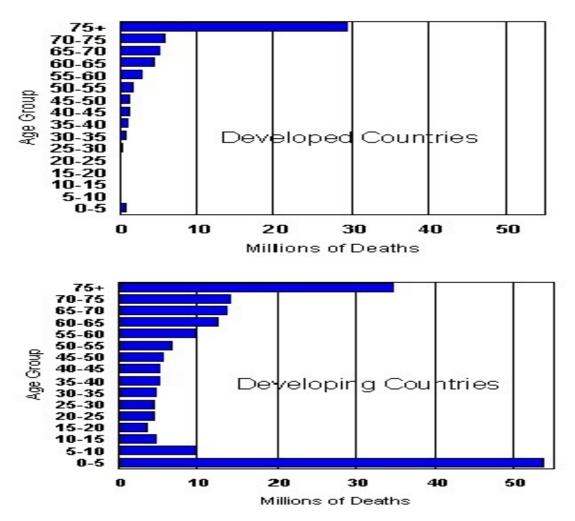
<u>BIEN Congress – Dublin, 2008</u>

Using Human Rights to Accelerate Universal Income Security: The Creation of a UN Investment Fund for child benefit?

Peter Townsend

Age at death by age group, 1990-1995



Source: *The State of the World Population 1998*

Table - Child mortality and poor health conditions – Three regions (Source: WHO, World Health Statistics, 2007)-compilation by P.T.)

Indicator - Poorest or richest 20% of population	India – per cent	Sub-Saharan Africa – per cent (25 countries)	Latin America – per cent (8 countries)
Under-5s "stunted"			
-poorest 20% -richest 20%	58 27	42 24	36 4
<u>Mortality under-5</u> <u>years</u>			
-poorest 20% -richest 20%	14 5	16 10	9 4
<u>1-yr-olds not</u> <u>immunised against</u> <u>measles</u>			
-poorest 20% -richest 20%	72 19	46 22	34 16

Table Child mortality and poor health conditions – Selected countries (Source: WHO, World Health Statistics, 2007)- compilation by P.T.)

Country	Poorest 20% of population- stunted - %	Richest 20% -stunted - %	Poorest 20% -child mortality %	Richest 20% - child mortality %
Malawi	54	32	18	11
Zambia	51	37	19	9
Mozambique	49	20	20	11
Eritrea	45	18	10	6
Ghana	42	13	13	9
India	58	27	14	5
Guatemala	65	7	8	4
Peru	47	4	9	2
Brazil	23	2	10	3

Severe Deprivation of Basic Human Need

•Almost a third of the world's children live in dwellings with more than five people per room or which have a mud floor.

•Over half a billion children (27%) have no toilet facilities whatsoever.

•Over 400 million children (19%) are using unsafe (open) water sources or have more than a 15-minute walk to water.

•About one child in five, aged 3 to 18, lacks access to radio, television, telephone or newspapers at home.

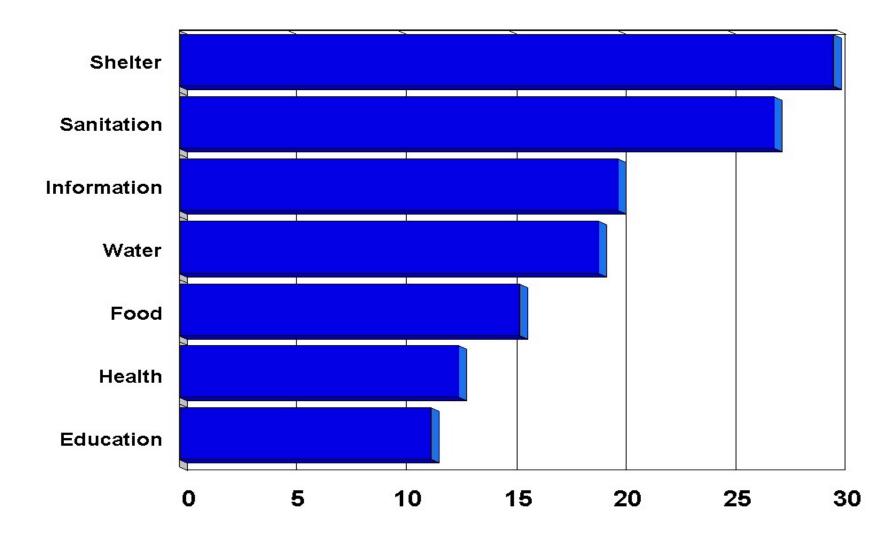
•Sixteen percent of children under five years in the world are severely malnourished, almost half of whom are in South Asia.

•275 million children (13%) have not been immunised against any diseases or have had a recent illness causing diarrhoea and have not received any medical advice or treatment.

•One child in nine aged between 7 and 18 (over 140 million) are severely educationally deprived - they have never been to school.

