

**Summary of Proceedings and Presentations at the  
Second Workshop on the Right to Development organized by the  
Centre for Development and Human Rights, 19-22 October 2002, IIC.**

**Section I – Introduction**

The second Right to Development (RTD) Project Workshop was held in New Delhi between 19 – 22 October 2002. The workshop brought together the members of the core team comprising the authors of the country studies and the individual rights (health, food, education) papers. Each of the country papers was presented and subjected to discussion and comments. The main task at hand was to bring the paper authors together to report on their progress and incorporate the feedback from the ensuing discussions. Some issues relating to RTD in general were also presented as supplementary papers. The workshop resulted in the stocktaking of the progress made so far in the project and decisions on the course of action from here on. The list of participants in the Workshop is annexed.

**1. Introduction & Status of Work**

At the inaugural meeting held on 19/10, the participants in the conference introduced themselves. The country project coordinators and the paper writers presented the current status of the country reports and the individual rights papers respectively. The scheme and the schedule for the coming two and half days of the workshop were decided upon.

**2. Discussion: Where Do We Go From Here?**

The central theme of discussion on 19/10 was how to proceed from this point on and what shape to give to the follow-up of this project. The main ideas that were discussed are summarized below.

**2.1. Finalization of Papers**

There was agreement over the fact that now that the papers are nearing completion, they should be subjected to an intensive peer review prior to finalization.

- ⇒ *Internal Comments:* Before the papers are finalized, corresponding experts must comment on the relevant papers of the other two country studies.
- ⇒ *Peer Review:* Outside academic experts should be involved in an intensive peer review of the papers. A meeting could also be organized for the purpose of having experts thrash out and comment on the papers. This peer review should be carried out at the country level. The papers should be sent for feedback and comments to experts in the field. Since very few people are familiar with the subject, it would be best if the paper writers could identify the experts to comment on their respective papers.
- ⇒ *Exposure to NGOs/Activists:* The papers must also be exposed to NGOs and activists for comments. Each individual paper writer must take on the responsibility of having his paper examined and commented upon by both academics and activists before finalizing it.
- ⇒ *Presentation in other fora for feedback:* The papers could be presented at other fora dealing with related issues in order to solicit feedback and comments. For instance, the regional meeting of the Asia Social Forum is being held in January in Hyderabad. Many issues relating to RTD will be discussed there and these papers could be presented there.

## 2.2. Need for Another Workshop

The question of whether another workshop was required before the project was completed was thrown open to the participants.

- ⇒ *Need for a Meeting:* While some skepticism was expressed over the need for incurring the expenses of another workshop, most of the participants underscored the value of holding a third workshop, as this would help consolidate and incorporate the comments received before the papers are finalized.
- ⇒ *Nature of the Meeting:* Another meeting would be useful if it could be arranged for a panel of experts to critically comment on the papers. Another suggestion was that if at all there was to be a third meeting, it should be more in the form of a general *dissemination* seminar rather than an internal workshop among the experts. However, it was also pointed out that there was some value in restricting discussions to a select audience rather than opting for a general audience, as having a select audience would permit an intensive academic discussion.
- ⇒ *Budget:* It was pointed out that in the original budget, there is provision only for two workshops. If a third workshop is to be considered, funds would have to be arranged.

In conclusion, it was indicated that the need or otherwise of a third workshop could be better appreciated and assessed at the end of this workshop.

## 2.3. Inclusion of Other Actors in the Project

Three sets of actors that are involved with RTD issues are (i) the academicians, (ii) the government and (iii) the civil society. It was stressed that in order to bring RTD into the mainstream of economic thinking and for the ultimate success of this project, the other actors must also be involved.

- ⇒ *Inputs from NGOs:* It was stressed that there is a need to incorporate inputs from the activists and peoples organizations that are working on related issues at the ground level. Academics can only provide the broad framework of strategies; their work would be enhanced by inputs from NGOs, who work with the ground realities. NGOs can suggest ways to actually operationalize RTD at the ground level. NGOs can make demands but they cannot get structures in place. It is for the academics to examine whether their demands can be put into a structure of rights and responsibilities. The work on RTD must be exposed to NGOs at the country level.
- ⇒ *Integrating Work with Policy-makers:* Establishing a dialogue with policy makers is most important, as they are the people who are actually putting the concept into practice. We must link with the policy making process. In Sri Lanka, for instance, the National Advisory Committee on Health has been informed of the work being carried out under this project and the paper on 'Right to Health' will be presented to this committee. Similarly, a policy dialogue could be initiated with the planners and implementers of the 'Poverty Reduction Strategy'. There must be similar attempts in India and Bangladesh to link the project with the policy-making and planning processes.

While it was felt by some that trying to integrate this project into the planning framework (which requires a restricted audience) and sensitizing the civil society (a wider audience) cannot be attempted together and must be achieved sequentially, it was also pointed out that it would be interesting to bring the two sets on the same platform to address the communication gap between the policy makers and those on the field.

Finally, a two-tier approach was agreed upon. First, the peer review and exposure to NGOs must take place at the country level. This could be an exercise open to a wide audience. Second, a seminar must be organized at the regional level, which must be more selective. At this level, an intensive meeting would be preferable to a wider conference. It was decided that the associated logistical problems, such as the issue of funding, should be separately discussed.

#### **2.4. Follow-up to the Project**

The other issue that was discussed intensively was what shape the follow-up to this project should take. The project should not end merely with the submission of the papers; there should be a follow-up in some form. Apart from the general agreement over the fact that a lot remains to be done in the area of RTD, some concrete proposals came up in this regard.

- ⇒ *Dissemination*: Dissemination is an important prerequisite for the afterlife of this project. People should be sensitized to the work that is being done. Dissemination could involve organizing a conference for economists, social activists, government officials etc. to apprise them of the work being carried out under this project. Also, the country studies could be published in the form of a book. We could also prepare a bibliography of writings relating to RTD. Dissemination at the country level is crucial for bringing to this project the exposure it deserves.
- ⇒ *RTD & PRS*: The application of the country studies to real situations must follow the project. As an illustrative case, the Sri Lankan 'Poverty Reduction Strategy' (PRS) contains many initiatives that are close to the RTD approach. Incorporating the RTD approach in the PRS could be an activity worth considering after the project. So, one way of examining the RTD approach would be in the context of the PRS exercises being undertaken by the countries in the region.
- ⇒ *Synergy with UN Project*: The UN High Commissioner and the Committee on Economic, Social and Cultural Rights commissioned the drafting of guidelines on how to incorporate the human rights approach into poverty reduction strategies. The High Commission is thinking of implementing the guidelines in some countries on a pilot basis. The RTD project could synergize with the High Commission project to jointly carry out this pilot exercise.
- ⇒ *Synergy with Social Charter*: The *South Asia Centre for Policy Studies* has initiated the major task of drafting a 'Social Charter' for the region. This is a major project and the work being done for the RTD project could feed into that project as RTD is very much related to the *Social Charter*.

#### **3. Conclusions**

- ⇒ The papers need to be reviewed and critically examined by peers, academicians, experts, activists and NGOs and should incorporate the feedback generated before they are finalized.
- ⇒ Apart from the problem of budget, the idea of holding another workshop seems welcome. It would be useful to have another meeting before the papers are finalized.
- ⇒ The project should benefit from the inputs of NGOs and should link up with policy makers and planners as well in order to be meaningful.
- ⇒ Submission of papers must not signal the end of the project. Follow-up in some manner is absolutely essential as much needs to be done in the arena of RTD.

## Section II – India Presentations and Discussion

### 1. Right to Development

#### 1.1. Structure of the Paper

The paper reviews India's economic policy from a rights point of view. The presentation covers the Indian development process over the last 50 years, with special reference to the three rights, namely Right to Food (RTF), Right to Health (RTH) and Right to Education (RTE).

