



## Welcome Kit for Parliamentarians



## *Reaching the MDGs in India*

Oxfam India  
Centre for Legislative Research and Advocacy

*Author:*

John Butler  
CLRA

*Editors:*

Shailey Hingorani  
CLRA  
Namrata Yadav  
CLRA

*Peer Reviewer:*

Avinash Kumar  
Oxfam

For further information please contact: John Butler, Programme Manager, Centre for Legislative Research and Advocacy, Tel: 9968755340, Email: john@clraindia.

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## What are the Millennium Development Goals (MDGs)?

In 2000, 189 Heads of State and government met at the UN Millennium Summit and historically signed the Millennium Declaration. They agreed to "free our fellow men, women and children from the abject and dehumanising conditions of extreme poverty, to which more than a billion of them are currently subjected." Less developed countries pledged to strengthen policies and governance mechanisms; richer countries pledged to provide aid and resources. For the first time, governments on a national level and international institutions on a global level, e.g. the World Bank, the International Monetary Fund (IMF), regional development banks, admitted accountability for ensuring progress towards achieving these goals.

### **The Millennium Development Goals are split into eight subjects:**

- Goal 1: Eradicate Extreme Hunger and Poverty
- Goal 2: Achieve Universal Primary Education
- Goal 3: Promote Gender Equality and Empower Women
- Goal 4: Reduce Child Mortality
- Goal 5: Improve Maternal Health
- Goal 6: Combat HIV/ AIDS, Malaria and other diseases
- Goal 7: Ensure Environmental Sustainability
- Goal 8: Develop a Global Partnership for Development

### **The current situation:**

On 16 May 2009, the Indian general election results saw the Congress led UPA government re-elected into power. With the power bestowed on the UPA by the people of India, the government has a clear people's mandate for change and a responsibility to meet the historic human development goals set down by the Millennium Development Declaration 2000.

The next five year term marks the final opportunity India has of reaching the Millennium Development Goals (MDGs) and unless urgent action is taken, India will fail to reach the MDG targets relating to health, nutrition, gender and sanitation.

### **What Parliamentarians can do to meet the MDGs**

This policy booklet goes through each MDG in relation to India, highlighting progress made towards the goal, challenges faced and areas where Parliamentarian's can intervene and help push the human development agenda forward.

## Millennium Development Goal 1: Eradicate extreme hunger and poverty

### Overview

Despite India's dramatic economic growth and a food surplus, the country is still suffering from alarming hunger and is ranked 66 out of 88 in a developing countries study (IFPRI, 2008). Urgent attention is needed by Parliamentarians to drive through reforms which improve and save the lives of millions of people. To reduce poverty and end extreme poverty the symptoms of poverty must be considered and understood and stakeholders must be involved in the decision making process so that the solutions are practical and can be implemented. The majority of the Indian population are dependent on agriculture and therefore special attention has been placed on increasing the amount of money invested in the sector and for farmers' debts to be reduced. However, for poverty eradication to accelerate, a combination of measures including extending health care, drinking water and sanitation facilities, education and employment, which all need to be improved urgently so that the vicious circle of poverty is broken.

### UN target and key indicators

*Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one a dollar a day*

*Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger*

Indicator	Value according to United Nations data	2015 target	Status (based on UN projected Values)
Percentage of the population living below the poverty line	8.7% below \$1; 77% below \$2	18.8%	On track
Percentage of adults Malnourished	Adults (15-49): 33% females, 28% males	31.1%	On track
Percentage of children undernourished	46% underweight; 38% stunted; 19% wasted	27.4%	On track

### Key facts

- Nearly a quarter of the world's poor live in India.
- 30 per cent of the total population live below the poverty line.
- There are more than 200 million malnourished people in India.

### Current policy

#### National Rural Employment Guarantee Act (NREGA)

This was a major policy change as government recognised its duty to the people. The introduction of the NREGA guaranteed 100 days of employment per household every year at the minimum wage level. The human rights approach to policy is a developmental step to improving the lives of millions, however problems of implementation have meant the average employment is still much less than the 100 day baseline.

#### Agricultural Debt Waiver and Debt Relief Scheme (2008)

Announced in the 2008/09 budget and extended in the 2009/10 budget, this one time bank waiver of nearly Rs. 71,000 crore to an estimated 40 million farmers aimed to resolve the issue of agrarian debt. What the Act failed to do is address the private debts farmers are often in because of money borrowed from private lenders. However, it was announced in the 2009/10 budget that in Maharashtra, a state badly affected, a task force has been set up to look into the issue.

