral agencies. Even a partial implementation of those programmes will have a significant impact on the health status of the developing countries. According to the latest WHO estimates, however, full coverage with water supply and sanitation by 1990 is not being forecast at this stage by many developing countries, even those which have set targets for the Decade. Without further mobilization of domestic and international resources, safe drinking water and hygienic conditions for all will be an unattainable objective in the developing countries.

70. Large numbers of people are suffering from mental illness or mental disorder in developing as well as developed countries. There are probably some 40 million people in the world affected by severe mental illness and at least twice as many who are seriously disabled by drug dependence, alcohol-related problems, mental retardation and organic disorders of the nervous system leading to psychiatric and neurological conditions. Estimates of numbers of those affected by less serious yet incapacitating mental disorders vary, but none is lower than 200 million people.

In many countries, mental disorder is the main cause of disability for two of every five disabled persons. There are no reasons to believe that mental health will be less of a problem for most societies in the coming years.

B. Issues of health policy

71. In recent years, most Governments of developing countries have reviewed their development strategies in order to provide greater support for primary health care programmes. The control of endemic diseases, sanitation efforts, immunization and maternal and child health have been recognized by most countries as policy priorities. As noted above, sanitation efforts, the provision of potable drinking water, and the extension of health coverage to rural areas in particular, have had overwhelming support. Health education has been another major priority area; sometimes it involved specifically targeted adult educational programmes, but often it has been emphasized as a part of family health strategies, which included immunization, nutrition and family planning.

72. Together with intensified research and the development of appropriate health technologies, those efforts are in line with the basic re-orientation of health policy that took place at the end of the 1970s and is reflected in the recommendations of the Strategy. In order to be more fully implemented and effective, such health policy in developing countries has yet to overcome a number of financial, social, political and institutional obstacles.

73. Total public capital and operating expenditures per capita for health in developing countries are typically very small. Government spending for health in most developing countries is around 2 or 3 per cent of the gross national product, or \$US 4 to 6 per capita. Available evidence suggests that a substantial proportion of those already extremely limited resources is spent for curative rather than for preventive health efforts, in fixed investments (hospitals, dispensaries) and in payments of salaries and the maintenance of routine services. In many cases, Governments are the only source of financial support for the very few, and generally indispensable existing conventional health services and the implementation of the new policy approaches need large additional financial resources. In a period of economic slow-down, preventive health programmes and campaigns, such as preventive services in maternal and child health, family planning, and immunization campaigns, are particularly vulnerable because they are often supported by ad hoc financing and staffed by temporary workers, which means they are particularly exposed to budget cuts. The recent slow-down of overall external economic assistance has further impaired the capacity of many developing countries to implement their health programmes.

74. Political and institutional factors have also played a role in hindering the full implementation of primary health care. For example, a proper balance between individual curative medicine and preventive measures of a collective nature is often difficult to achieve because the dominant professional interest of physicians coincides with the needs of the urban élite, who are not exposed to environmental health hazards. Also, large investments in curative hospital services have reflected domestic and international interests in visible national symbols.

Unequal opportunities among social groups for a satisfactory level of health are partly the result of the uneven distribution of political power as well as of income and wealth.

75. Efforts to identify priority areas for action in the field of health and to devise cost-effective techniques to control the most prevalent and harmful diseases have also led to the formulation of the notion of "essential drugs", that is, those drugs capable of preventing, curing or alleviating a large number of human ailments. In February 1981, in compliance with the decision of the thirty-second World Health Assembly, the Action Programme on Essential Drugs was formally set up. Both before and since then, much activity has taken place throughout the world aimed at improving the availability and utilization of drugs, maximizing the use of limited manpower and financial resources, and promoting the production and distribution of effective drugs of acceptable quality, at the least possible cost. Some 70 countries have developed lists of essential drugs for the public sector, based on the WHO model list. Others have formulated national drug policies or have taken measures to provide objective information about drugs. Furthermore, co-operation has taken place between many member States and bilateral and multilateral agencies, in particular with WHO, in the field of selection of essential drugs, quantification of drug needs, manpower training, development of storage facilities and logistic support. However, many technical, economic, political and commercial problems remain. For example, there has been little commercial incentive so far for the multinational pharmaceutical industry to set up production facilities to manufacture essential drugs in developing regions. Only a few developing countries have well-developed pharmaceutical industries. As noted earlier, growing economic problems and competing domestic demands often resulted in Governments being unable to put additional resources into new health programmes. The shortage of pharmacists, allied health professionals and other technical staff have also hampered the formulation and implementation of programmes for essential drugs.