#### 1.2. Absence of A Rights Framework for Development

It is important to examine the nature of the development process, i.e. whether people are getting access to food, health and education as a right or as charity? The Indian planning process has had laudable objectives from the very beginning, but they were not in the rights framework. By 1970, the development programmes were focused and directed towards the deprived sections. But the programmes that were introduced to increase income-earning opportunities, such as the *Basic Minimum Needs Programme* and the *Food for Work Programme*, were more in the nature of 'benevolence' rather than a mechanism for realizing rights. An exception was the *Employment Guarantee Scheme* (EGS) in Maharashtra. But even there, *enforceability* of the right was practically nil. The ruling establishment has always ensured that accountability is diffused.

#### 1.3. Development Indicators

**1.3.1. Poverty:** Between 1951-2001, the proportion of poor was halved, but the population also doubled. So, the total number of poor remains the same. The 15 states, accounting for 95 percent of the population that have been studied can be divided into two groups – 'progressive' and 'backward'. A study of the states shows vast regional diversity. In exceptional cases like Kerala, a high level of human development has been achieved. The health and literacy indicators are comparable to medium or high-income countries. At the other extreme, in several states in the northern parts of the country, human development is lower than what it was in the developed countries two centuries ago.

**1.3.2. Literacy:** Between 1951 and 2001, the national literacy rate increased from 18 percent to 60 percent but still 35 percent of Indians are not literate. Moreover, although the proportion of literates has gone up, the absolute number of illiterates is more than that in 1951, indicating a failure in the planning process. In literacy, too, there is much regional diversity. Female literacy is a sensitive indicator of fulfillment of RTE. The improvement in female literacy was more than that in male literacy. Yet, 46 percent of the Indian women are still illiterate. While Kerala has a female literacy rate of 90 percent, backward states like Bihar have a female literacy rate of only 32 percent.

**1.3.3. Infant Mortality:** The infant mortality rate (IMR), which is an important health indicator, showed improvement till 1990 and then slowed down in the 1990s. For the last 3-4 years, the IMR has not come down. Again, across the states, IMRs show a lot of variation.

**1.3.4. Life Expectancy:** Overall, there were major improvements in the 50s and 60s due to increased success in prevention of communicable diseases. But in the subsequent period, life expectancy did not improve due to lack of availability of potable drinking water and nutritious food. Life expectancy across the states also shows a regional variation where Kerala stands out.

#### 1.4. Ranking by District

569 districts, for which data was available, have been ranked according to a composite index of social, economic and demographic indicators.

## **1.5. Governance**

Planning is not enough; governance is crucial. For instance, in the planning process, the country sincerely tried to build the health structures such as the primary health centers (PHCs). In most states, though the health-related infrastructure exists, it is not operational. But in states like Tamil Nadu and Kerala, people voice their demands for primary health services, to which the government responds.

## **1.6. Non-implementation**

Often, a programme intended to benefit the deprived benefits the non-deprived. In some cases, teachers do not go to the schools and take private tuitions instead. Similarly, doctors direct potential patients to their private clinics. Regarding food grain distribution through PDS, while every village has fair-price shops, food grains do not reach the vulnerable sections of the population.

## **1.7. Lack of Accountability**

Accountability is conspicuous by its absence – even where people can be identified or pinpointed, no steps are taken against them and punishment is rare. NGOs are aware and they try to demand accountability but the bureaucracy ensures that accountability is diffused.

## **1.8. Role of Sociology in Framework of Rights**

The regional disparity in development underscores the importance of other factors besides economic policy and planning in development. For instance, Kerala and Tamil Nadu have a significant advantage as empowerment took place here through social means. In order to assess development in the framework of rights, one has to rely on sociological factors along with economic ones.

## **2. Right to Food**

### **2.1. Structure of the Paper**

The questions examined in the paper are: (1) What are the international and national obligations regarding RTF in the Indian context?; (2) How far has India progressed in reducing food insecurity and fulfilling RTF?; (3) What are the programs and policies followed in achieving RTF?; (4) What should be done to achieve RTF for all citizens of India?

### **2.2. India's Obligations Relating to RTF**

India's international obligations include the provisions of UDHR, ICESCR, the Convention on the Rights of the Child and the 1996 World Food Summit at Rome. At the national level, as early as 1938, the National Planning Committee headed by Nehru talked about poverty and hunger. Article 21 of the Constitution of India talks about 'right to life' and the Directive Principles include the 'right to livelihood' and the 'right to work'. Recently, the Supreme Court has decided a case relating to RTF.

### **2.3. Progress in Realizing RTF**

Food *availability* is not a major problem because there is food self-sufficiency. India has averted famines since the Bengal famine of 1943. The major problem relates to economic *access* to food. Self-sufficiency has increased at the national level but not at the household level. Though incidence of poverty has declined, significant regional disparity is visible. There have been changes in the patterns of food *consumption* as well. Though there has been a decline in malnutrition, nearly half of the rural children still suffer from malnutrition. Provision of safe drinking water has also not been satisfactory, particularly in rural areas. Various micro studies done by Jean Dreze and others show the prevalence of hunger and starvation deaths in various parts of the country.

## **2.4. Policies and Programmes**

India has introduced various policy programmes to ensure food security and RTF. Food policy interventions include procurement, buffer stocks and public distribution system (PDS). Food subsidy has increased significantly in the last decade. The *Food Credit System* in Andhra Pradesh gives food credit to workers in the slack season to prevent migration to urban areas. In addition, there are employment programmes to increase economic access to food, nutrition programmes and the more recent *Annapurna* Scheme for the old and the *Antodaya* Scheme for the destitute. ICDS is an important program that addresses women and children.

**2.4.1. Problems:** In spite of the increase in food subsidy, the overall impact on the poor is still wanting. There has been significant diversion of commodities under the PDS to the open market. The ICDS has also faced problems in delivery quality and coordination. Micro-studies of the employment programmes also bring out various weaknesses of these programmes. However efforts are underway to rectify some of these problems. The Supreme Court Orders in response to the PUCL writ petition and the *Campaign on Right to Food* have had a positive impact.

## **2.5. How to Ensure RTF?**

Steps required to be taken for ensuring the progressive realization of RTF include: reforms in procurement and buffer stock; involvement of the private sector; no increase in MSP for some time; decentralized procurement; diversification of crops; income policy for farmers; deciding optimum buffer stock level; reforms in PDS; effective implementation of nutrition and employment programmes etc. The *High Level Committee on Long-term Grain Policy* has made recommendations about the food policy. The *Right to Food Campaign Proposal* advocates the expansion of the employment guarantee throughout the country and a social security system. Since employment is linked to purchasing power and therefore to food security, right to employment is crucial for realizing RTF.

**2.5.1. Role of NGOs:** Although the main responsibility of realizing RTF lies with the government, the coordination of government with NGOs and other members of the civil society is important. However, NGOs also need to work on the principles of transparency and accountability.

## **2.6. Problems of Implementation**

The problems encountered in implementing RTF include (i) resource constraints; (ii) problems of governance and lack of political will; (iii) lack of an overall framework for implementation and monitoring; (iv) lack of appropriate indicators and benchmarks for monitoring; (v) difference in nature of challenges in rural and urban areas.

## **3. Right to Health**

### **3.1. Structure of the Paper**

The paper analyses the fundamental problems of the development paradigm in India, which comprises a planned process of development.

### **3.2. Problems in Planning for the Health Sector**

The planning process for the health sector suffers from two major drawbacks: allocation of inadequate resources to the social sector and a rural-urban divide.

### **3.3. Developments in the Health Sector**

The Bhore Committee, formed prior to independence, developed a National Health Plan. The Plan was parallel to the Beverage Report in UK. But while the latter was implemented, the Bhore Committee

Plan did not get implemented because of lack of resources. The Bhore Committee brought forth the rights approach to health for the first time. Subsequent developments diluted the Bhore Committee recommendations. Free health care is provided to those who have the capacity to pay for it and social security is confined to the organized sector employees, who constitute about 10 to 12 percent of the population. Though the National Health Policy of 1983 declares universal access and universal comprehensive health care as a goal, the implementation of the policy was a failure. Given the centre's strong role in the health sector, a programme-based approach was adopted instead of a comprehensive approach. A clear rural-urban dichotomy has emerged in the provision of health care services. In the rural areas, there are largely preventive services like surveillance disease program and family planning services, whereas urban areas benefit from a more comprehensive health care system.