### Policy recommendations

1. There needs to be increased strategic coordination between central and state government and local panchayats with clearly defined objectives and outputs for officials when implementing schemes.
2. There must be lobbying for increased Investment in irrigation, power, and roads, in under developed regions so that people have greater access to services.
3. To address corruption in the PDS system, laws must be developed so that it is compulsory for the police to file FIRs and investigate cases where the rules of the public distribution system have been broken and black marketing or corruption has taken place.

## Millennium Development Goal 2: Achieving Universal Primary Education

### Overview

Education is a key indicator in how a country is developing. 40% of India's population is 18 years of age and under, meaning that whatever money, policies and structures are developed now, will be reflected and indeed magnified in the future. Challenges that need to be overcome are; the lack of infrastructure, the low amount of GDP invested into education and the reasons why absenteeism is so high. Meaningful education needs to be provided to every child so that

equality is achieved not just in education, but also in the opportunities people can access post education which will shape the lives of millions of children. On a macro level how India shapes its children today will determine the progress of India tomorrow. The government announced in the 2009/10 budget, a National Mission for Female Literacy with a special focus on marginalised groups, which aimed to halve, female illiteracy by 2012. This scheme is highly commendable, but with no clear allocation outlined, the fear is that it will be another excellent government policy which is never implemented.

### UN target and key indicators

*Target: Ensure by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling*

Indicator	Value according to United Nations data	2015 target	Status (based on UN projected values)
Net enrolment ratio in primary education	76 per cent (2000 2005) 89 per cent (UNESCO)	100 per cent	100 per cent
Literacy rate of 15-24 year olds	76 per cent (2001)	100 per cent	100 per cent
Proportion of pupils starting grade 1 who reach grade 5	Apparent survival rate-(the number of students in grade 5 as a ratio of the number in grade 1): 67 per cent (GoI data)	100 per cent	100 per cent

### Key facts

- According to a UNESCO report (2005), India is officially home to the most illiterate people in the world.
- Pupil drop-out rates have increased to 50 per cent in the last 5 years.
- 90 per cent of India's 36 million children with disabilities are out of school.

### Current policy

#### Right to Education of Children and Compulsory Education Bill (2008)

The UPA government tabled the Right of Children and Compulsory Education Bill in 2008 and the Bill progressively acknowledged the right of the child to free, compulsory and equitable education and the responsibilities of the state to children, in and out of school. However, the Bill has been criticised for not defining "equitable education", it does not cover children between 0-6 and also children aged 14-18 years old and there is no mention of the special educational needs which children with disabilities require.

## Public spending

In India, public spending in the 2009/10 budget stood at Rs. 1,16,122.3 which is just 2% of GDP. This means there is major deficiency in the amount of money being paid into primary school education and is one of the leading causes as to why public schools are suffering from high rates of teacher absenteeism, lack of resources and basic infrastructure.

## Mid-day Meal Scheme (MDMS)

The Mid-day meal scheme provides children with a midday meal with a nutritional value of 450 calories. 12 crore children from government schools ranging from class 1-5 are covered by the scheme. The states with the highest malnutrition continue to be those where the MDMS has not been fully implemented and the policy does not currently cover those in upper primary education.

## Policy recommendations

1. Amend the Right of Children and Compulsory Education Bill, 2008 to include children between the ages of 0-6, ages 14-18 and children with physical and learning disabilities and then pass the Bill immediately.
2. Lobby for India to follow international practice and increase education spending to 6% of GDP.
3. Increase budget allocation for the Mid-day Meal Scheme and extend it to upper primary schools across the country. Without good nutrition and food security children's ability to learn is severely diminished.

## Millennium Development Goal 3: Promote Gender Equality and Empower Women

### Overview

Gender inequality is a cross cutting issue which if not addressed sufficiently undermines all other progress in development; from education to health, from poverty reduction to tackling HIV/AIDS. The Indian Constitution guarantees equal rights for men and women, and makes equal participation, freedom of thought and non-discrimination explicit fundamental rights. However, in reality India's society continues to show that it is very patriarchal. From birth, girls are discriminated against via deliberate infanticide, it is harder for them to enter the education system which impacts on the life choices they can make there after and they are affected further through violence, poor access to nutritional information, healthcare and work. For real change to take place as well as policies which deal with gender bias, there must be a cultural shift whereby women are empowered through education to stand up for their rights, take leadership roles and challenge misogyny that goes on around them. From increasing political

representation in parliament to making sure girls can access education to educating women through peer to peer groups about pregnancy, men and women together need to stand up for change and against misogyny.

