



The UN and Social Development

The social and human dimensions of development have been central to the United Nations from the beginning. The UNIHIP did not commission a book specifically on population, education, health, and children because these topics figure prominently in two of the series' volumes written by the project's co-directors: *Ahead of the Curve?: UN Ideas and Global Challenges* (2001) and *UN Contributions to Development Thinking and Practice* (2004).

Although the right to life had been recognized in the eighteenth century, the UN was the first to extend human rights to include education, health, nutrition, and the right to choose the number of one's children. The 1948 Universal Declaration of Human Rights spelled out the right to education and the need for it to be "directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms." It asserted, moreover, that education "shall promote understanding, tolerance and friendship among all nations, racial and religious groups" and stated that "parents have a prior right to choose the kind of education that shall be given to their children." That same year, the World Health Organization's (WHO) constitution declared that "the highest attainable standard of health" is a fundamental right of every human being. The early recognition of many of the human dimensions of development as rights, however, did not mean that measures to implement them were fully incorporated into programs of action. There were many delays and failures in translating formal recognition into implementation.

This said, overall advance regarding social rights during the last six-and-a-half decades has been extraordinary. Life expectancy in the world as a whole has increased by an average of twenty years since 1950, much more than in any comparable period of history. The increase has been most dramatic in developing countries. There has also been an enormous and unprecedented increase in the number and proportion of persons who are literate in developing countries, from about one-third in 1950 to well over three-quarters in 2000. The number of individuals educated to primary, secondary, and higher levels have also increased

by multiples, in parallel with other human improvements as judged by a wide range of other indicators. The United Nations and its various agencies have played a significant and sometimes a leading role in these advances. This has been done typically by setting regional and international goals and guidelines, by mobilizing action, and by providing technical, financial, and other forms of practical support for translating goals and guidelines into national action, especially in poorer countries. However, success must not be overstated; and the quality of education and health care, for example, has slipped considerably in many countries, developed as well as developing, during the last two or three decades.

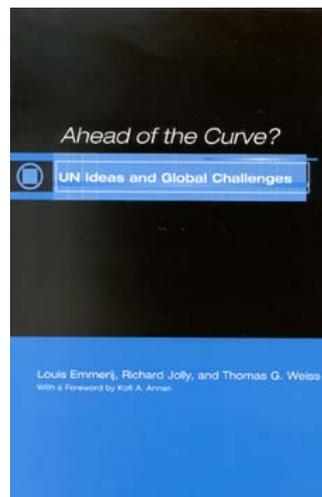
Population Expansion

The number of people in the world has grown more rapidly during the last six and-a-half decades than ever before. In 1945, world population was about 2.4 billion. By the middle of 2009, it will number 6.9 billion. Though the

rate of increase has fallen considerably since the 1960s, in absolute terms the world's population continues to grow by sizeable increments. According to the UN's latest median projection in *Development in an Ageing World*, the world's population will increase to around 9 billion in 2050. The highest projections forecast a total above 10 billion for 2050 while its lowest projections anticipate a total world population of

7.7 billion. There are many reasons to wish that that the 2050 figure will be closer to the lower estimate than to the higher.

In spite of a slow beginning, over its lifetime the UN has given increasing attention to population policy, moving from caution and reticence to advocacy and action on a global scale. In the 1950s and 1960s, evidence emerged that the world's population was





increasing at about 2 percent per year, double the rate earlier assumed. In 1974, the UN organized the first World Conference on Population in Bucharest. By then, seventeen countries in Asia had developed population policies and most had family planning programs. The Bucharest conference encouraged all countries to prepare population policies and integrate them into social and economic plans and establish a high level unit to deal with these issues. By 1983, 70 percent of the countries attending the conference had done so.

Debates about population issues have always stirred strong feelings. In the 1970s, the governments of many developing countries emphasized fertility control, which the UN and many donors, including the United States, encouraged and supported. In subsequent decades, fertility control became highly controversial, especially over the national family planning policy in India and the one-child family policy in China. Strong U.S. support in the 1970s shifted to strong opposition in the 1980s.