### **3.4. Constitutional Provisions**

Provisions for health care are included in the Directive Principles. Also, there are a lot of cases relating to right to health and health care (RTHH). However, most of these cases relate to occupational health and right to health of the organized sector.

### **3.5. Entitlements in Health Care**

Entitlements in health care have been made through the policy route. But the main problem is the lack of adequate resources. Moreover, the policy route to develop entitlements is not adequate unless there is constitutional backing in terms of rights to see that they actually get implemented.

### **3.6. Nature of Health Care Services**

Where does India stand in terms of *availability, accessibility, acceptability* and *quality*? Although the quantum of doctors and drugs is adequate, distribution is very poor and there is very large market dependence. Physical as well as economic access is problematic. Class inequalities are strong in terms of access to health care. *Acceptability* is an issue because rural areas are neglected for curative care because the state follows a selective approach. There is poor *quality* because of lack of standards of minimum quality care. Ethics is missing, especially in the private sector, which lacks self-regulation.

### **3.7. Establishing RTH in India**

**3.7.1. Need for RTH:** There is a need to establish RTH because of poverty, poor public health standards, resurgence of communicable diseases, inequity in access to health care, heavy dependence on the unorganised and unregulated private health sector etc. In order to establish RTH in India, rights should be viewed as *entitlements* and not as *protection* and the emphasis should be on *fulfilling* rather than *respecting* or *protecting* the right. Universal access to health care is the only means to fulfill state obligations. The non-negotiable minimum core content needs to be properly defined.

**3.7.2. Specific Steps:** Specific steps need to be taken by the state in order to establish RTH. Resources should be distributed equitably on a per capita basis, in order to eliminate the rural urban disparity. Compulsory public services should be introduced for medical graduates of public medical schools. Essential drugs should be brought under price control. Medical councils should be made accountable. Ethics and regulation have to be an integral part of the health sector. All healthcare services have to be integrated, breaking all class barriers. There has to be a regulation of the private health sector. The Health Information System has to be strengthened. The Fundamental Rights and Directive Principles have to be equated so as to make them justiciable. A National Health Act must be incorporated and the healthcare system organized under an autonomous authority. Political commitment must be generated through consensus building in civil society.

**3.7.3. Minimum Core Content:** A minimum core content could include GP/family physician services; first-level referral hospital and speciality services; immunisation, maternal and child health care and reproductive health services; pharmaceutical services; epidemiological services, surveillance of diseases, laboratory services, health surveys, health information and education; rehabilitation services for the disabled and the mentally challenged and occupational health services; etc.

**3.7.4. Consensus Building:** Other suggested measures for consensus building on RTH include advocacy, research, lobbying, public interest litigation, consultations, campaigns, demands for monitoring and accountability etc.

## **4. Right to Education**

### **4.1. Structure of the Paper**

The paper reviews the meaning of RTE and the status of education in terms of the four 'A's namely *availability, accessibility, acceptability* and *adaptability*.

### **4.2. Euphoria in the Education Sector**

Contrary to health, there has been an increased inflow of aid to the education sector. There has been much renewed interest in RTE. The 1990s show a considerably high rate of growth of literacy and enrolment. Gaps in literacy rates between various social groups declined over the 90s. Pupil-teacher ratio has increased. So, the indicators of education justify a sense of euphoria in the 1990s.

### **4.3. Issues of Concern in the Education Sector in India**

Equity has been an issue of concern over the 90s. The socially deprived groups have access to relatively poorer kind of education at the end of the 90s than they had at the beginning of the 90s. The recruitment of teachers with low academic qualifications ('para teachers' or 'voluntary teachers') in the past few years has had negative implications for the *quality* and *sustainability* of education.

### **4.4. Elements of Education Services**

*Affordability* of education is a critical issue. In India, primary education even at the government institutions has never been free. Although tuition fees are waived in government schools, there are direct charges such as development charges and uniforms, shoes, textbooks, stationery etc. Indirect charges in terms of opportunity costs are also high for poor households. Poorer children belonging to socially deprived sections are concentrated in the schools providing poorer quality of education.

### **4.5. Shortage of Resources**

Education suffers from acute shortage of resources. Despite the commitments of the government, the overall spending level on education in relation to GDP has not gone up. The education expenditure is generally around 3.5 percent of GDP as against the government target set at six percent of GDP.

### **4.6. Education under Economic Reforms and Structural Adjustment**

Although in the post-SAP period, the central government has increased its allocation to elementary education, the real allocations at other levels of education declined. A consequence of structural adjustment is decentralization, as recruitment under the *Educational Guarantee Scheme* is to be done by the local bodies. The pressure to generate resources from education in terms of user charges is more prominent with respect to higher education but is permeating down to all levels of education. Though the rights language is now a part of the general vocabulary of bilateral donors like DFID and SIDA, they do not use rights standards to evaluate programs in the field of education. The conditionalities

imposed by the largest donor in the education sector, World Bank, have in fact resulted in the some adverse policies like user charges in higher education.

#### **4.7. Role of Civil Society**

There has been a considerable amount of work by the NGOs in the education sector. Not only are NGOs working to build awareness with respect to education rights, they are also mediating between ordinary people and the national and international institutions.

#### **5. Feedback on India Papers**

⇒ *Role of Non-state Actors:* An explicit analysis of the role of non-state actors in understanding the issues, in developing policies and in expanding the resources for implementing the rights should be contained in all the papers.

⇒ *Indicators:* Is it possible to identify indicators that are genuinely relevant to the rights-based approach and other indicators that are indirectly relevant but more traditional social and economic indicators for sector development work with or without a right based approach?

⇒ *Gender:* Gender analysis must be systematically integrated across the entire range of issues addressed. There is an explicit mandate across the UN system as well as on the RTD project to incorporate gender analysis into all work related to human rights.

⇒ *Implementation:* We have to move from identifying the problem and examining the formal commitment to human rights to assess the implementation and efficacy in practice.

⇒ *Inter-relationship:* The inter-relationship of all the rights in the context of RTD is very important. The recommendations should not be isolated (like so many hospital beds for ten thousand population); they need to be woven into larger policy.

⇒ *Budget:* Looking at development policy from an RTD perspective entails re-prioritisation and different allocation of budgets and that needs to be looked at very carefully.

⇒ *Targets:* Centralised planning operates by setting targets, which are to be fulfilled right down to the bottom. The question is - how does one reach those targets? Targets have to be properly set. The RTD approach requires the state to implement things in a 'progressive realisation' framework. This entails setting through a consultative process those targets that are deemed feasible given the resource constraints. If the set targets cannot be reached, then somebody has to explain why the targets were not achieved. A mechanism to address accountability is a must for realizing the RTD approach.

⇒ *Accountability:* The most important component of the RTD approach is *accountability*. The democratic process is directly linked to accountability. For instance, in Sri Lanka, the democratic process at the ground level has been the main means by which the people asserted their rights.

⇒ *Other Rights:* Apart from the three rights under discussion – food, health and education – right to shelter and work or livelihood are also important. The studies should bring out the interdependence between all these rights in discussing the three rights discussed namely food, health and education.

⇒ *Federal Divisions:* The interesting relationship between the constitutional division of center-state responsibilities and the factual situation in terms of financial position needs to be reflected.

⇒ *Right To Food*: How is the Food Credit System different from the Grain Banks? What are the financial implications of having a food security program? Age and sex bias in intra-household consumption and nutrition needs to be properly reflected. The obligation to *protect* needs to include right to land and security of tenure. Tenancy reform and security of tenure is an important element of RTF. It is important to look at the problem of leakage in order to assess how much food is actually reaching the poor. The obligation to *respect* is a negative right and gets violated mostly during civil war, when one group prevents food from reaching the other group Is this applicable in India in the context of separatist movements in some states?