### UN target and key indicators

*Target: Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels by 2015*

Indicator	Value according to United Nations data	2015 target	Status (based on UN projected values)
Ratio of girls to boys in primary, secondary and tertiary education	Primary: 91% (2005) Secondary: 70% (2003) Tertiary: 66% (2003)	Primary: 100% Secondary: 100%	Off track
Women in waged employment in non-agricultural sector	18% (2004)	N/A	N/A
Proportion of seats held by women in national parliament	Lok Sabha: 59 of 543 (2009), i.e. 9% Rajya Sabha: 25 of 245 (2007), i.e. 10%	N/A	N/A

### Key facts

- India ranks in the bottom 10 of an international list on women's participation in the economy.
- There is only 9 per cent female representation in Parliament.
- There are currently 927 girls under 6 years for every 1000 boys, declining from 945 in the last decade.

### Current policy

#### Women's Reservation Bill

In the 2009 Lok Sabha election, out of 543 MPs, only 59 were female. This Bill makes provisions for 33% of Parliament to be reserved for women and this would enable greater gender equity and make Parliament more representative.

#### Domestic Violence

The Domestic Violence Act was passed in 2005. The Act defines 'domestic violence' to incorporate sexual, physical economic and social abuse. As domestic violence typically takes place behind closed doors, the implementation of the Act is difficult; however it should be commended for being an incremental step in ending discrimination.



## Unorganised Workers Social Security Bill

The Unorganised Workers Social Security Bill 2008 was progressive in that it seeks to provide welfare measures for millions of workers in the unorganised sector. However, no special reference was made for women involved in the unorganised sector.

### Policy recommendations

1. Pass the Constitution (One Hundred and Eighth) Amendment Bill, 2008, which reserves one-third of all Lok Sabha and state legislative seats for women.
2. Amend the Unorganised Workers Social Security Bill, 2008, and provide a specific coverage to women from the unorganised sector.
3. Adopt a comprehensive law to deal with sexual harassment at the workplace and include the private and unorganised sector as well within its ambit.

## Millennium Development Goal 4: Reduce Child Mortality

### Overview

India has failed to make significant progress in reducing child mortality in the last two decades. With one in ten children dying before the age of five and almost two million children dying every year, India has an embarrassingly high child mortality rate. Steps need to be immediately taken to ensure that pre and post natal care is provided, that pregnant women are given proper nutrition and incentives are provided to them for visiting the local health care centres for regular check-ups. Furthermore, systems need to be put in place to ensure that proper follow-up after delivery is done and that new born babies are vaccinated to ward off infections and other diseases.

### UN target and key indicators

*Target: Reduce by two thirds between 1990 and 2015, the under-five mortality rate*

Indicator	Value according to United Nations data	2015 target	Status (based on UN projected values)
Under five mortality rate (per 1000 live births)	85 (2004)	41	Off track
Infant mortality rate (per 1000 live births)	57 (2006)	27	Off track
Proportion of 1 year old children immunised against measles	58 (2005)	N/A	N/A

### **Key facts**

- One out of every ten Indian children will not reach the age of 5.
- Malnutrition contributes to over 50 per cent of child deaths.
- India has the lowest child immunisation rate in South Asia.

### **Current policy**

#### **Integrated Child Development Series**

The Supreme Court directed states and union territories to implement the ICDS in 2001 and in the 2009/10 budget it was announced that the scheme would be extended to every child under the age of six by March 2012 and funds were increased to Rs. 6026 crores. However, government has been criticised for just increasing funds and not outlining how the money will be allocated and how ICDS will be made universal.

#### **Anganwadi workers**

Despite some of the world's worst child mortality figures, there are still not enough anganwadi workers and they do not have the resources to meet the nutritional requirements of pregnant mothers, infants and small children. Currently there are only 10 lakh anganwadi workers and if there is to be one anganwadi worker per 1000 (the declared norm) then there should be 14 lakh anganwadis.

