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High-level Subregional Forum on Accelerating Achievement of the Millennium Development Goals in South Asia

17-18 February 2012, New Delhi, India

Outcome Document

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1 Introduction

Participants in the High-level Subregional Forum,¹ jointly organized by ESCAP, ADB and UNDP in New Delhi hosted by ESCAP Subregional Office for South and South-West Asia, shared cross-regional and comparative perspectives on why MDG achievement in South Asia is lagging. They also shared success stories on accelerating MDG progress leading up to 2015. Discussions were informed by the findings of the newly released Asia-Pacific Regional MDG Report 2011/12, *Accelerating Equitable Achievement of the MDGs: Closing the Gaps in Health and Nutrition in Asia and the Pacific*, which warns that at the present rate of progress, the region as a whole is unlikely to meet some of the MDGs, especially those relating to health and nutrition.²

South Asia has made significant progress on some MDGs, but it is lagging behind in a number of areas including underweight children, quality and completion rate of primary schooling, infant and under-five mortality, tuberculosis (TB) incidence, and basic sanitation. Deficits in maternal and child health in particular are of grave concern. The United Nations Secretary-General has stated that “investing in women's and children's health has a multiplier effect across the MDGs. It is the best investment we can make.”

The High-level Forum was organized as part of MDG-related policy advocacy and knowledge dissemination activities under the ESCAP/ADB/UNDP regional partnership on

¹For a complete list of participants and agenda, please see the Annex. To consult presentations and documents from the High-level Subregional Forum, which are available electronically, please visit: <http://southwest-sro.unescap.org/meeting/2012/high-level-subregional-forum.html>.

² ESCAP, ADB, UNDP (2012). *Accelerating Equitable Achievement of the MDGs: Closing the Gaps in Health and Nutrition in Asia and the Pacific*. Asia-Pacific Regional MDG Report 2011/2012. Bangkok: United Nations. Available at <http://www.unescap.org/publications/detail.asp?id=1482>

MDGs.³ The Forum provided a platform for policy dialogue at highest possible level, backed by solid research and analysis on the MDGs.

Priority areas for action to achieve the MDGs in South Asia include:

- A. Improving basic sanitation and ensuring access to safe drinking water
- B. Reducing child and maternal mortality
- C. Ensuring food security and nutrition
- D. Financing MDG achievement
- E. The role of non-state actors in MDG achievement
- F. Promoting subregional cooperation in MDG achievement
- G. Anticipating the MDG agenda to 2015 and beyond

2 Issues and recommendations

A. Improving basic sanitation, access to safe drinking water in South Asia

Key issues for consideration

1. There is insufficient recognition of the link between access to clean water and basic sanitation and health outcomes.
2. There are huge inequalities in the provision of and access to water and sanitation services, which exclude large proportions of the population.
3. Total environmental impacts of water and sanitation systems need to be addressed.
4. Water and sanitation delivery in South Asia suffers from major quality issues such as interruption in service, arsenic poisoning, poor treatment of sewage, etc.
5. There are large institutional barriers including the overlapping roles of many national/provincial/local governments, fragmented approaches to developing integrated and well-coordinated water and sanitation system, and weak implementation capacity. Options for water and sanitation provision beyond public sector provision alone must be considered including public private partnerships (PPP), private, and community approaches.
6. Conventional technology choices are not always cost-effective and affordable. Low-cost decentralized alternatives currently exist alongside expensive and difficult to implement centralized systems.
7. Water and sanitation systems in the region often lack financial sustainability.

Recommendations for action

1. Results of studies linking access to clean water and basic sanitation to better health outcomes should be made available to policy planners. Awareness-raising campaigns would encourage stronger demand for clean water and basic sanitation.

³ The Economic and Social Commission for Asia and the Pacific/Asian Development Bank/United Nations Development Programme regional partnership to support the achievement of the MDGs has reported on Asia-Pacific MDG performance since 2004.

2. The design of water and sanitation systems should ensure access to such services by people living in poverty. To better connect poor households to water and sanitation systems, subsidies can be given to water and sanitation providers upon verification of outputs delivered to the poor. Design of water and sanitation systems should include upstream sustainable development of water resources, by renewing depleted ground water and ensuring proper allocation of scarce water resources. Especially for sanitation, integrated systems of collection, treatment and disposal should eliminate the untreated discharge from the systems to reduce pollution, environmental and health contamination problems.
3. Countries should set concrete targets for improving the quality of water and sanitation services.
4. National governments should define the multiplicity of roles and responsibilities at different levels of government to avoid issues of overlap and to take advantage of synergies.
5. Private sector, public-private partnerships (PPP) and community-based approaches should be explored to increase additional resources and improve service provision.
6. Appropriate cost-effective technology should be used to provide low cost services and expand coverage rapidly.
7. Countries should ensure the sustainability of water and sanitation systems, such as through tariffs and usage-based pricing; increasing efficiency through reducing non-revenue water and wastage; and prioritizing maintenance and capacity building of staff to operate and maintain water and sanitation assets.