⇒ *Right to Health*: What is the parallelism between Bhore Recommendations and Beverage Recommendations? If the 20,000 pharmaceuticals companies in India are operating in a cartel like framework, then price control may be useful. If not, then price control might dry up the supply and thereby reduce availability rather than improve it? Although there is no problem with initial user charges, the eventual goal should be to provide free health services. Is access to the non-allopathic system structured into the health policy?

## 6. Responses of Authors

- ⇒ *Role of Civil Society*: The role of civil society is very crucial, but in the backward areas, there is no civil society. In the health sector, NGOs are working in the domain of charity.
- ⇒ *Status of Rights*: RTF, RTH and RTE are not Fundamental Rights but Directive Principles of State Policy. The justification is that the democratic process itself will ensure these rights. But the political process is such that these real issues are suppressed or bypassed.
- ⇒ *Gender Analysis*: In health, gender disparities in terms of child mortality rates have declined. Class disparity and the rural–urban differentiation is much stronger. In the education sector, gender gaps are the most serious concern. Often, gender-gaps reinforce class and caste gaps in Indian society.
- ⇒ *Beverage and Bhore Committee*: Beverage and Bhore were contemporaries. Beverage talked of a much larger social security framework, which includes health, education, housing etc. The Bhore Committee Report might also have covered other sectors like education and housing.
- ⇒ *Price Control*: Basic essential drugs, which the public system needs, are not adequately available and the country has to import these drugs. In the private sector, there is no self-regulation. Ethical practice is absolutely absent. Given this context, price control remains an essentiality at least for the drugs that are used by the public health system. India’s experience with price control is very positive.
- ⇒ *User Charges*: Given the kind of fiscal management in this country, the poor pay more revenues than the rich as a proportion of the income that they are earning. The WHO Constitution as well as the Indian Constitution talks of affordability. But they do not talk of free care.
- ⇒ *Non-allopaths*: As far as practising non-allopathic, is concerned there is no regulation. The state does support non-allopathic practice and ayurvedic institutions.
- ⇒ *PDS Leakages*: There are leakages to the open market from fair price shops.
- ⇒ *Decentralization*: Decentralization is essential for ensuring accountability. But in practice, whether decentralization helped in improving the quality of education or health is not very clear. Maharashtra decentralised health and education way back in 1963. But what it had done was simply to replicate the state model at the district level. A whole lot of bureaucracy has been added over the years; that kind of decentralisation is not desirable.

## Section III: Sri Lanka Presentations and Discussion

### 1. Right to Development

#### 1.1. Structure of the Study

The Sri Lanka study covers (i) overview of the development process; (ii) evolution of the constitutional, legal and institutional framework for RTD; (iii) major development challenges in the current plans; (iv) operationalization of RTD and integration of RTD in the ongoing and future development processes in Sri Lanka; and (v) external assistance in the context of RTD and the nature of the ‘development compact’.

#### 1.2. The Development Process

The overview of the development process is covered in three sections that deal with clearly distinguishable time periods in the development process of Sri Lanka: (i) the pre-independence initiatives; (ii) the development process in the post-independence era; and (iii) the post-1977 developments. The year 1977 marks a decisive break in economic policy, when Sri Lanka went in for structural adjustment and economic reforms. The development process in Sri Lanka brings out clearly the contrast between the attributes of growth-based development and rights-based development.

#### 1.3. Constitutional, Legal and Institutional Framework

*1.3.1. Constitutional Framework:* Sri Lanka has had three constitutions. While the earlier constitutions contained weak provisions on fundamental rights and directive principles, the 1978 Constitution contained a strong fundamental rights chapter. Moreover, the fundamental right to equality has been extended to cover social and economic rights. The *Draft Constitution of 2000* incorporates a very strong chapter on social and economic rights. If adopted, it will lend to social and economic rights the status of fundamental rights.

*1.3.2. International Commitments:* Sri Lanka has ratified almost all the important conventions and follows a regular reporting process. Domestic legislation has been reviewed and amended and action plans prepared in keeping with its international commitments.

*1.3.3. Legal System and Justiciability:* The statutory framework comprises extensive laws relating to food, land, education and consumer protection. Article 12 of the Constitution, the provision for equal treatment, has been utilized and there are many Supreme Court cases relating to the elements of RTD.

*1.3.4. Programme Rights:* Apart from legal rights, the administrative and political process provides to the people a range of means to access the system and get redress on various matters. From the process of participation and accountability at the ground level in many of the programmes, there emerged what can be described as ‘programme rights’.

#### 1.4. Challenges in Development Planning

There was a serious distrust of planning in the post-1977 period; while there were sectoral planning programmes, there was no national planning. It was an aid-driven process of programme and project formulation. The social indicators progressed steadily during the period of structural adjustment. In the nineties, two major development challenges could be identified. One was the unmet needs of the first phase – persistent poverty, malnutrition, unemployment, regional inequalities, political conflict. The other was the new challenges of progressive realization of rights, such as changed pattern of diseases, demographic transition, transition in food requirements, growing privatization, etc.

## **1.5. Integration of RTD in Development Processes**

Some recent initiatives include the documents: (i) *The Path to Development*: produced by the Ministry of Planning; (ii) *Vision 2010*: sponsored by the World Bank. Two programmes of particular relevance are the ‘Triple R Programme’ (a rehabilitation and post-conflict plan for the North East) and the ‘Poverty Reduction Strategy’ (PRS). PRS is a comprehensive development planning document that has been prepared after a process of broad national consultation. The PRS provides a detailed framework for implementation within a set timeframe. It also incorporates a structure of accountability, transparency and participation. But the PRS lays more emphasis on the indicators of outcomes, not on the processes. While the goals, monitoring systems, etc. are clearly identified, there is no specific mention of human rights or the rights-based approach. A structure of rights and responsibilities with clear identification of the duty-bearers and rights holders has not been properly developed.

## **1.6. Nature of the ‘Development Compact’**

The main elements of a ‘development compact’ of sorts between Sri Lanka and the international community existed since 1965. Earlier, economic efficiency and cost-effectiveness were the main considerations. But now aid includes the goals of human development, good governance, respect for human rights, stakeholder consultation, participation, environmental protection and compliance with international covenants such as CEDAW and ICESCR. The PRS contains an integrated programme of aid that specifies the aid available for different components of the PRS and the timetable for disbursement. By including RTD in the current aid relationships, the voluntary relationship between Sri Lanka and the aid givers become a relationship with reciprocal obligations – for aid givers to provide aid for the progressive realization of RTD in Sri Lanka and for Sri Lanka to implement a development strategy to progressively realize RTD.

## **1.7. Lessons from the Sri Lankan Study**

*1.7.1. Sustainability*: In the past, Sri Lanka was unable to sustain a steady rate of economic growth in its development process. Sustainability of growth is important.

*1.7.2. Indivisibility of the Development Process*: The Sri Lankan case clearly illustrates the need to focus on the simultaneous progress of all the elements of RTD – the social, economic and political. Both universality and indivisibility of development are important.

*1.7.3. Progressive Realization of RTD*: Sri Lanka has reached the first phase of progressive realization of RTD. The second phase must be structured in a dynamic process of continuous improvement.

## **2. Right to Health**

### **2.1. Structure of the Paper**

The paper on RTH in Sri Lanka attempts to develop a framework that looks at the right from the point of view of actual implementability, especially for the most vulnerable groups. It is premised on the objective of achieving a process that will have all the elements of good governance in terms of process planning, establishing targets, and monitoring and evaluating progress.

### **2.2. System of Entitlements to Health**

What Sri Lanka did in terms of providing primary health care resulted in a system of entitlements without the provision of actual adjudication and legal verification. But it had everything in place, from the political process to the implementation of a delivery system where communities were made aware and were empowered.

### **2.3. Record of Progress**

The achievements in the health sector are substantial. The record of progress shows a sustained commitment to primary health care and to creating capacity and resources. But the progress attained in the health sector cannot be attributed to health sector interventions alone and was actually a result of a composite of development activities that were conducted over the years – franchise, education, nutrition, capacity building at the household and community levels, political will and processes.