Percent of the world's children severely deprived of

basic human needs



Index of multiple deprivation (derived from Gordon et al – 2002-5)

<u>Severe Food Deprivation</u> – children whose heights and weights for their age were more than three Standard Deviations below the median of the international reference population that is, severe anthropometric failure.

<u>Severe Water Deprivation</u> - children who only had access to surface water (e.g. rivers) for drinking or who lived in households where the nearest source of water was more than 15 minutes away (indicators of deprivation of water quality or quantity). <u>Severe Deprivation of Sanitation Facilities</u> – children with no access to a toilet of any kind in the vicinity of their dwelling, - no private or communal toilets or latrines. <u>Severe Health Deprivation</u> – children who had not been immunised against any diseases or young children who had a recent illness involving diarrhoea and had not received any medical advice or treatment.

<u>Severe Shelter Deprivation</u> – children in dwellings with more than five people per room (severe overcrowding) or with no flooring material (e.g. a mud floor).

<u>Severe Education Deprivation</u> – children aged between 7 and 18 who had never been to school and not currently attending school (no prof.l education of any kind). <u>Severe Information Deprivation</u> – children aged between 3 and 18 with no access to, radio, television, telephone or newspapers at home.

Severe Deprivation of Access to Basic Services – children living 20 kilometres or more from any type of school or 50 kilometres or more from any medical facility with doctors. Unfortunately, this kind of information was only available for a few countries so it has not been possible to construct accurate regional estimates of severe deprivation of access to basic services.

The Millenium Development Goals

1. Eradicate extreme poverty and hunger	Between 1990 and 2015 •Halve the proportion of people whose income is less than US \$1 a day •Halve the proportion of people who suffer from hunger
2. Achieve univ. primary educ.	Ensure that by 2015 all children will be able to complete a full course of primary schooling
3. Promote gender equality	Eliminate gender disparity in all levels education by 2015
4. Reduce child mortality	Reduce by two-thirds the under-five mortality rate between 1990 and 2015
5. Improve maternal health	Reduce by three-quarters the maternal mortality ratio between 1990 and 2015
6. Combat HIV/ AIDS, malaria etc.diseases	By 2015 have halted, and begun to reverse •the spread of, HIV/ AIDS •the spread of malaria and other major diseases
7. Ensure environmental sustainability	Integrate principles of sustainable development into country policies and reverse the loss of environmental resources •Halve the proportion of people without sustainable access to safe drinking water by 2015 •By 2020 have achieved a significant improvement in the lives of at least 100 million slum dwellers
8. Develop a global partnership for development	Develop the world trading and financial system •Address the special needs of the least developed and landlocked and small island countries •Deal comprehensively with the debt problems of the developing countries

Total public social security expenditure as % GDP in selected high-, middling- and low-spending countries

Countries	Total
<u>High-spending</u>	
France	17.9
Germany	15.6
UK	14.2
Middling	
Australia	9.9
Japan	9.1
Chile	8.2
United States	7.9
Low	
Ghana	2.1
China	1.5
India	1.5
Indonesia	1.1
Mexico	1.1
Kenya	0.3
Zambia	0.3

Source: For low-spending countries – data adapted from ILO (2001), *Social Security: A New Consensus*, Geneva, ILO, Statistical Annex. The data for the low-income countries apply to 1996 (1995-China) and exclude health care (then counted in "social security expenditure").

Percentage of population no longer in poverty – post-social compared with presocial transfers, by country and welfare regime (1999 - Esping-Andersen)

Welfare regime/ country	Percent of population no longer in poverty	Percent of population in poverty after transfers	Mean percent in poverty (regime)
<u>Social Democratic/ Nordic</u> Denmark	30.3	10.8	11.4
Sweden	35,5	10.2	
Finland	33.1	13.3	
Netherlands	31.2	11.4	
<u>Corporatist</u> Austria	35.6	14.2	13.8
Germany	29.6	11.8	
France	32.8	15.9	
Belgium	32.0	13.9	
Luxembourg	31.8	13.3	
Liberal/ residual UK	25.0	18.7	18.3
Ireland	23.4	17.9	
South European Italy	27.5	18.5	19.6
Spain	28.9	17.3	
Greece	25.5	21.9	
Portugal	25.9	20.6	
EE12	28.6	16.5	16.5
EE15	29.8	15.5	15.5

Lessons of Substantial Commitment to Social Security on the Part of All Member Countries

- 1. In the last half century all OECD countries, of every welfare regime complexion, have doubled, or more than doubled, their relative annual investment in social security.
- 2. This has affected universal and categorical schemes, as well as safety net or social assistance schemes.
- 3. High social security spending countries have not, by and large, experienced lower than average economic growth. On the contrary, indicators of high economic and social performance are found to correspond (See, for example, Goodin, Heady, Muffels and Dirvan, 1999, who find that The Netherlands outstripped Germany, and both countries outstripped the US).
- 4. The most innovative and effective OECD schemes historically have simultaneously involved benefits as well as contributory obligations for the participants.