#### **Integrated Management of Newborn and Childhood Illnesses (IMNCI) and Expanded Programme on Immunisation (EPI)**

Under the IMNCI, baseline workers are trained in the holistic management of measles, malaria, pneumonia, diarrhoea and malnutrition. By 2007, 75 districts had initiated the process. In addition, the EPI aims to reduce prevalence, mortality and disabilities by providing free vaccinations to all eligible children against six preventable diseases: tuberculosis, diphtheria, pertussis, tetanus, polio and measles. The Programme became part of the RCHP in 1997. The Union Budget provides for routine immunisation against these diseases. However, according to the WHO, failure to deliver at least one dose of measles vaccine to all infants is the primary reason for continuing prevalence of childhood measles and mortality. The MoHFW has attributed failures in immunisation programmes to staff shortages, lack of training, inadequate mobility of health workers and problems delivering vaccines, whilst the UN reports problems with ensuring cold chain and vaccine storage services.

### **Policy recommendations**

1. Operationalise the commitment to universalise the Integrated Child Development Scheme (ICDS). Integrate the ICDS and the National Rural Health Mission to prevent and manage malnourishment.
2. Provisions need to be lobbied for so that additional Anganwadi worker can be employed to enable focus on 0-3 children, and take measures to promote breastfeeding through

behavioural changes (breastfeeding should be done within one hour of birth and exclusively for the first six months of life before the timely introduction of complementary foods at six months old), nutrition counselling etc.

- Information advocating the need for children to get fully immunised and to take bi-annual vitamin A supplementation with de-worming should be distributed through government bodies.

## Millennium Development Goal 5: Improve Maternal Mortality

### Overview

India's abysmal maternal mortality rates are one of the most discussed anachronisms amongst the nation's social scientists. Currently, there are states in India which number amongst the worst performing regions in the world, and India as a whole has more maternal deaths than any other country. The major causes of maternal death are excessive bleeding during childbirth (common in home deliveries), obstructed and prolonged labour, infection, unsafe abortion, disorders related to high blood pressure and anaemia. Forty-seven percent of maternal deaths in rural India are attributed to excessive bleeding and anaemia resulting from poor nutritional practices. Furthermore, what also contributes to Maternal Mortality Rate (MMR) is the lack of complete antenatal care. Only 15 percent of mothers receive complete antenatal care in the country.

### UN targets and key indicators

*Target: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio*

Indicator	Value according to United Nations data	2015 target	Status (based on UN projected values)
Maternal mortality ratio (per 1000 live births)	450 (2009)	109	Off track
Proportion of births attended by skilled health personnel	48% (2006)	100 per cent	N/A

### Key facts

- India has the largest number of maternal deaths in the world, and yet spends only 0.9 per cent GDP on healthcare.
- UN agencies report that maternal deaths are 41 times more likely in India than in the US, and 10 times more likely than in China.

### Current policy

#### Access to healthcare

The reasons for India's poor performance in reducing child and maternal mortality rates relate largely to accessibility of healthcare (preventative and curative), inadequate nutrition, and insufficient efforts to provide immunisation. Whilst the government to date has largely focused its efforts on lateral programmes such as the Janani Suraksha Yojana (JSY), essential antenatal care has been severely neglected. It is most often those who live closest to subsistence level who are forced to make direct payments for essential healthcare services, and nearly half of the households who are in debt or have been forced to sell off assets did so to finance hospital expenditure.

#### National Rural Health Mission (NRHM)

##### *a. Improve facilities for institutional deliveries under the Janani Suraksha Yojana (JSY)*

JSY is 100 per cent centrally-sponsored, giving mothers and Accredited Social Health Activists (ASHAs) cash incentives for institutional deliveries. Reports from states indicate significant increases in institutional deliveries due to demand side financing. However, there are numerous accounts of women not receiving the money to which they are entitled. JSY and institutional deliveries are being pushed vigorously without much improvement in quality of services, either in the public sector hospitals or the unregulated private sector. In some areas, infrastructural failings may mean that institutional deliveries are unsafe or, given accessibility issues, impossible. At present, there are no oversight mechanisms to ensure either the maintenance of acceptable standards or the equitable treatment of all female patients. Providing monetary incentives only at the point of birth does little to address the health needs of mothers; the money is likely to be transferred to the family coffers without tackling the long term problem.