B. Reducing child and maternal mortality in South Asia

Key issues for consideration

1. Skilled care during childbirth is vital to address complications that may develop for mothers and newborns during or immediately after delivery. A significant number of births in South Asian countries especially in rural areas still occur without access to reproductive and child health-care services, emergency obstetric care including skilled birth attendants and pre- and post-natal care including appropriate breastfeeding and vaccination policies. Action in these areas is proven to have an immediate and dramatic effect on improving maternal and child health.
2. Other factors having large negative impacts on maternal and child health are early marriage and childbearing, closely-spaced births, the prevalence of malaria and other vector borne diseases such as dengue as well as the incidence of anemia, which is one of the causes of maternal and perinatal mortality.
3. Underserved and un-served areas are often also areas that are difficult to access such as the hilly areas of Nepal, Bhutan and dispersed islands of Maldives,
4. Emerging challenges like climate change also have increasingly large health related effects through factors such as the growth of urban slums and the lack of access to safe drinking water and basic sanitation.
5. Availability and reliability of maternal and child mortality data has improved but is still incomplete and requires better data collection systems.

Recommendations for action

1. Countries should strive to guarantee the availability of skilled birth attendants and high quality emergency obstetric care at every birth.
2. Improve the availability and promotion of health education, reproductive and child health-care services and initiate breastfeeding practices in line with current United Nations recommendations. Simple post-natal interventions to ensure newborn care, referral for sick babies and services such as immunization can address a range of causes of child mortality. Regular antenatal care and steps to enhance consumption of iron folic acid also prevent child and maternal deaths.
3. There must be improvement in the status of women and greater education for women, especially about health-related issues such as birth spacing, ensuring proper nutrition and promotion of anti-malarial diagnosis and therapy and greater provision of insecticide-treated bed nets. Above all, stepping up investments in public health and inter-sectoral coordination is essential.
4. Countries should prioritize implementation of universal immunization programmes. Increasing vaccination coverage and improving sanitation and water supply can address many causes of post neonatal mortality.
5. Countries should institute quality mapping, guarantee the registration of all births, ensure identification of high-risk pregnancies, and provide information and support, including through mobile health care. Trained community health workers can close the gaps on health education and promotion of demand for adequate health services. Guaranteed and reliable referral transport support that can be mobilized at short notice must be provided.
6. The provision of adequate safe drinking water and basic sanitation is an effective health intervention that reduces child mortality and morbidity. Overall improvement in environmental health conditions including availability of toilets, clean air, and drinking water are also crucial.

C. Ensuring food security and nutrition

Key issues for consideration

a) Hunger and undernutrition

1. Insufficient incomes are a principal cause of hunger. But even when incomes of the poor rise, nutrition does not always improve given other uses of additional incomes.
2. Adequate nutrition is not only an issue of sufficient daily calorie intake but also requires a diet of essential micronutrients such as iodine, iron, vitamin A.
3. Undernutrition is also greatly exacerbated by poor health and improper hygiene practices.
4. Gender discrimination within households and the exclusion of socially discriminated groups from public programmes are important causes of undernutrition in these populations.
5. Cross-border and rural-to-urban migrants and displaced people resulting from conflicts are particularly vulnerable to hunger.

6. Child malnutrition is caused by additional factors such as maternal malnutrition, insufficient breastfeeding, birth spacing and a lack of child immunization.

b) Food security

7. Priority must be given to increasing food production, given the rising food demand. Food production, however, is stagnating owing to falling investments in irrigation and rural infrastructure, insufficient public support for research and development, paucity of rural finance, increased cost of inputs, water scarcity, diversion of land for biofuels, and climate change. Those are aggravated by short-term agriculture production cycles and droughts.
8. People living in poverty need to be able to afford sufficient food to guarantee adequate nutrition. Aggregate food availability often hides issues of distribution and food-related safety nets must be available to poor and vulnerable groups.
9. The design of nutrition and safety net interventions is essential to the success of these feeding schemes. However such programmes often suffer from major implementation failures.