76. Shortages, poor utilization and maldistribution of manpower, together with inadequate, and sometimes irrelevant, training, are still particularly acute problems in the health sector of many developing countries. According to WHO estimates, the approximate density of medical personnel (all categories of health manpower, including dentists) per 100,000 inhabitants is 1,000 in the developed countries and 200 in the developing countries. Over the past decade there has been a general tendency for an increase in personnel density in the majority of health occupations. In a number of developing countries, however, physician density and the ratio of members of other health occupations, for example, medical assistants, to the population have declined. Although the number of middle- and lower-level personnel has been growing faster than the number of higher-level personnel in many developing countries, the pyramid of health manpower in most developing countries is still inverted. While a broad base of inexpensively trained, less skilled personnel at the community level is lacking, there has been excessive investment in training programmes for medical students and doctors, who require sophisticated facilities and equipment. The policy currently recommended by WHO is to review the role and the functions of different types of health personnel, as well as to increase the diversity of health facilities in order to correct imbalances in supply, in particular to improve the accessibility of health services for the less privileged social groups.

X. THE SITUATION OF DISABLED PERSONS

77. It is indicated in the International Development Strategy that particular efforts should be made to integrate the disabled in the development process and that effective measures of prevention and rehabilitation are, therefore, essential. "Full participation and equality" was the central theme of the International Year of Disabled Persons, proclaimed by the General Assembly in resolution 31/123 of 16 December 1976. ^{14/} The aim of that event was to promote the realization of the rights of disabled persons to participate fully in the social life and development of the societies in which they live and to enjoy living conditions equal to those of other citizens, as well as to share equally in the improvements of living conditions resulting from social and economic development. As a result of the International Year of Disabled Persons, the World Programme of Action concerning Disabled Persons (A/37/351/Add.1 and Add.1/Corr.1, annex, recommendation 1 (IV)) was adopted by the Assembly in resolution 37/52 of 3 December 1982; and on the same day, in resolution 37/53, the Assembly proclaimed the period 1983 to 1992 the United Nations Decade of Disabled Persons.

78. It is estimated that the number of physically, mentally or sensorially disabled persons in the world is at present around 500 million, with at least 350 million living in areas where services are insufficient or not available at all, in particular in the rural parts of developing countries and among the poorest social groups. It is also estimated that, on an average, 20 to 25 per cent of the population of developing countries is affected by one or another form of disability. The conjunction of several factors, including high population growth, the persistence of poverty, malnutrition and bad environment and working conditions, and the prevalence of violence and armed conflicts, suggest, in a context of declining rates of mortality, a continuing increase of the number and proportion of disabled persons in the developing world. Like the reduction of infant mortality, the prevention of disability requires a number of precise and specific measures and is also dependent on a general improvement of living conditions. In recent years, many developing countries have experienced a deterioration of their social situation and have not been in a position to devote enough efforts and resources for preventive and rehabilitation measures, notably in health, nutrition and the working environment, that could reduce the risk and consequences of disability.

79. For lack of adequate services, vocational training and employment opportunities, the situation of disabled persons in developing countries, their living conditions and their integration in society, remain extremely difficult and precarious. Yet, globally, the visibility of the problem, the awareness of society that disability does not necessarily mean marginalization, resignation and despair, the attitudes of the disabled themselves and their capacity to be heard, all these conditions for progress in this domain have notably improved. The International Year of Disabled Persons generated the creation of numerous national committees and similar bodies, which are often continuing their role of advocacy, promotion and co-ordination of national actions. Many Governments have drawn up national plans of action on the prevention of disability and the rehabilitation of disabled persons. Relevant laws and regulations have been created or revised. Disabled persons have begun to organize themselves at the national and international levels to promote their rights and to participate in the decisions affecting their lives.

80. The notion of equalization of opportunities is defined in the World Programme of Action concerning Disabled Persons as "the active process through which the general system of society is made accessible to all". This involves the removal of the physical, social and cultural barriers to the participation of disabled persons in the various aspects of life in society, from access to transportation to access to employment. Measures in that direction are progressively being implemented in a number of countries, often with the support of the international community. A Convention concerning Vocational Rehabilitation and Employment of Disabled Persons was adopted by the International Labour Organisation in June 1983.