### **2.4. Reliability of Data**

There is a need to address the concerns about the reliability of the data on two counts – (i) *spread of the data*: there were regions in the country that were excluded and (ii) *robustness of data*: there were statistical adjustments being made for regions of the country that were not fully covered.

### **2.5. Community-based Participatory Approach**

Some of the vertical programmes (eg. malaria) were coercive and were imposed from above. It is debatable whether such programmes can be effective. This brings up an important issue – whether community based human rights and participatory human rights education could accomplish better results. If local populations determine what is good for them, the programme may work better.

### **2.6. Relevance of Comparisons**

The nature of the problems and the associated complexities of ensuring a right to health are very different in Sri Lanka and India. So, one has to be very careful in drawing lessons from each other.

### **2.7. Framework for Right to Health Process**

The framework lays out health needs in terms of life stages. It sets up benchmarks in order to identify what the violations of the right would entail. All these elements would feed into a strategic framework for the right to a health process for Sri Lanka. Governance-related indicators relating to *transparency* and *accountability* need to go into the framework, and the entire framework must run on that basis.

### **2.8. Progressive Realization**

Though the Sri Lankan system has good mechanisms in place for ensuring infant survival, the quality of life is not maintained in the later stages. There must be a mechanism to ensure that the indicators remain positive till the ‘childhood’ stage. This would be part of the process of progressive realization.

### **2.9. Public vs. Private Health Care**

Given the fact that people are now moving from public to private health care, the entire service delivery, quality, affordability aspects of health care need to be put into the framework. Otherwise, people would be moved out from the public sector without adequate access to the private sector.

### **2.10. Recent Developments**

The proposed constitution has very clear sections on basic health care. Also, the *Poverty Reduction Strategy* addresses some of the issues relevant to RTH.

## **3. Right to Food**

### **3.1. Food Security as a Tradition in Sri Lanka**

Food security at the household level has been a tradition in the country. In the early times, everyone had to contribute rice to the temple granary. This rice was used by households in times of bad harvest or crop failure. Unfortunately, these societal arrangements later broke down.

### **3.2. Accountability**

People had franchise since 1931 and therefore an element of political accountability existed. Because of this, development indicators, including those relating to RTF, show positive results in Sri Lanka.

### **3.3. Structure of the Study**

The study includes an introduction, the political economy of food policies, the question of whether RTF was recognized in the past, the definition of RTF and the way forward.

### **3.4. Political Economy of Food Policies**

The food subsidy, which was introduced in 1942, has played a central role in politics. The rationing scheme of the colonial administration covered not just the needy but everybody, irrespective of income and social status. When in 1953, the government attempted a marginal price increase, the people spoke about the *aitivasikama* – the ‘entitlement’ – the right to food and there was *hartal*. The government withdrew the price increase, recognizing RTF for the first time. In 1978, the food stamps scheme was introduced, where instead of food, stamps entitling the purchase of food were given. The ‘*janasaviya*’ programme, which targeted below poverty line families for food subsidies, was continued after 1977 as ‘*sammrudhi*’ (prosperity). By 1971, the government became the sole importer through the cooperative wholesale network of most of the basic foodstuffs.

Political competition over the rice subsidy has been a major determinant of the political process in Sri Lanka. But a lot of inconsistencies have been built into the policies relating to rice subsidies. Another important industry, the milk industry, was destroyed by the imports from Europe and the coming in of multinationals. The attention of the government has remained focused on rice; other foodstuffs have not got the same level of attention. One major flaw in the system of rations was that it did not include all the people living in Sri Lanka. Only citizens of Sri Lanka were entitled to rations.

### **3.5. Did a Right to Food Exist?**

Yes. By 1952, people had asserted and the government had accepted that right. But RTF was realized over the years without a specific legal, judicially-sanctioned framework. Unlike India, Sri Lanka does not possess a judicial system that is affordable, accessible and effective. Rather than relying on legal and judicial processes, social political forces transformed the need for food into a right.

### **3.6. Food Security Indicators**

Around 30% of the people are below the poverty line. And over 80% of the household budget of these people is spent on food. There is around 30% malnutrition. The good infant mortality rates have not resulted only from the health aspects but also from better nutrition.

### **3.7. Right to Food Defined**

Right to Food can be defined as a safety net to ensure that the people who cannot access or afford food are ensured a minimum quantity of food. Two things have to be kept in mind – the *affordability* component and the *quality* component. It is argued that you can meet the targets for food security without being food *self-sufficient* if you are food *self-reliant*, i.e. if you can produce what you can and import the rest.

### **3.8. Issues to be Tackled**

*3.8.1. Basic Food Security:* There will always be a component of the population who will need state support to ensure that their food needs are met. There is a need to ensure a minimum availability and also to ensure that the distribution mechanisms of the state are kept alive.

*3.8.2. Progressive Realization:* Sri Lanka has achieved the first phase of RTF. The challenge now is to diversify and enrich the food basket, ensuring more varieties, including minor grains.

*3.8.3. Hazard-free Food:* Ensuring hazard-free food, particularly in the urban areas, requires a range of other state interventions. Some rules do exist but are not implemented properly.

*3.8.4. Growth in Economy:* The only way of ensuring that RTF is met is to ensure that the economy grows. We cannot have policies that are focused on improving food security alone if they are likely to have an adverse impact on the overall capacity of the economy to grow.

*3.8.5. Democratic Framework:* The best way to ensure that RTF is met is to ensure that the country has a democratic political framework – a virile democracy that remains competitive at all times.

## **4. Right to Education**

### **4.1. Structure of the Study**

The paper comprises an introduction, an overview of the progress in education, a discussion of the legal framework, its possible links to RTD, the current situation and the issues of progressive realization.

### **4.2. The Education Span**

The education span can be divided into two. The ‘universal access span’ covers primary and secondary education and the ‘selective span’ covers the tertiary level. The tertiary level is selective and based on merit, capability and competition, whereas the primary and the secondary levels have open access.

### **4.3. General Characteristics of Education**

RTE refers to the full development of personality through education. The capacity of a system to be adaptable and relate to the differentiation in capability, merit and aptitude is vital to a realization of RTE. Also, education is a life-long process. Further, education must be participatory in the sense that participation in designing the learning structure is important.

### **4.4. System of Education**

At the time of independence, Sri Lanka had compulsory education, high literacy rates and high female literacy and universal free education came about in 1942. Universal primary education was achieved through a dual system – a system of education in the vernacular (government schools) in the rural areas and a system of assisted (private) schools with English education in the urban areas. So, inequality was built into the system and resulted in a huge language divide. In the post independence period, there was a drive for unification of the dual system. Other measures included free textbooks and promotion of gender equality. Education as a whole was very strictly regulated.

### **4.5. Problems with the System**

English educated families had an advantage over the non-English educated. Also, there were regional inequalities. Teachers and laboratories were not available in poor schools in remote areas. When primary and secondary education expanded, a huge internal demand was generated within the system for tertiary education. But the institutional capacity to meet the demand was inadequate. Further, university students faced problems in absorption. Tertiary students were poorly equipped and the labour market did not expand fast enough because there was inadequate diversification of the economy.

## **4.6. Legal and Institutional Framework**

*4.6.1. Legal Framework:* There are laws for compulsory education and there is a political process satisfying the demands of the electorate. This has worked very well for primary and secondary education. There are constitutionally guaranteed rights under the equality clause i.e. access, equal treatment in admission to schools. There are various Supreme Court judgments relating to admissions. Sri Lanka's Plan of Action on the Convention on the Rights of the Child covers the education part very well. The 2000 draft constitution also includes RTE.

*4.6.2. Institutional Framework:* There is a Ministry of Education. There is the provincial council system that controls education till the secondary level. The universities are centrally governed by the University Grants Commission. There is a National Education Commission, which is responsible for educational policies and educational reforms.