##### *b. Enhance access to skilled service provision and emergency obstetric care for women in rural areas and slums, through the Reproductive and Child Health Programme phase 2 (RCH-2).*

Under the NRHM, 3,20,000 ASHAs have been recruited and over 2,00,000 have received orientation training. The lack of infrastructure and service providers, however, frequently means that there are no trained *Dais* or ASHAs available. Auxiliary Nurse Midwives (ANMs) are also in short supply: in recent years, the tasks demanded of them have shifted significantly and yet there has been little retraining within the changed paradigm.

### **Policy recommendations**

1. Special provisions must be made for allocating a part of the health budget to women.
2. Improved food and nutrient intake for adult women, including during pregnancy and lactation
3. Enhance facilities for safe abortions in Government hospitals as unsafe abortions are an important cause for maternal mortality.

## **Millennium Development Goal 6: Combat HIV/AIDS, Malaria and other diseases**

### **Overview**

It is estimated that 2.6 million people in India live with HIV/AIDS (UNAIDS). Although, this revised figure is lower than what was previously thought, the disease is almost certain to spread due to the lack of knowledge about the disease, testing and prevention. Policy responses to HIV/AIDS are limited by the lack of reliable statistical information, lack of proper physical healthcare facilities and fear of social repercussions. Tackling discrimination must therefore be an absolute priority for the government, not only to safeguard fundamental human rights amongst people living with HIV/AIDS, but also to enable a more extensive assessment of the scope of the epidemic and implement effective, targeted policy interventions. This means that the HIV/AIDS Bill needs to be passed and those identified as high risk need to be targeted with prevention materials. Access to high quality medical care needs to be enabled so that epidemics like that of TB and drug resistant forms of tuberculosis are curbed. Furthermore, health, support infrastructure and systems of care need to be strengthened.

### **UN targets and key indicators**

*Target 1: Halt and begin to reverse the spread of HIV/AIDS by 2015*

*Target 2: Halt and begin to reverse the incidence of malaria and other major diseases*

Indicator	Value according to United Nations data	2015 target	Status (based on UN projected values)
HIV prevalence among 15-24year old pregnant women	0.55 per cent (2006)	No target set	N/A
Prevalence rates of malaria	16.7 lakh cases, i.e. About 157 cases per 100,000 population (2006)	N/A	N/A
Per capita prevalence and death rates for TB	299/100,000 and death rate of 28/100,000	Reduction by 50 per cent relative to 1990 levels: 284/1,00,000 and death rate of 21/1,00,000	On track

### Key facts

- Every year there are approximately 18 lakh new cases of TB in India.
- India is one of just four countries where polio is still endemic.
- 25 per cent of people living with HIV in India have been refused medical treatment on the basis of their HIV positive status.

### Current policy

#### National AIDS Control Programme (NACP)

Phase III of the National AIDS Control Programme (NACP) was implemented in 2007-8 and will run for five years: it aims to halt and reverse the HIV epidemic in India during its time frame. Strategies concentrate on:

- Prevention amongst high risk groups and the general population with targeted interventions
- Provisions of enhanced care, support and treatment to more people living with HIV (PLHIV)
- Improving health infrastructure, systems and resources in prevention, care and treatment at district, state and national level
- Strengthening national information management systems

The “guiding principles” behind NACO's approach are equity; respect for the rights of PLHIV, including creation of an enabling environment; civil society participation; universal access to

prevention, care and treatment, and implementation of evidence based programmatic interventions with extensive monitoring and evaluation (UNFPA).

### **Enshrining the rights of people with HIV**

The HIV / AIDS Bill addresses the issue of discrimination in employment, healthcare, education and other places, besides informed consent for testing, treatment and research. It legalises a safe working environment for healthcare workers, proposes protection of inheritance and property rights, and recognises community-based alternatives to institutionalisation for vulnerable and affected children. However, despite being passed by the Ministries of Health and Law and Justice, the Bill has still not been tabled in Parliament.