81. Visions and policies have also evolved on the question of the respective roles of institutions and of the community for the care of disabled persons. Institutions and assistance remain necessary, both for the care of the most severe disabilities and for the medical rehabilitations that require sophisticated techniques. But there is a growing tendency to integrate services for disabled persons, which are still dramatically insufficient to most countries, into the system of services offered to the general population, with supplementary services, where necessary. There is also a tendency to replace, as much as possible, institutionalized treatment by programmes motivating and helping families and communities to deal with the disabled in their normal social environment. This stems not only from the high cost of the institution-based rehabilitation but from the observation that many types of disability are best overcome in a non-segregative environment.

XI. HOUSING

82. The International Development Strategy emphasizes the provision of basic shelter, infrastructure and ancillary services for all people as a long-term goal. It fully recognizes the need for a balanced development of towns and villages for harmonious social and economic change and stressed the need for well-balanced programmes for the development of human settlements, especially for the benefit of low-income groups.

83. The overall dwelling condition for the vast majority of the population of the developing countries remains extremely unsatisfactory and may actually have deteriorated over the past few years. The availability of standard dwelling per head remained practically unchanged over the 1970s. Cities and towns continued to grow fast as a result of migration from the rural areas as well as a large natural increase in the urban population. In the absence of an adequate growth of standard accommodation, urban slums and squatter settlements expanded rapidly.

84. By the end of the 1960s, only about 20 per cent of the total number of households in the developing countries occupied standard housing units, while the overwhelming 80 per cent was residing in substandard accommodation. Although the number of standard housing units in the developing countries is estimated to have increased by a significant 25 per cent over the 1970s, the proportion of households in standard dwellings remained practically constant.

85. A high rate of growth of population, especially urban population, exacerbated the housing condition in many developing countries. During the 1970s, the rate of growth of urban population averaged around 4 per cent per year. By 1980, over 30 per cent of the total population of these countries was living in urban areas, compared to about 17 per cent in 1950. A large proportion of the increase in the urban population took place in the big cities and towns, leading to a sharp rise in their need for residential accommodation.

86. Though the high rate of growth of urban population widened the gap between housing needs and availability of standard housing, this is only a part of the picture. A major factor has been the obvious lack of purchasing power among the vast majority of households in need of accommodation. The cheapest standard urban housing unit in the developing countries cost anywhere between \$570 and \$3,000 in the early 1970s and only about 20 to 30 per cent of the households could afford it. It is apparent that average household income has to rise substantially before a majority of the population can afford standard housing. On the supply side, a number of factors has constrained the growth of housing. The cost of urban land has been rising fast in many developing countries for a variety of reasons. Building materials have been in short supply and hence expensive. The construction industry is small and handicapped, among others, by lack of finance.

87. Government resources for provision of public housing remain very small, constituting no more than 2 per cent of the budget in most countries. In many countries, Governments have tried to provide subsidized accommodation, particularly for civil servants, but such housing units have often accounted for only a small fraction of the total residential accommodation built. Resources of most Governments are clearly inadequate to subsidize accommodation for a large proportion of the population.

88. Housing is much more than accommodation and involves ancillary services, such as access to safe drinking water, sanitation facilities and supply of electricity. As noted above in the section on health, only about 40 per cent of the households in the developing countries had access to potable water at the end of the 1970s, and only 20 per cent had house connections. Over 75 per cent of the households lacked proper sanitation facilities, while over 60 per cent were without electricity, though the supply of electricity had been rapidly increasing. The disparity in the supply of these services between the urban and rural areas remained large. While approximately three quarters of the urban population had access to potable water, only about a half of the rural households had such access. Only 1 out of 10 households in the rural areas had any kind of sanitation disposal facilities as against 7 out of 10 in the urban areas.

89. Housing policies and goals in the developing countries underwent major reassessment during the 1970s. It was quite evident that the gap between the need for and availability of standard housing could be bridged only over a longer term and only after a substantial increase in the level of income had taken place. The magnitude of the task could be seen from the fact that, while the indicative target proposed by the United Nations for the developing countries over the 1970s was to build 8 to 10 new standard dwellings per 1,000 inhabitants, the actual construction of such units was estimated at only 1 per 1,000 over the decade. The housing

policies of Governments thus, in general, shifted away from a rigid adherence to the concept of standard housing deficits and towards a more comprehensive and flexible approach to the problem, including variable standards for housing and building codes which took into account the social, economic, and climatic conditions in the country. The new approaches also included a greater scope for private initiative; rationalization of housing subsidies and rents; and upgrading of existing squatter settlements and slums through the provision of ancillary services rather than trying to eradicate or relocate them, as was more often being done earlier; and a more comprehensive look at the interrelationship between housing and other sectors of the economy.

