

## HUMAN DEVELOPMENT

**Joint Statement on Human Development Indicators  
by Mr Douglas Gardner, United Nations Resident Coordinator  
Government Donor Coordination Committee (GDCC)  
5 October 2006, Phnom Penh, Cambodia**

1. We very much welcome this focus today on the welfare of the people of Cambodia. Our thanks to the Government for tabling this very important topic. This response to the Government's presentation has benefited from input from a number of your development partners.

2. During the last CG meeting, we agreed to Joint Monitoring Indicators that cover some fundamental building blocks for human development in Cambodia: improvements in health services with a focus on maternal health; improved enrolment and completion rates of children in school; ensuring women can lead their lives free of violence; and effective prevention and care to reduce new HIV infections and the impact of HIV/AIDS. Healthy, well educated citizens enjoying a full range of choices and liberties in their lives are absolutely essential ingredients for the sustainable growth of the economy as well as the long term stability of the nation. Investments in the human capital of the country will provide huge returns and will be prime determinants of the nation's future.

3. We do have good news of real progress. The preliminary findings of the 2005 Cambodia Demographic Health Survey provide helpful insights on Human Development in Cambodia. On the heels of the good news in 2005 of progressive poverty reduction and significant economic growth, the survey shows welcome improvements in infant and child health as well as reductions in fertility. These important achievements provide two important lessons that are relevant to all sectors:

- First, policies and plans implemented through concrete actions do have a positive impact on the lives and wellbeing of citizens.

- Second, well placed investments, particularly in health, HIV/AIDS and education, coupled with coordinated efforts of Government and development partners including NGO's -- are paying off. Much more is indeed needed, but we can take some satisfaction from the results now achieved.

4. Let's zoom in to a few of the indicators (these are certainly not complete but illustrate some key points):

- The demographic health survey shows that infant and child mortality rates have been substantially reduced - but more work needs to be done since nearly 30,000 children still die per year from largely preventable causes. One Cambodian child dies every twenty minutes.
- Although more mothers have received antenatal care (almost 70%), the proportion of deliveries attended by skilled health personnel (JMI) has only slowly increased from 32% in 2000 to 44% in 2005. Furthermore, only 22 % of deliveries take place in a health facility. Your development partners hold real concern that an unacceptable proportion of women are dying or are at risk during pregnancy and childbirth, with achievement of 2010 NSDP targets posing a significant challenge.
- A further issue we signal today relates to basic levels of sanitation and access to clean water (these are part of Cambodia's millennium development goals but are not included in the JMI's nor the NSDP). Water and Sanitation is something of an "orphan" on the development front -- both in terms of investment and who is responsible. In a situation where only 38 per cent of the population has access to safe drinking water and 22 per cent to latrines, it impacts the lives of Cambodian citizens, notably children. We would welcome a focus on this matter during the GDCC including the issue of arsenic contamination of drinking water.

5. Turning now to education.... Yes it is encouraging that enrolment rates in primary schools have increased and are close to targets, but the percentage of children actually completing primary education is stagnant and well below NSDP targets. Less than 50 per cent of formally enrolled children complete Grade 6. Our leading concern is precisely that only one out of every two children is completing primary school. That basically means that every other Cambodian child, even now in the year 2006, may not be able to read and write. In the global economy where Cambodia must compete, this fact is extremely worrying. We would strongly urge a spotlight on primary school completion and a response that treats it with genuine urgency given its dire long-term consequences.

6. Let me stress that progress on health and education is not just an issue for those people and institutions working directly in these sectors. Linkages across the whole development spectrum are profound. Governance reforms, particularly public financial management, anti-corruption and public administrative reform, will be essential to direct increased financial resources to these sectors and to ensure that they are received in a timely fashion. D and D reforms will bring decision making closer to parents whose lives and those of their children are ultimately impacted by administrative inefficiency. Finally, development of roads, electricity, and other vital 21<sup>st</sup> century infrastructure are key for further progress in health and education.

7. Studies show that domestic violence continues to haunt the lives of women and children in many homes. We applauded the Law on Domestic Violence and Protection of Victims coming into force last year. Following that, current support centers on disseminating the law nationwide and training of judges. We suggest that these welcome steps be complemented with strategies and actions for the provision of legal, health and counseling services as well as raising awareness of young people on attitudes and the impact of violence. We encourage any and all actions to reduce domestic violence and stand ready to support implementation of the National Action Plan to Combat Violence. We share the view that violence against women is illegal, hinders multiple aspects of development, and is destructive to the most fundamental building blocks of society, the family and the home.

8. On the JMI related to HIV/AIDS, we share the concern of the Government on the increasing proportion of husband-to-wife and mother-to-child transmissions as the cause of new infections of HIV/AIDS. While overall adult prevalence has fallen in Cambodia, it remains very high when compared to other countries in the region. We will continue to support and encourage the rapid national expansion of comprehensive care, treatment and prevention services for all Cambodians, including high-risk population groups such as men having sex with men and drug users. Evidence of widespread infection with other sexually-transmitted diseases is also a growing concern that calls for a rapid and effective response.

9. In conclusion, we are grateful for this opportunity to focus on these key indicators that so directly impact on the Cambodian people. We thus encourage future GDCC's and the CDCF to regularly review the status of human development with particular links being made to the reforms in governance and to essential infrastructure supporting social services.

We are all hopeful that as oil and gas revenues enter the national budget over the coming years, Cambodia will move into a new era of prosperity - that the blessings of this natural resource will be realized, not the curse. It is now, however, that we need to make the decisions to invest in the Cambodian people, especially their health and education. Only with a healthy and educated population, living productively in a safe and supportive environment, will the dreams of prosperity and a bright future become reality.

Thank you.

FOR INFORMATION ONLY (NOT A PART OF THE REMARKS), HERE ARE THE  
RELEVANT PIECES FROM THE JMI LIST AS RELATED TO HUMAN  
DEVELOPMENT

**Human Development JMI**

10. Foster the development of socially cohesive, educationally advanced and culturally vibrant society that is free of illiteracy and disease and follow the RGC's Strategic Plan - Neary Rattanak (women are precious gems).

**Actions Needed**

1. Increase the proportion of deliveries attended by skilled health personnel
2. Increase the net enrolment in primary school (total, and by sex)
3. Increase the survival rate from grades 1 - 6
4. Implement the National Action Plan to combat violence against women
5. Increase coverage of effective prevention, comprehensive care and support, and effective mitigations interventions.