Broad-based economic growth Development of human capital (education) Safety-nets (or targeting) for vulnerable groups

[source: World Bank-1996 and 1997 especially]

Outcome of Strategy from evidence of trends over 30 years-

Unsuccessful: Among the reasons are: "trickle-up" growth; conditionality policies for loans; cost-recovery policies in basic social services; cuts in public expenditure; excessive privatisation; unregulated globalisation and unequal terms of trade; enhancement of the power of the global "triumvirate" (G8,TNC's and IFA's)

World Bank (1990): Poverty is "the inability to attain a minimal standard of living."

This minimal standard consists of "two elements: the expenditure necessary to buy a minimum standard of nutrition and other basic necessities and a further amount that varies from country to country, reflecting the cost of participating in the everyday life of society" (World Bank, 1990, pp. 26)

Population Living Below \$1.08 per day and \$1.50 per day at 1993 PPP in 2001

Regions	World Bank(\$1.08)	IPC (\$1.50)	World Bank (\$1.08)	IPC (\$1.50)
	Percentage of poor		Number of poor (millions)	
East Asia	14.9	28.5	271	520
Eastern Europe and Central Asia	3.5	8.6	16	41
Latin Americ`a and Caribbean	10.0	15.7	52	82
Middle East and North Africa	2.4	9.0	7	27
South Asia	31.9	56.6	439	779
Sub-Saharan Africa	46.4	61.8	312	417
Total	21.3	36.1	1,098	1,865

Source: Kakwani and Son, 2006, Table 2. They reproduced World Bank estimates based on \$1.08 per person per day, and then calculated estimates if the poverty line had been \$1.50 per person per day, ie the median of the poverty lines of 19 low-income countries in Africa and Asia in the 1990s.

Rights to Social Security and an Adequate Standard of Living

- Two human rights that were reinforced in successive human rights instruments
- Two human rights that during 1948-2006 attracted comparatively little attention
- Two human rights that may prove to be a means of reducing world poverty

Universal Declaration of Human Rights 1948

- Article 22 Everyone, as a • member of society, has the right to social security and is entitled to realisation, through national effort and international co-operation and in accordance with the organisation and resources of each state, of the economic, social and cultural rights indispensable for their dignity and the free development of their personality.
- Article 25(1) Everyone has the right to a standard of living adequate for the health and well-being of their family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond their control.

International Covenant on Social, Economic and Cultural Rights 1966, coming into force 1976

- Article 9 The States
 Parties to the present
 Covenant recognise the
 right of everyone to
 social security,
 including social
 insurance.
- Article 11 (1) The States Parties to the present Covenant recognise the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions.

Convention on the Rights of the Child 1989

- Article 26(I) States parties shall recognise for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realisation of this right in accordance with their national law.
- Article 27 (I) States parties recognise the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.
- Article 27 (3) ...and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.

AID:International tax is the only substantial alternative source of substantial revenue. What is the Tobin Tax?

•It is a tax levied on every currency exchange, set at a level low enough not to hinder any transactions needed to finance real trade in goods and services or long term capital investment, but high enough to discourage the bulk of destabilising speculative money movements. James Tobin put forward the proposal in 1972, and re-introduced it in summary form in the UNDP Human Development report for 1994.

•Useful book: Patomaki, H. (2001), *Democratising Globalisation: The Leverage of the Tobin Tax*, London, Zed Books.

Complementary roles of TNCs and IFAs in funding anti-poverty schemes in low-income countries

- Corporations can pay contributions for distant wage-earners of their subsidiaries
- Corporations can pay small taxes for transnational operations
- International agencies can mediate subsidies on behalf of INGOs and national governments and set targets agreed democratically

Participative funding: The need to set up a UN Child Investment Fund

An international children's investment fund established under the auspices of the UN is a practicable possibility. A considerable part of its annual resources, say half, could be devoted to countries with extensive child poverty, and where schemes of child benefit in cash or kind can be introduced or extended. All countries with large numbers of children who are below an internationally recognised poverty line and also with comparatively low GDP might be entitled to participate. Such participation would require dependable information that the benefits are reaching children for whom they are intended. This would also involve creating and extending administrative infrastructure – with benefit to the more general establishment of communications and services. The remaining annual resources of this UN fund could be made available to countries for investment in primary education, health and other schemes of direct benefit to children.

Advantages of International Child benefit

•It gives <u>direct aid and therefore ensures "trickle-down."</u> Current forms of international aid (economic growth, overseas aid, debt relief, trading subsidies) are indirect, and unrelated to locations and categories of severe, and most urgent, need.

•<u>More immediately effective in reducing child poverty</u>. Direct aid in cash or kind has more immediate effects. And when such aid is sustained beyond days and months the creation and management of an administrative infrastructure each country becomes necessary.

•Contributes to institutional and social stability. Such infrastructure contributes to other forms of national, and international social stability and cohesion. For example, local administrative centres to distribute cash or goods in kind have to be developed, and can be linked to health centres, schools etc.