90. The economic conditions of the past few years have had further adverse effects on urban housing. There has been a decline in standard housing construction in many countries, as a result of decline in real income and fiscal and monetary measures affecting housing finance, the provision of infrastructure and the importation of essential building materials and components. The shelter conditions of the urban poor have also deteriorated. Owing to the increased costs of public transport and the increased dependence of households on multiple sources of income, inner-city slums are becoming ever more crowded and, because of increased demand, rents higher. Similarly, as more recently formed squatter settlements mushroom at ever greater distances from city centres, special hardships are often experienced by the residents in reaching employment and services. Some low-income areas have degenerated into communities of despair, reflecting current high rates of underemployment, while other squatter settlements and illegal subdivisions have benefited from the moving in of professional and middle-income residents unable to obtain or afford standard, formal sector housing elsewhere.

91. Among the low-income settlements which have experienced striking dwelling improvements in recent years are those with many female-headed households whose men have migrated abroad to work. Research findings suggest that a quarter of the remittances sent by alien workers is channelled into the improvement of the dwellings of the families left behind.

XII. OTHER SOCIAL ASPECTS OF DEVELOPMENT

92. The question of aging and the problems of crime are among the issues of social development which are not mentioned in the International Development Strategy. They are briefly treated below because they are issues of international concern, involving activities of the United Nations, and because they will not be treated in other documents made available to the Committee on the Review and Appraisal of the Implementation of the International Development Strategy for the Third United Nations Development Decade.

A. The question of aging

93. Aging of population, the process in which the proportion of young people decreases and the proportion of elderly people increases, is essentially caused by the decline of the fertility rate. Aging has, therefore, been a continuing trend

in the industrialized societies and has not yet taken place in the developing world. The recent decline of fertility in parts of the latter will lead to an aging of the population during the coming decades. The elderly population, being currently defined as those aged 60 years and over, represents less than 7 per cent of the total population of developing countries (16 per cent in the developed countries).

94. Governments have shown interest in the socio-economic issues that are or might be associated with the aging of the population. The World Assembly on Aging was convened in 1982 at Vienna and adopted the Vienna International Plan of Action on Aging. ^{15/} One of the recommendations of the Plan of Action is that a fundamental principle in the case of the elderly should be to enable them to lead independent lives in the community for as long as possible. Governments are also urged to adopt an age-family-integrated approach to planning and development which would recognize the special needs and characteristics of older persons and their families. Efforts should be made to overcome, when it exists, the stereotype of the aging person as manifesting disabilities and being unable to function independently and having a role and status in society. Over 72 developed and developing countries have established national bodies to co-ordinate the design and implementation of policies in this question of aging.

B. The problem of crime

95. As societies change, expand and develop, crime assumes new dimensions and new forms. Experience may vary, but in nearly every country juvenile delinquency, violence in the streets and corruption are often matters of national concern and of great public awareness. Not only crime, but also measures adopted to fight against it have given cause for concern, as traditional methods have not only proved largely unsuccessful, but have sometimes tended to aggravate the situation. In fact, available data show that the great majority of countries are facing an escalation of criminality whose new typology is increasingly challenging the ways and means of coping with it.

96. The levels and forms of criminal behaviour are linked to the economic, cultural and political circumstances of each country and are also closely interrelated with all the other aspects of social life. Economic imbalances, both national and international, social inequalities and tensions, lack of opportunities preventing individuals or groups from egalitarian, democratic participation, and uneven distribution of income, are among the factors affecting the spread of crime.

97. The growth of criminality, and the related demands for improving the means of combating it, may divert considerable resources from the achievement of development objectives. A climate of insecurity and fear, a state of uncertainty about life and property, induced by high rates of criminality or a lack of suitable efforts to control it, alters life-styles and has considerable direct and indirect costs to national economies and the society as a whole. The need for development to proceed in an atmosphere free of disruption, violence and crime, is generally admitted. Yet crime prevention is rarely an integral part of development strategies. This issue will be addressed by the Seventh United Nations Congress on the Prevention of Crime and the Treatment of Offenders, to take place in 1985.