By contrast, in the world of ideas, the UN from the beginning, and especially in its *Report of the United Nations World Population Conference, 1974*, has stressed the “right of persons to determine in a free, informed and responsible manner, the number and spacing of their children” (11). Moreover, the UN has always drawn close links between population and development, emphasizing in its 1984 *Review and Appraisal of the World Population Plan of Action* that “the basis for an effective solution of population problems is, above all, socio-economic transformation” (184). At the second World Conference on Population and Development, held in Cairo in 1994, the right to choose was widely publicized, strongly promoted, and firmly established.

Will this be enough to deal with population problems over the next few decades? World fertility rates have fallen to 2.7 in the early twenty-first century, compared to 4.5 in the early 1970s. Fertility rates are now below replacement level in some sixty countries of the world that contain almost half the world’s population. These include the developed countries, countries in transition, China, and a number of better-off developing countries. It is in the poorer and least developed countries, especially in Sub-Saharan Africa, where fertility

rates are still high, though in every case, the rate is well below that of thirty years earlier.

Even with these reductions in fertility rates, the growing base means that world population will continue to increase. This is true for three main reasons. First, there will be continuing population growth in countries where fertility rates are still above replacement level. Second, there is a “population momentum”—meaning that even in countries with low fertility rates, population will continue to grow for a generation or two because of the disproportionate share of the population of child bearing age. And third, medical and economic advances are likely to extend life expectancy.

As part of this global demographic transition, the world population is ageing, including in developing countries. This will result, among other effects, in increasing dependency ratios, greater pension burdens, and challenges to health and long-term care systems. The United Nations has already begun to study these issues and has recently produced publications on ageing populations; this focus will need to continue.

Health

Over the years, the WHO—often with other UN partners—has led the way in four major areas of ideas and international action on health: the enjoyment of health as a human right; global action for the reduction and eradication of communicable diseases; access to primary health care; and defining the vision of health for all.

Smallpox eradication was one of the early and great successes of the United Nations—though not until after years of heated and tortuous debate in the World Health Assembly and some two decades of struggle and pioneering action. One reason, in addition to the WHO’s preoccupation with malaria eradication, was that many were skeptical about the feasibility of smallpox eradication, especially in Africa. Only in 1967 was there agreement on an intensified and coordinated program, leading to an unprecedented range of efforts on a worldwide scale. By 1975, the number of countries where the disease could still be found had fallen to three: India, Bangladesh, and Ethiopia. The last case of smallpox was finally



reported in 1977, and three years later the WHO formally declared the disease extinct.

The costs and benefits of smallpox eradication are worth noting because they impressively demonstrate the remarkable benefits of coordinated international programs. The total cost of achieving smallpox eradication was officially estimated to be about \$300 million at the time, one-third of which came from international sources and two-thirds from the afflicted countries. In terms of benefits, the world now saves at least \$2 billion each year by avoiding the need to purchase smallpox vaccine and support its administration.

The dramatic eradication of smallpox was not the only UN success of mass action for health. Between 1950 and 1965, yaws, a tropical disease that affects the skin and bones, was removed as a significant problem to public health, by the successful treatment of 46 million patients in forty-nine countries by penicillin against yaws. The global threat of plague has also declined in the last four decades, largely due to the use of antibiotics, insecticides, and other control measures. Currently the Global Polio Eradication Initiative is the single largest, internationally coordinated public health project the world has ever known. Launched by the WHO in 1988 when polio was endemic in 125 countries with more than 1,000 children paralyzed every day, the initiative had brought down the number of cases worldwide by 99 percent, to barely 1,300 in 2007.

In 1978, the WHO and UNICEF jointly launched an initiative called Primary Health Care. Three years later, the World Health Assembly and the UN General Assembly adopted the Global Strategy of Health for All by the Year 2000. Together these programs represented a fundamentally new approach to health care, with the goal of ensuring health for all. The essential underlying principles included: universal access to care and coverage on the basis of need; commitment to health equity as part of development oriented to social justice; and community participation in defining and implementing health agendas.