## **4.7. Educational Reforms**

The PRS talks of improving the quality of basic education, redressing regional inequalities, instituting a school-based management system where the community and the school are better linked, greater participation for adaptation of the schools, upgrading English, Science and Maths and matching vocational training and labour market needs. The rights-related issues dealt with in the paper include the capacity of the system to facilitate life-long learning, access to IT, environment, enhancement of choice and diversity, adjustment of state control and the entry of the private sector into education.

## **4.8. Privatization**

Privatization would be favourable for education because it would expand access and bring in resources, which the state does not now possess to provide the required diversity of education, particularly at the tertiary level. But while privatization might enhance *acceptability, appropriateness* and *accessibility*, it may give rise to difficulties relating to *affordability*.

## **4.9. Suggested Framework**

There should be a comprehensive national education policy and accountability for that policy through public discussions. School-based management is an important element that gives the community a role in the management of schools. Other issues relate to monitoring and public reporting systems and the role of the National Education Commission. There are also suggestions on the required changes in the constitutional and legal framework of RTE.

## **5. Feedback on Sri Lanka Papers**

⇒ *Development Compact:* How can the development compact be meaningful for both parties without having the stigma that goes with conditionality?

⇒ *Participatory Mechanism:* It will be relevant to examine how exactly the participatory mechanism was institutionalized in Sri Lanka. The initiatives at participation must have concrete content. There is a danger of passing off token participation as stakeholder consultation.

⇒ *Rights Approach vs. Growth Approach:* Growth is not outside the picture of the human rights approach; it is inherent in the picture. If we focus only on the process, growth may not be important. But if we focus on realizing the rights substantively, growth is essential. The way to recognize the inseparability of 'human rights' and 'growth' is not to juxtapose them but to say that the necessity of growth arises from inside the human rights framework itself.

⇒ *Programme Rights*: Can programme rights be formulated in terms of responsibility and accountability and is it possible to identify the enforceability of programme rights?

⇒ *Decentralization*: Is there a process of decentralization in Sri Lanka, similar to the *panchayat* system in India, and has it led to more accountability?

⇒ *PRS and Human Rights*: To what extent has the PRSP conformed to the human rights approach?

⇒ *Crisis Management*: Is Sri Lanka as disaster-prone as Bangladesh? If yes, what has been the crisis management and coping capacity of Sri Lanka?

⇒ *Leadership*: To the role of universal franchise and competitive politics, it must be added that it is the leadership that sets the priorities, and Sri Lanka seems to have had an enlightened leadership.

⇒ *Right to Health*: What seems to set apart the progressive realization of RTH in Sri Lanka from that in India is the political responsibility, accountability and governance. It would be useful to have more information about the overall financing of the health sector. What is the role of NGOs in the health sector in Sri Lanka?

⇒ *Right to Food*: If the two central elements for RTF to be realized are democratic competition and growth, the picture seems bleak. The democratization factor is undermined by the fact that politicians make promises that they do not intend to keep. The growth factor is undermined because the country has no control over the international system and prices can follow a pattern that has nothing to do with attempts to achieve growth. So, in both cases, the picture is bleak. On the case of the milk industry, foreign investment is bad if it is responsible for dumping, subsidization or some other distortion and not if it merely causes the destruction of the domestic industry. Relating to the obligation to respect, it will be interesting to know the impact of civil war and separatist movements on RTF. On the issue of entitlements being restricted to citizens, this may probably not be correct from a human rights perspective. The Covenant allows economic rights to be restricted to citizens, but there may be differences over whether these are to be considered economic or social rights.

⇒ *Right to Education*: It is important to draw upon the RTE reference documents such as the General Comments, the recommendations by the CESCR, the Special Rapporteur's reports, the experiences of UNICEF and CRC etc. About the discussion about private educational institutions and affordability, it is not correct to assume that the affordability goes down with privatization. Richer people can get access to education and health care that was not available before. Poor people cannot do that, but they can still afford whatever they could afford before. The establishment of private hospitals and private educational institutions does not impact affordability. What it does impact is the equity aspect of the right to development. It allows unequal realization of people's needs. The solution lies not necessarily in preventing private institutions from coming up. That will result in 'equity of non-realization of rights' and not 'equality in the realization of rights'. In order to achieve the latter, the solution is that you allow private facilities but you also provide the poor a need-based stipend.

## **6. Responses of Sri Lanka Authors**

⇒ *Conditionality*: Conditionality can be transformed from its present focus on economic growth and macro-economic management to a normative framework, which takes into account RTD. Good governance issues have become more important in aid flows nowadays.

⇒ *Program Rights:* There are examples of program rights in all areas – health, education, domestic agriculture sectors etc. Recourse to courts was there but it was expensive. There was a committee through which collective rights got expressed and implemented. These mechanisms will help in designing program rights if they are translated into rights and responsibilities. In Sri Lanka, there were within the administration grievance settlement procedures, which were meaningful.

⇒ *Participation:* The Participatory mechanisms existed but were not always effective. There is institutionalized participation in ground level institutions like cooperative society, cultivation committee etc. that have been set up within the government system. Earlier, there was a relationship of benevolence, welfare, patronage between the political leaders and the constituents. The PRS aims at broad based consultation but whether that happens is yet to be seen.

⇒ *Right to Food:* An example of the democratic process in the RTF area is ‘Sarvodaya’ – an organization based on the principles of Gandhi – which has been quite forceful in converting needs to rights within a competitive, democratic framework.

⇒ *Education:* Today, in Sri Lanka, the proposal is not to privatize university education but to bring private resources into education. Last year, the additional secretary of education clearly said that the government has neither managerial nor financial capacity to meet the growing needs of university education in Sri Lanka. The universities that are run by the government will continue to run. There are affiliated colleges providing university education though they are not called universities.

## Section IV – Bangladesh Presentations and Discussions

### 1. Right to Development

#### 1.1. Scope and Structure of the Study

Rather than presenting the development experience in Bangladesh, the study views development through the prism of a rights-based approach. The paper contains methodology, Bangladesh's international commitments, progress reports on the realization of rights, and policies and programs.

#### 1.2. Methodology

Policies and programmes are examined in terms of characteristics that are considered crucial for the rights-based approach – (a) participatory process particularly of the vulnerable and (b) progressive realization. Certain principles that relate to the right-based approach are non-discrimination, equity and priority to the vulnerable. Monitoring, as per the rights based approach requires accountability mechanisms, answerability and remedial measures. *A priori*, it can be said that a rights-based approach did not underpin the policy making process, although some elements of the rights-based approach appeared in the policy making process by chance. The task is to identify the missing elements and to ensure that polices are more in conformity with the rights-based approach.

#### 1.3. Obligations

Polices and programmes have been analysed within the framework of a rights-based approach. A mapping between policies and obligations has been attempted. In the context of Bangladesh, the obligation to *respect* is less significant whereas the obligation to *protect* is more relevant. The most important tool for *facilitation* is to ensure right to work (RTW). If people can earn an adequate living, RTF is automatically protected. This is where RTF links up with pro-poor growth strategy.

#### 1.4. Health

The RTH section examines how public expenditure on health programs evolved over time. Two specific programs of the Bangladesh government are examined in greater detail: *Health and Population Sector Program* and *Integrated Nutrition Program*. Both are designed to improve accessibility of vulnerable groups – women and children – to health facilities. Also discussed is the a pioneering drugs policy adopted by Bangladesh in the early-mid 1980s, which tried to ensure that the pharmaceutical industry does not create artificial scarcity of essential drugs necessary for ensuring RTH. Health facilities have vastly improved. The government has focused on primary health clinics at village level and union level. Alarming high child malnutrition and poor maternal nutrition point to the need for activities relating not just to RTF but to the whole set of women's rights. Here, the issue of indivisibility of rights comes into sharp focus.