### **Programmes on Adolescence Education**

The National and State Action Plans for Adolescence Education, developed by the Department of Education, aims to deliver to Grade IX and above: information of growing up, HIV / AIDS, life skills and extra curricular activities and aims at:

- 100 per cent coverage of schools (33 million students every academic year)
- Inclusion of HIV prevention education in the curricula of students (Grade I-XII)
- Inclusion of HIV prevention education in the curricula of pre-service and in-service teacher training

### **Policy recommendations**

1. Pass the proposed HIV/AIDS Bill, which addresses the issue of discrimination in employment, healthcare, and education, informed consent for testing, treatment access and research.
2. Implement the proposed National and State Action Plans for Adolescence Education in schools.
3. Setup laboratories, which have equipment to detect drug resistant forms of TB. This will allow health bodies to better calculate the scale of the disease and resources can subsequently be focused on high risk areas.

## **Millennium Development Goal 7: Ensure Environmental Sustainability**

### **Overview**

Surface temperatures, across India, have already increased by approximately half a degree centigrade during the second half of the twentieth century. The Intergovernmental Panel on Climate Change (IPCC) has emphasised that it is ultimately the poorest people who will be most

affected by inadequate policies related to environmental sustainability. Therefore, urgent measures need to be taken towards achieving environmental security, which must consider both vulnerable populations and conservation, and not see them as conflicting poles. Climate change is an issue which all of us need to address with immediacy, failure to act swiftly will serve further to contribute to the adverse long term impact of climate change. In the run up to Copenhagen in December 2009, it is crucial that India and the world can come together to work on joint climate change adaptation and mitigation strategies.

### UN targets and key indicators

*Target 1: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources*

*Target 2: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation*

*Target 3: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers*

Indicator	Value according to United Nations data	2015 target	Status (based on UN projected values)
Population with sustainable access to improved water sources	Total: 86 per cent, Urban: 95 per cent, Rural: 83 per cent (2004)	Urban: 94 per cent, Rural: 80.5 per cent	On track
Population with access to sanitation	Total: 33 per cent, Urban: 59 per cent, Rural: 22 per cent (2004)	Urban: 72 per cent, Rural: 72 per cent	On track

### Key facts

- By 2025, the per capita availability of water is likely to slip below the critical mark of 1,000 cubic metres.
- About 4 in 5 households in India do not have toilet facilities.
- India is the fourth largest greenhouse gas emitter in the world, and yet is one of the most vulnerable countries to the effects of climate change.

### Current policy

#### National Climate Action Plan

In June 2008, India's National Action Plan for Climate Change (NAPCC) was launched. This plan emphasises the need for sustainable development through clean energy technology, however it does not set targets for reductions in greenhouse gas emissions.



## Climate Change

India's stance is that developed countries should support developing countries to cut emissions and industrialised countries should fulfil their commitments under the Kyoto Protocol and the Bali Action Plan with the convention guiding them. India is the 4<sup>th</sup> largest emitter of greenhouse gases in the world and its emissions are expected to almost treble by 2050. However, under the Kyoto Protocol, India has no obligation to limit its emissions. India has maintained that its per capita emissions would never go beyond that of the industrialised countries. Developed countries are now planning to pressure India at Copenhagen to accept certain obligations in return for financial and technological support.

### Policy recommendations

India has a crucial role to play in negotiations at Copenhagen. The following recommendations for parliamentarians are to ensure an equitable and sustainable agreement to combat climate change in the long term, both in the lead up to Copenhagen and beyond:

1. Agreement that 2 degrees is an appropriate level of growth at Copenhagen. A four degree increase in temperatures over the next decade will be devastating and set back progress towards reaching the Millennium Development Goals (MDGs).
2. Support of low carbon growth is in the interests of business in India and not a threat to India's economic growth. For example, since 1995 SELCO India has become a pioneer of solar lighting and has built a successful business around the belief that solar energy technology makes financial sense, especially for the poor.
3. Share best practice from legislators across the world, in terms of the kinds of policy instruments that are needed to tackle climate change. There are many best practice examples and it is important to learn global lessons from this information sharing.
4. Mainstream climate into development activities at the constituency level. The issue of climate change is cross cutting and will have a huge impact on human development prospects in India, from health to education to rates of mortality at community level.
5. Further support for the development of Technology Innovation Centres to help accelerate research and deployment of low carbon technologies.

## Millennium Development Goal 8: Develop a Global Partnership for Development

### Overview

Developing countries struggle to compete against developed countries because of the world's unfair trade rules which allow developed countries to heavily subsidise their industries and corporations as well as placing high tariffs on the exports from developing countries.