UN preoccupations with health contrast sharply with those of the Bretton Woods institutions. Not until 1979 did the World Bank create a health department and decide to fund stand-alone health projects in addition to health components in other projects. As the authors of

The World Bank: Its First Half Century comment, "The full embrace of health and education as productive investments was germinating under cover of the basic needs proposal of the late 1970s, but its official recognition came at the close of the McNamara period, most publicly in the 1980 *World Development Report*" (1997, 326-7).

Over the years, the WHO has established itself as one of the most professional of the UN's specialized agencies. It conducts a wide range of epidemiological analysis and research, based on a wide range of data for which it oversees a system of statistical definition, data collection, professional analysis and publication.

Education

The UN has made several contributions to ideas in education: it has declared that education is a human right, set goals for expanded access to education and improvements in the quality of education, and provided support for the advance of education, especially in poorer countries. The Universal Declaration of Human Rights not only stated that education was the right of everyone but elaborated some closely related points: "education shall be free, at least in the elementary and fundamental stages," "elementary education shall be compulsory," technical and professional education shall be made "generally available," and higher education shall be "equally accessible to all on the basis of merit."

Implementation has, in fact, been extraordinary. Over the sixty years since the Universal Declaration of Human Rights, primary school enrollments in developing countries have grown about two and a half times, from 235 million to 600 million. Enrollments in Africa have increased almost eight-fold, in South Asia six times, in the Arab region three and a half-times, and in Latin America and the Caribbean nearly three times. This far exceeds rates of expansion over any comparable period in industrialized countries.

Nevertheless, the right of everyone to education is still far from being achieved. *The Millennium Development Goals Report 2007* estimated that worldwide over 70 million children of primary school age were out of school in 2005; almost seven of ten are boys. In



recent years, enrollments of girls have grown faster than of boys, though primary school attendance rates are still lower for girls than for boys, as are primary school completion rates and secondary school entrance and enrollment ratios.

Setting time-bound quantitative global goals has been an important contribution of the UN; and the UN Educational, Scientific and Cultural Organization (UNESCO) was the first UN organization to do this in relation to social advances. It organized a series of regional conferences between 1959 and 1961 to plan for the expansion of education. Each conference took stock of the educational situation, explored recent trends, and set regional education goals for 1980. These included the achievement of universal and free primary education by 1980 as well as an ambitious expansion of secondary education, technical training, and higher education. Common to all the conferences was a focus on the long-term goals for 1980 and a more immediate short-term plan that typically focused on the first five years.

What progress was made? By comparison with all earlier experience, the expansion of access to education over the 1960s and 1970s was rapid, although education for all was achieved only in East Asia and Oceania. In South Asia and Sub-Saharan Africa, expansion was also fast but not sufficient to deliver education for all, notably because school-age populations were growing more rapidly than was at first realized.

All this took place before the World Bank started lending on a larger scale for primary education, part of the important changes brought about by its president, Robert McNamara. As the World Bank history explains, these changes began in 1968 with a cautiously worded report by Edward Mason that argued for a gradual broadening from secondary vocational and technical education to primary and university education. He presented his argument entirely in terms of productivity with “no reference to equity, poverty or non-economic educational objectives” (1997, 259-60). The Mason argument was a result of the growing interest in the economics of education, which viewed education as an investment in human beings. Even in 1970, after the World Bank Board had considered the new policy proposals,

it limited its action to experimental and demonstration projects. As earlier, there was no reference to equity or poverty. Once again, the UN had led the way.

Over the 1980s, the rise in debt, decline in export earnings, and adoption of structural adjustment programs that included cutbacks in spending for health and education, often under heavy pressure from the International Monetary Fund and the World Bank, meant that primary schooling in most African countries declined both in quality and quantity. Enrollment ratios fell. Primary schools typically struggled on with few, if any, books and with teachers who were paid sporadically, if at all. Compared with the vision of two decades earlier, the national and international neglect of the rights of all children to education in the 1980s and 1990s was a tragedy and a disgrace.

