

Joint Donor Statement on Human Development

By Mr Douglas Gardner, United Nations Resident Coordinator

Consultative Group Meeting

2— 3 March 2006, Phnom Penh, Cambodia

Excellencies, Ladies and Gentlemen

1. Cambodia's progress as a nation is both measured by and dependent on the development status of its citizens. The development partners thus welcome the Government's commitment to human development¹ issues as set out in the Government's National Strategic Development Plan, and the longer term ambitions outlined in the Cambodia Millennium Development Goals for both 2010 and 2015.

2. The Joint Monitoring Indicators on Human Development from the last Consultative Group meeting focussed on improving fund availability for the health and education sectors to ensure better service delivery. For this 2006 Consultative Group meeting, the related indicators have been both repositioned and strengthened:

- Indicators on health and education spending will be monitored through public financial management performance indicators. Steady and reliable delivery of services throughout the year necessitates timely disbursement of the Government budget.
- The monitoring of the completion and adoption of the Law on Domestic Violence and Protection of Victims, and the completion of the Draft Law Against Human Trafficking and Sexual Exploitation will be addressed through legal and judicial Joint Monitoring Indicators.
- To ensure special priority on the well-being of Cambodian citizens, additional Joint Monitoring Indicators have been included on education, health, gender, and HIV/AIDS. This is certainly welcomed and ensures a greater spotlight on key actions needed to make progress.

3. Maternal health: Whilst progress has been made in reducing fertility rates and increasing the proportion of women using birth spacing and accessing proper antenatal care, still more than one fifth of the illness-related causes of death of women aged 15-44 are due to pregnancy-related complications including during deliveries. Such alarmingly high figures call for careful assessment of the situation, the review of interventions, the improvement of both the nutritional status of expectant mothers and critical health services.

4. Education: Cambodia has made progress in increasing access to basic education. However, half of the children in Cambodia still do not complete primary education. Lack of trained teachers and educational materials, as well as poverty itself means that many over-aged children are stuck at the primary level. Children who have disabilities, orphans, those from ethnic minorities and the very poor, have little success in accessing public education. We hope that the renewed focus of Government, development partners and civil society on education for every child will ensure enrolment and completion with consideration of the incentives required and a particular focus on girls and those with special needs.

¹ Human development is the process of expanding human choices by enabling people to enjoy long, healthy and creative lives (Human Development Report 2000)

5. Gender: Mainstreaming gender is a path to overcome inequities in access to education, levels of female literacy, higher rates of girl child labour and gender inequities in access to public services. Gender mainstreaming is also a way to increase the current low levels of representation of women in decision-making positions. Neary Rattanak II and the Rectangular Strategy embody the Government's commitment to gender mainstreaming and recognise the need to strengthen laws and their enforcement. We acknowledge Cambodia's report to the United Nations Committee on the Elimination of Discrimination Against Women and the committee's consideration of the report in January 2006. We also acknowledge that the Royal Government has enacted a new law on domestic violence in September 2005 and as development partners we remain focused on supporting implementation of the National Action Plan to combat violence against women.

6. HIV/AIDS: Cambodia has made significant progress in meeting its targets to combat HIV/AIDS. The prevalence rate among adults aged 15-49 has sharply declined from 3.0% in 1997 to 1.9% in 2005 (surpassing the target of 2.3%). Whilst many of these results are encouraging new areas of concern need to be addressed. These especially include the increasing proportion of husband-to-wife and mother-to-child transmissions among total new infections. The conventional intervention strategy to combat the disease by focusing on urban and high-risk groups needs to be complemented by approaches that address vulnerability in a range of settings and populations, including the issue of increased illicit drug abuse. Achievements in tuberculosis (TB) prevention and cure are significant with DOTS treatment now in all health centres, with good cure rates recorded.

7. New JMI's: The Government has demonstrated that advancing human development is possible through implementing adequately and efficiently funded plans of action based on targeted outcomes. As development partners, we are pleased to see that key areas of action have been selected for careful attention in the coming year including:

- Improved health services - with a focus on maternal health where a greater proportion of deliveries are attended by skilled health personnel.
- Better access to and quality of education as measured by increased enrolments in primary school at age six and an increased completion of primary education grades one to nine.
- Implementation of the National Action Plan to combat violence against women.
- Increased coverage of effective prevention, care and support as well as targeted interventions to reduce the impact and prevalence of HIV/AIDS.

8. Conclusion: Human development is central to the development of the nation as a whole and can best be achieved through progress on development, peace and security, and human rights². Monitoring progress on human development through the JMI's now includes the defining and tracking of rates of disbursement to the health and education sectors. Likewise and in line with the NSDP, the JMI's also focus on the critical issues of improved service delivery and strategy implementation for health, education, HIV/AIDS and gender. We remain committed to supporting the Royal Government of Cambodia in the implementation of these important segments of the NSDP and will continue to collaborate with Ministries, National Authorities and civil society to support the defined and agreed actions needed to make progress on the CMDG's in Cambodia.

² UN World Summit, September 2005