Internationally, India has a sufficient range of products and adequate safeguard mechanisms to protect the interests of its farmers, assuming appropriate and effective domestic policy. However, the government must represent the position of the poorest countries, including its less privileged neighbours, in international negotiations. In coming years, trade within the South Asian block must be a key priority for India. On a national level, the government must ensure that adequate incentives and safeguards are in place to retain its professionals and also develop innovative strategies and concrete plans to generate purposeful work to furnish a healthy economy.

### **UN targets and key indicators**

*Target 1: Develop further an open trading and financial system that is rule-based, predictable and non-discriminatory, includes a commitment to good governance, development and poverty reduction nationally and internationally*

*Target 2: Address the least developed countries' special needs. This includes tariff- and quota-free access for their exports; enhanced debt relief for heavily indebted poor countries; cancellation of official bilateral debt; and more generous official development assistance for countries committed to poverty reduction*

*Target 3: Address the special needs of landlocked and small island developing States*

*Target 4: Deal comprehensively with developing countries' debt problems through national and international measures to make debt sustainable in the long term*

*Target 5: In cooperation with the developing countries, develop decent and productive work for youth*

*Target 6: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries*

*Target 7: In cooperation with the private sector, make available the benefits of new technologies especially information and communications technologies*

### **Policy recommendations**

1. In relation to target 1, on a national level, India must be wary of continued subsidy shifts from the public to the private sector. This is a particular problem in healthcare, where the government has granted land subsidies for the construction of private hospitals, cuts in import duties on drugs and equipment, private contracting and outsourcing of services. The Indian government has intentions of making its private hospitals a world class destination for medical tourists, but, without equal investment in accessible public healthcare, this could well be at the cost of its own citizens.
2. In relation to target 4, India must fully support debt cancellation for the HIPC (Heavily Indebted Poorest Countries) through the Multilateral Debt Relief Initiative, and this should also be accompanied (as it currently is not) by increased Official Development Assistance to repair, sustain and inaugurate infrastructural development. The international community should also be pushing for the extension of debt relief to other Least Developed Countries (LDCs) where debt burdens are seriously hampering efforts to attain the Millennium Development Goals.

3. In relation to target 5, after Class VIII, it is essential that the government provides a variety of good quality options for students, including skills and livelihoods based training. It may also be possible to consider Self-Help Groups, flexible short duration vocational courses that will not interfere with education or earning capacity, education regarding marketing and production technology and training support that leads to absorption into a specific industry. This process can be assisted by collaboration with NGOs and civil society, and in some cases it may be possible to co-ordinate such efforts with the NREGA
4. In relation to target 6, a system of compulsory licensing will in the long term be the only way to ensure access to affordable medicines. Policy makers must therefore preserve the right to allow time-tested generic competition, which will solve procurement problem, increase local availability and affordability of drugs and save on costs for patients and the national health budget. This legal responsibility to safeguard the public's right to access affordable medicines extends to India's global responsibility of making affordable generic medicines available to the world in the event that patent holders choose profits over patients.
5. In relation to target 7, Parliamentarians must push government to reach the target of 20 million broadband users by 2010 as broadband plays a key role in economic growth which has slipped from a high of 9% since the economic crisis.

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## ***OXFAM***

*Oxfam India* works towards putting an end to poverty and injustice. For over 50 years, Oxfam has been actively partnering communities and like-minded organizations to bring in a global movement of change. Oxfam India is a member of Oxfam International, which works in over 110 countries on issues related to people living in poverty and helping them take control of their rights. Oxfam India focuses on 4 priority areas: Economic Justice earning a better income; Gender Justice unlocking women's potential; Essential Services the ABC of overcoming poverty; and Humanitarian Work preparing to survive.

*For further information contact:*

**Centre for Legislative Research and  
Advocacy**

9, Ferozeshah Road  
New Delhi-110001  
Tel: 011-23070756  
Email: [info@clraindia.org](mailto:info@clraindia.org)  
Website: [www.clraindia.org](http://www.clraindia.org)

**Oxfam**

2nd Floor, 1 Community Centre  
New Friends Colony  
New Delhi 110 065  
India  
Tel: +91 (0) 11 4653 8000  
Fax: +91 (0) 11 4653 8099  
Email: [delhi@oxfamindia.org](mailto:delhi@oxfamindia.org)  
Website: [www.oxfamindia.org](http://www.oxfamindia.org)