With hindsight, the 1950s and 1960s can in fact be seen as pioneering times for ideas, research, and policymaking in matters relating to education and what today is often called human resource development. Economists and planners launched new initiatives to calculate the benefits of education were underway, and research on the sources of growth began to shift ideas about capital investment from physical to human capital. In the early 1960s, UNESCO published a massive bibliography of the burgeoning list of books, articles, and research papers on the economics of education. However, there are many ironies and contradictions in the early years of global education history. Neither UNESCO nor other UN organizations directly contributed much to the new economic thinking about education. In fact, it was the Organisation for Economic Co-operation and Development (OECD) that first developed a systematic methodology for education and manpower planning. The OECD did a number of country studies that followed a pragmatic methodology to analyze education and training situations mostly at secondary and higher education levels. Thus economic planning applied to education arose, not within the UN, but within the institution created to deal with the coordination of economic policy among developed countries.

Children

UNICEF's contribution from the beginning has been its unique and creative focus on children,



catalytic support in finance and supplies and often fresh and often unconventional ideas about what is needed for the full and sustained development for children. A first major intellectual contribution emerged in 1964, from a conference in Bellagio that explored how concerns for children could better be integrated with development planning, instead of simply being included as an implicit part of planning for health, education, and other social sectors. A major conclusion of the conference was that UNICEF should help develop country programs for children in every member state.

By the 1980s, UNICEF's program approach was well established, but other urgent problems were arising. Debt and economic setbacks were affecting many developing countries, especially those in Latin America, the Caribbean, and Sub-Saharan Africa. A new economic orthodoxy held sway, and structural adjustment was the order of the day. UNICEF responded in two ways. One was through the publication of *Adjustment with a Human Face*—which made the case to the IMF and World Bank to protect the nutritional status, health, and education of children in the process of adjustment. How could one believe that the economy of a country was being strengthened if its children, the human capital of the future, were being weakened by inadequate nutrition, health, and education?

Second, UNICEF argued that times of economic difficulty required not the abandonment of actions for children but concentrated attention on high-priority initiatives pursued in cost-effective ways. Several such measures—including the expansion of immunization, the encouragement of breastfeeding, and the promotion of oral-rehydration to tackle diarrhea, the biggest cause of child mortality—were identified, along with complementary actions such as birth spacing and family planning, education of females, and food supplementation. UNICEF mobilized governments and civil society to generate nationwide action and public support for these activities in country after country. In spite of economic stagnation or decline in most of Africa and Latin America, infant and child mortality rates fell considerably over the 1980s, often at faster rates than in earlier years.

Over the 1990s, the idea of a rights-based approach to development took hold. The

Convention on the Rights of the Child (CRC) had been formulated in the 1980s. By 1989, the CRC was formally agreed to, and by 1990, in an unprecedented few months, the necessary forty ratifications had been received and the CRC came into operation. Today, the CRC is the most ratified of all human rights conventions. The significance of the CRC and the UN experience in its promotion shows the evolution of UN ideas and action within the social sectors from sectoral advance to a rights-based approach and further to an integrated view of human development.

Conclusion

Concern for all people in all countries has been part of the UN mandate and mission from the outset, an obligation set out in human rights and by the needs of development. This has stimulated UN leadership and calls for action in the areas of education, health, nutrition, and ending hunger—as well as, from the 1970s, for policies designed to slow population growth and improve the situation of women, including policies to improve maternal health. From the earliest days, the UN has focused on children with programs of support for children in emergency situations and, beginning in the 1950s, more general support for policies to reduce child mortality and improve child health. The world body also incorporated concerns for children in economic and social development. The UN has always emphasized the role of education in promoting understanding, tolerance, and friendship among all nations, racial, and religious groups.

In the basics of education, health, and nutrition, the human situation in all regions and almost all countries of the world is today measurably better than when the UN was founded, not only for children but also for women and men. Through its funds and specialized agencies, the UN has encouraged and supported these advances, providing technical advice and financial support, helping with planning and goal setting, generating social mobilization, and monitoring of progress. In countries such as Korea, Malaysia, Barbados, and Mauritius, the advances are such that countries that were once classed as poor and underdeveloped have achieved levels of basic education, health, and nutrition comparable to those in many developed countries. This shows what can be done. But the fact that so far this is



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the situation in only some developing countries is a stark reminder of how far individual countries and member states collectively have to go to realize the UN's early vision.

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