Recommendations for action

a) Hunger and undernutrition

1. Affordable nutrition options and better information on the importance of nutrition, including of micronutrients, for health should be made available widely. Food fortification programmes should be stepped up.
2. Integration of health, water and sanitation with nutrition interventions is essential at the policy and implementation levels.
3. Nutrition programmes should ensure that excluded groups are specifically targeted. Gender discrimination within households can be tackled through women's empowerment and awareness initiatives.
4. Countries should adopt a rights-based approach where the right to food can be ensured by direct nutrition interventions. Specific ways to improve access to food by the poor and the vulnerable include providing mid-day meals in publicly visible areas (to enable self-targeting) in schools, and food-for-work programmes.
5. Countries should adopt a multidimensional approach to nutrition and food security that includes a life-cycle approach for treating child malnutrition in a continuum of care involving mothers and children and integrates multisectoral approaches to interventions, including in areas of health, nutrition, education, literacy and gender equality. It is crucial that child nutrition interventions also target children below 36 months as critical cognitive and health development of children occurs in these early months of life.
6. Successful feeding schemes for children and other vulnerable groups that have been effective in different areas can be scaled-up. Lessons from Integrated Child Development Services (ICDS) and similar schemes in South Asia need to be made available to policy planners in the subregion for better design and implementation of such programmes.

b) Food security

7. Governments must prioritize food production, including funding research and development of new technologies. The strategy for reviving agricultural growth should address the causes of stagnating food production.
8. Food pricing policies must maintain a balance between incentives for farmers and affordability for consumers. Internal food price volatility must be reduced through the development of appropriate internal storage and distribution infrastructure and better functioning of grains markets. Artificial scarcities caused by destabilizing speculation in domestic and international food-related commodities markets should be avoided through better regulation. Adequate food reserves are required at the national and subregional levels to deal with external and internal shocks.
9. Public distribution systems must be improved through better governance and better targeting towards those in need. Food for work and employment guarantee schemes have been effective in many countries of the subregion and successful examples should be replicated.

D. Financing of MDGs in South Asia

Key issues for consideration

1. Existing financing for achieving the MDGs in the Asia-Pacific region totals \$450 billion and it is estimated that an additional \$650 billion is required to achieve the goals. Projections show that the four Least Developed Countries in South Asia would require at least an immediate doubling of funding to be able to achieve the MDGs.
2. Financing of the MDGs in South Asia needs to be increased in sectors where MDG performance is weak, in particular in child and maternal health.
3. External sources of financing such as supplementing ODA commitments and increased South-South cooperation, combined with new innovative financing sources, can help provide the necessary funding for achieving the MDGs.
4. The benefits from South Asia's economic growth are not equally distributed. Greater ability of poorer households to access gains from economic growth and increase consumption levels will have a huge impact on their ability to move out of poverty and on countries' ability achieve the MDGs
5. High structural inequalities and geographical variations make simple national solutions ineffective and require greater targeting and tailoring of solutions across countries and regions. Structural problems such as vulnerability to natural disasters, and incidence of conflict inhibit efforts to implement programmes and assistance to achieve the MDGs. Other factors including international and rural-to-urban migration, demographic changes such as population ageing and large informal sectors can pose challenges to adequately targeting MDG funds.

Recommendations for action

1. Countries should consider enforced targets for fiscal social spending for MDG-related goals. Explicit allocation of MDG funding in budget priorities and allocations would increase the focus on finance directly related to MDG achievement.
2. Countries should re-evaluate their fiscal space and increase fiscal spending priorities

towards productive investment such as infrastructure and also focus financing on programmes that increase consumption growth of the poor and the gains from growth, in particular through employment growth targeting the poor, by extending social protection coverage and by providing far greater financial inclusion.

3. Countries should consider alternative and innovative methods of financing, for example through additional revenues from non-poor consumption goods or by taxing non-productive short-term capital investment flows.
4. Countries should consider ways to increase the efficiency in the allocation and expenditure of their existing financing for the MDGs.
5. Countries should take efforts to improve the governance of health systems to reduce corruption and wastage.

E. Role of non-state actors in MDG achievement

Key issues for consideration

1. Conflicts and insecurity impede development and prevent the emergence of an enabling environment for civil society to operate, influence change and contribute meaningfully to development.
2. There is a lack of clear mechanisms through which the voice of people and most marginalized sections of the society are being heard and their inputs and consultation reflected in the development policy process.
3. Appropriate channels (political or institutional) to keep all stakeholders meaningfully engaged in the development process are absent. Civil Society Organizations must be recognized as development actors in their own right.
4. There is a lack of appropriate channels for small-scale businesses/small producers, to add value, contribute to the supply chain and reach mainstream markets (whether at the national, regional or subregional levels).
5. Civil Society Organizations often face capacity constraints (including for scaling-up successful pilot projects, for networking or with regards to negotiation skills and powers).

Recommendations for action

1. Development should incorporate a human rights perspective, ensuring participation, inclusion, accountability and aim to be more pro-poor and focused on sustainability.

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