#### 1.5. Education

In RTE, public expenditure and the changes in public sector expenditures are examined. Specific programmes focused on are the *Food for Education* programme that was targeted at poorer sections. Even if primary education is made free, poorer parents still find it difficult to send children to school not only due to the incidental costs but also the opportunity cost due to loss of child's earnings. The second policy is the policy regarding elimination of child labour. The crucial thing is how to ensure that children who have to work are not deprived of educational facilities entirely. In terms of *availability*, there is substantial improvement with regard to primary and to some extent secondary education as well. But a worrying feature is the evidence that as *quantity* of education has expanded, *quality* has correspondingly declined. Quality of educational institutions has deteriorated so much that a parallel system of private tuitions has developed. Since the tutors are the best teachers in schools and

colleges, poorer children are condemned to attend poor quality schools. This is giving rise to a 'quality-inequity nexus'.

### **1.6. Food Sector**

From the *availability* perspective, there have been some positive outcomes. Despite a rapid population growth, food per capita has witnessed a modest increase. But much has to be done on the *accessibility* front. Right to basic food is not available to half the population. There are specific accessibility problems particularly relating to women. NGOs are working on this. The solution does not lie in the food sector policy alone but in the broader social policy and human rights environment in the country.

### **1.7. Policy-making**

On the *process* of policy formulation, there is much to be desired. Stakeholder participation is low, especially in government programmes. Bangladesh has an *Initial Poverty Reduction Strategy Programme*, in which a consultative process was included. But in practice, though consultation has taken place, it has not actually influenced the content and direction of policy. Programmes and policies have never been informed by rights perspective. The accountability mechanism is weak. The possibilities offered by the democratic process have not been made use of. Though a human rights commission is in the offing and some civil society institutions are functioning, more institutional strength is required.

## **2. Right to Food**

### **2.1. Structure of the Paper**

The RTF paper assesses Bangladesh's record and implementation of RTF. The methodology uses the rights-based approach to development in three major dimensions – *process*, *content* and *implementation* of policy. The paper incorporates Bangladesh's international human rights commitments; the overall progress in RTF; and government and NGO policies and programmes.

### **2.2. Constitutional Provisions**

Bangladesh's commitment to human rights is enshrined in Article 15 of its constitution, which contains a clear commitment of the state to ensure access to food.

### **2.3. Regional Variation**

Considerable regional variation in food exists. Regional variation is wider than seasonal variation. There are regional economically unfavorable areas in Bangladesh, where production is lower than average. The incidence of poverty has declined as a percentage. The percentage of nutritionally vulnerable people has decreased. But the number of food insecure people has remained the same due to increase in population by 30 million. There is a contrasting picture in urban and rural areas. The trend in rural areas is constant whereas the number of vulnerable people in urban areas increased.

### **2.4. Intra-household Distribution of Nutritional Intake**

The extent of nutrition varies both according to sex and age. There is acute maldistribution of food within the household – women and children are particularly vulnerable. Intake of calories is substantially higher for men than women in all age groups.

### **2.5. Security of Land Tenure**

The obligation to *respect* is not violated in a normal situation in any normal country. Regarding the obligation to *protect*, there are two situations in Bangladesh: (1) village elite unlawfully grab land of the poor (2) unlawful eviction on exploitative terms of contract. There have been several attempts of

land and tenancy reform but the provisions remain mostly on paper. Whereas the dominant majority in rural areas has a tenuous right to land or no land at all, the minority has secured rights. Those having secure rights rarely work on the land, so productivity suffers. Tenants have no security of land rights, landlord can evict any tenant thereby violating his right to livelihood and hence RTF.

## **2.6. Pro-poor Growth Strategy**

To *facilitate* RTF, the state must actively participate and strengthen people's access to livelihood. Pro-poor growth strategy assumes special significance. IPRSP emphasizes pro-poor growth through identified priority areas. A growth strategy that aims at providing RTF to the vulnerable is to be brought under the ambit of the new development strategy. Regarding the provision component of the obligation to *fulfill*, Bangladesh has a food distribution programme – PFDS. Food-related targeted programmes include *Food for Work Programme*, *Vulnerable Groups Development Programme* (VGD), *Food for Education Programme* and *Rural Maintenance Programme*.

## **2.7. Problem of Leakages**

A World Bank study showed that there are substantial leakages, but these figures may be based on selective samples and are therefore a little high. What is particularly disturbing about the Bangladesh experience is that as per 1995-96 household surveys, leakages have deteriorated over time.

## **2.8. Crisis Management**

Bangladesh has had a positive experience in crisis management despite severe natural calamities. After the 1998 floods, the government imported food grain to stabilize the food grain problem.

## **2.9. NGO Programmes and Activities**

Though many NGOs are engaged indirectly in food assistance programmes, they do not always follow a rights-based approach. With active NGOs, the scope for accountability is more and those responsible for failures or lack of action or violation may be brought to light. BRAC is a leading NGO in Bangladesh that has taken considerable initiative in food security programmes. However, full participation of civil society in formulation of policy has not been achieved. The task force on food, the national food policy, the 'comprehensive food security document' etc. have had limited representation of civil society or stakeholders. In the implementation of targeted programmes, NGOs are involved along with local officials, which has resulted in better targeting of these programmes.

## **3. Right to Health**

### **3.1. Health Care System in Bangladesh**

Government health service is organized in a four-tier system. The Ministry of Health and Family Welfare is the apex body managing the government health sector. Additionally, there are homeopathic and *ayurvedic* providers, NGO and other non-profit facilities, qualified and unqualified drug sellers, and qualified practitioners and government doctors engaged in private practice. A substantial structural change is the increasing share of the private sector.

### **3.2. Health Care Resources**

After the 1970s, the government sought to improve provisions and institutions. By the end of 1999, the goals relating to providing physical structures had been obtained and the government claims that it has covered the whole population. Human resources i.e. trained doctors have increased. In per capita terms, *availability* has increased. In the delivery of health services, difficulties of *quality*, *accessibility* and *affordability* arise. 55% of Bangladeshis have no access to any public health care services. Doctors

are not present, drugs are not available and quality of service is poor. This is also reflected in the public expenditure policy.

### **3.3. Outcomes**

While mortality rates, crude death rates, neo-natal mortality rates, IMR and child mortality rates have all shown an improvement over the last 25 years, they are marked by regional variation, particularly between rural and urban areas. There is considerable improvement in the nutritional status of children in Bangladesh and the rural-urban gap has narrowed over time. But still at least 60% children still suffer from some kind of malnutrition. The gender gap in nutrition persists. Male life expectancy is higher than in women – an unusual phenomenon. Mortality and morbidity are relatively high in rural areas and the gender gap is acute. So, though there has been progress over the last 25 years, it is still less than satisfactory.

### **3.4. Private Sector**

The decline in share of public health treatment has been more for women. While the expansion of private health care service is desirable, specific policies are required for providing health care to the poor and vulnerable. Poor administrative and managerial capabilities are a major challenge before the public health system.

### **3.5. Change in Perception of Health**

Traditionally, improving health status and its various indicators was a key priority of development. However, there is a change in the perception of policy planners, who now regard expenditure on health not just as consumption expenditure but instead as an investment contributing to economic growth and the development process. Improving health status is seen as both the ends and means of development.

### **3.6. Health and Population Sector Programme**

The system of health management is highly centralized. Development of health systems has been taken up through the implementation of projects. In 1998, the government adopted the *Health and Population Sector Programme* (HPSP) funded by a consortium of donors. But the mid-term review of the project after three years concluded that none of its objectives had been achieved. In hindsight, this is probably because it lacked the rights based approach. Had it been more participatory, the outcome may have been different.

### **3.7. Weaknesses of the Health Sector**

The health care system displays an urban bias with an emphasis on tertiary and secondary level services. There has been increased expenditure on specialized institutions while education for paramedics, nurses and health workers has not adequately expanded. Community participation in PHC has not been institutionalised. Health research has not taken off as yet. For health technology, the country is still import dependent. Health sector development outlays primarily focus on investments in equipment or hospital accessories and construction while a small portion of the budget is spent upon education and training. Little progress has been made in primary manufacturing of drugs. No effective drugs standard enforcement capability has been instituted. As a result, drugs of substandard nature are being imported or produced. Health information is not properly organized or received in time. Quality of information is also poor. There is no health policy and decisions are taken on an *ad hoc* basis influenced by precedence or institutional bias. There is inadequate budget expenditure on health care. NGOs have played a positive role but public NGOs and private sector participation need to be consolidated to improve health.