Notes

1/ The International Conference on Population (to be held at Mexico City, 6-13 August 1984) will review and appraise the World Population Plan of Action adopted by the World Population Conference held at Bucharest in 1974 (see Report of the United Nations World Population Conference, Bucharest, 19-30 August 1974 (United Nations publication, Sales No. E.75.XIII.3), chap. I). A report of the Secretary-General, entitled "Review and appraisal of the World Population Plan of Action" (E/CONF.76/PC/10), has been prepared and submitted to the Preparatory Committee for the Conference, which met in New York from 23 to 27 January 1984. This basic document provides a comprehensive review of the population targets, objectives and policy measures contained in the World Population Plan of Action which have been endorsed in the International Development Strategy. The present report contains, therefore, only brief indications on this issue.

2/ Preparations are currently being made for the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace. The Conference is to be held at Nairobi in 1985.

3/ See Report of the World Conference of the International Women's Year, Mexico City, 19 June-2 July 1975 (United Nations publication, Sales No. E.76.IV.1).

4/ Report of the World Conference of the United Nations Decade for Women: Equality, Development and Peace, Copenhagen, 14-30 July 1980 (United Nations publication, Sales No. E.80.IV.3 and corrigendum, chap. I, sect. A.

5/ The International Year of the Child, 1979, occurred 20 years after the adoption by the General Assembly, in resolution 1386 (XIV) of 20 November 1959, of the Declaration of the Rights of the Child. The Declaration presents in a series of principles a code for the well-being of every child, "to the end that he may have a happy childhood and enjoy for his own good and for the good of society the rights and freedoms herein set forth". The general objectives of the International Year of the Child, as proclaimed by the Assembly in resolution 31/169, were to provide a framework for advocacy on behalf of children; to ensure the awareness of their special needs and to promote recognition of the fact that programmes for children should be an integral part of economic and social development plans. A draft declaration on social and legal principles relating to the protection and welfare of children, with special reference to foster placement and adoption nationally and internationally, is currently under discussion.

6/ See United Nations Children's Fund, State of the World's Children, 1984, published for UNICEF in book form by Oxford University Press (New York, 1983).

7/ See "Review and appraisal of the World Population Plan of Action: report of the Secretary-General" (E/CONF.76/PC/10), p. 41.

8/ The issue of child labour is treated in International Labour Organisation, "Conditions of work in the early years of the decade" (part of the forthcoming contribution of the ILO to the 1984 review and appraisal of the implementation of the International Development Strategy).

9/ In the context of the preparation of the International Youth Year, regional preparatory meetings have been held and documents prepared on the situation of youth in the various regions (Africa, Asia and the Pacific, Europe, Latin America and Western Asia).

10/ The elements comprising primary health care typically include health education, food supply and nutrition, water and sanitation, immunization, communicable diseases control, basic curative care and essential drugs. The services are targeted primarily to infants and children under five years of age, are delivered on an outreach basis by trained community members or by field workers and are backstopped by a limited referral system of physicians and hospitals outside the community. The main elements of primary health care are endorsed in paragraphs 48 and 165 of the International Development Strategy.

11/ The information on mortality is based on "Review and appraisal of the World Population Plan of Action: report of the Secretary-General" (E/CONF.76.PC/10), 2 December 1983; and on "Infant mortality: world estimates and projections", Population Bulletin of the United Nations, No. 14, 1982 (United Nations publication, Sales No. E.82.XIII.6).

12/ Data and information on diseases, health policy and international action in this domain are based on documents from the World Health Organization, notably, Sixth Report on the World Health Situation (Geneva, 1980); Report on the Expanded Programme on Immunization (Geneva, 1982); "Progress and issues made on the essential drugs programme" (JC 24/UNICEF-WHO/83.5), Geneva, February 1983.

13/ See Report of the United Nations Water Conference, Mar del Plata, 14-25 March 1977 (United Nations publication, Sales No. E.77.II.A.12 and corrigendum).

14/ The Declaration on the Rights of Disabled Persons, proclaimed by the General Assembly in resolution 3447 (XXX) of 9 December 1975, defines the term "disabled person" as meaning "any person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and/or social life, as a result of a deficiency, either congenital or not, in his or her physical or mental capabilities". A Declaration on the Rights of Mentally Retarded Persons had previously been proclaimed by the Assembly in 1971 (resolution 2856 (XXVI) of 20 December 1971). The basic thrust of both declarations is that disabled persons have the same civil, political, economic and social rights as other human beings.

15/ Report of the World Assembly on Aging, Vienna, 26 July to 6 August 1982 (United Nations publication, Sales No. E.82.I.16), chap. VI, sect. A.