## **4. Right to Education**

### **4.1. Education Sector**

Since independence in 1971, there has been significant progress in the education sector but in overall terms, Bangladesh is still poorly educated. Multiple types of schools exist even at primary level. Secondary education is also dominated by non-government schools.

### **4.2. Disparity in Education**

Two prominent types of disparity can be identified in the education sector – gender disparity and enrollment disparity as per poverty status. This is lower at primary level and higher at higher levels. Complete enrolment has not been achieved and dropout rate is very high at 35%. Even at primary level, there is large disparity in terms of poverty status of households.

### **4.3. Role of Government**

Government has played a major role in the education sector; there has been a rapid growth in public expenditure on education and the government has adopted policies to expand delivery of education services. Education expenditure as a percentage of total government expenditure has increased as has the share devoted to primary and secondary education in the overall education budget. Recent policies emphasize reforms in education sector to expand enrolment, improve quality and governance.

### **4.4. Programmes**

Two important programs for education are: (1) *Female Secondary Stipend Programme*, under which stipends and tuition waivers are provided to girls between six and twelve years in the rural areas and (2) *Food For Education Programme*, which combined RTE and RTF in an integrated manner. The FFE programme is entirely funded by the Government with no donor support. Under this programme, the government provides a poor family money for sending children to school. In the earlier version of this programme, they used to receive wheat or rice. Certain conditions have been imposed – the child must have at least 85% attendance etc. The programme includes mechanisms of targeting, for instance, economically backward rural areas and female-headed, landless and low-income families.

### **4.5. Role of Civil Society**

NGOs have come up as important players in the provision of primary education. They have evolved different types of models for provision of education. But many children still remain outside their limited scope.

### **4.6. Monitoring and Accountability**

Various schemes have been adopted like school management committees etc. but real authority is not transferred. Also, local units have failed to represent the local interests. From a human rights perspective, the most pertinent thing is that there is no systematic approach or monitoring systems in place. Even post Dakar, there are no comprehensive accountability and monitoring systems.

### **4.7. Conclusions**

Bangladesh has formulated a national plan of action from 2002-2015, with goals and strategies consistent with the Dakar Plan of Action. But a number of areas of concern have been identified in the paper. Bangladesh is yet to ensure the benchmarks of RTE, which would spell out in concrete terms what the state will achieve in a time bound plan of action. Such a plan must be formulated and enforced in a participatory manner. Consistent action is required to bring education in line with the human right approach. Also, human rights education needs to be strengthened.

## 5. Feedback to Bangladesh Papers

- ⇒ *Case Studies on RTD*: Case studies could be taken up – for instance, some districts where things have been done more as per the rights based approach. That these are not the regular development studies must come out very clearly in all papers.
- ⇒ *Standard Literature*: The General Comments must be adequately reflected in the papers.
- ⇒ *Quality of Data*: Data must not be presented without reflecting on the quality of data. In case there is skepticism regarding the data, it should be clearly mentioned.
- ⇒ *Impact of External Agencies*: Though it is the State that is responsible for enforcing rights, it is worth considering the conditionalities imposed by the external donors. This is particularly important in the case of Bangladesh, which relies on huge amounts of external assistance and aid.
- ⇒ *Gender*: The issue of women’s empowerment needs to be examined more clearly.
- ⇒ *Participation*: How participatory is the approach employed by PRSP in reality?
- ⇒ *Crisis Responses*: How important is international charity assistance in food in times of crisis and floods. How important is it for maintaining food adequacy to the most vulnerable groups?
- ⇒ *Applicability of Rights*: Progressive realization needs to be structured into the study, so that it is not confined to looking at rights in relation to those deprived of rights. It needs to address and encompass the population as a whole. Targeting should be only one part realization. Certain dimensions of RTF and RTH cut across all classes and this must be brought out clearly.
- ⇒ *Scope of RTF*: RTF might have to be expanded to other dimensions beyond hunger. Issues of choice – GM food, pure vegetarian food etc. – then become important.
- ⇒ *Jeffrey Sachs Approach*: The idea that you must focus your resources on those areas where there will be most productivity (i.e. neglect 25% if top order is able to raise productivity by 200%), poses an interesting problem for RTD. What is the human rights approach to this idea that we can neglect the poorest community and focus all resources on malaria elimination on those villages which are most likely to be productive. This research is expected to take a position on such an issue. In fact, to put aid into areas where productivity is highest runs consistently as a common theme through foreign assistance and large programmes. Combining credit programmes for the poor and health programmes for the poor may yield better results.

## Section V – Technical Papers

### 1. The Right to Development and International Economic Regimes

#### 1.1. Summary

The paper looks at how compatible RTD is as a process with the current structure of the international economy. The bottom line is that the current economic configuration, both in terms of the explicit regimes like IMF, World Bank and WTO and the implicit regimes in terms of the actual pattern of capital flow, is *not* compatible with progress realization of RTD and need substantial revisions if RTD is to be possible in most developing countries.

#### 1.2. Increased Capital Mobility

Increased capital mobility affects RTD in individual countries in three major ways. (1) A Fall in tax-GDP ratios has been observed in most of the developing countries of the world for the last decade. This implies an inability to increase public expenditure, which in turn constrains the government from doing the kind of things as per the basic, rights namely food, health, education. (2) The ability of national governments to control or regulate private players adequately to enforce RTD is increasingly corroded because of the competitive pressure to attract and retain capital. (3) There is increased volatility and associated crises in emerging markets. The patterns, which are imposed on the economy as a result of the crisis, imply deterioration rather than progressive realization of basic human rights.

#### 1.3. International Accountability

It is true that national governments are directly responsible and there are political choices made which determine the particular allocation of fiscal resources. However, the role of international institutions is very significant, especially in the post-crisis adjustment economies. The issue of *justiciability* and *accountability* is very important in the international context and needs to be made much more specific.

#### 1.4. Implications of International Economic Regimes

Because of the concentrated structure and high mobility of international finance, two things are immediately needed: (a) much more acceptance and encouragement from international institutions of national level controls on capital and (b) international measures to prevent downward harmonization of national standards by governments attempting to attract capital and excessive volatility.

#### 1.5. Investment and Competition Policy

There must be some kind of move towards investment and competition policy. However the forms that they should take should be very different from the form in which they are currently being considered in the WTO. Both the Multilateral Agreement on Investment (MAI) and the competition policy currently under consideration in the WTO are, in their current form, antithetical to RTD.

#### 1.6. Financial Crises

Also required is a reconsideration of the process of the emergence of financial crises in the developing countries. For emerging markets that are highly exposed to the high risk of foreign exchange volatility and potential crisis etc., one needs to think of alternative ways of dealing with these crises, which do not involve conditionalities that violate RTD. Once again the issue of accountability becomes crucial.

#### 1.7. Implications of IPRs

The TRIPS Agreement is fundamentally violative of RTD and needs to be opposed at many levels and should be re-negotiated for a range of reasons.

## 1.8 International Trading Regimes

Specific areas of concern can be identified within the structure of the WTO: (1) *Services Sector*: The ongoing negotiations in the services sector relate to issues of privatization. They are moving in a direction that may prove extremely problematic for RTD, because member countries are being pressurized to deregulate and privatize the provision of services in a way that would not necessarily ensure universal access and availability. (2) *Right to Livelihood*: The process of tariffication in the agriculture as well as other sectors implies a critical problem of livelihood in a number of developing countries. Small cultivators are threatened by the possibility of highly subsidized imports. (3) *Dispute Settlement*: While dispute settlement in the WTO appears to be equitable, universal and democratic, its actual functioning is very different. Most of the poorer countries do not have enough resources to engage in the dispute settlement process in a meaningful way. (4) *Social Clause*: A social clause will not advance labour rights because it is oriented towards export oriented manufactures of developing countries whereas in the developing countries the worst conditions of labour are not in the export industries but in the primary, manufacturing and service sectors.

## 1.9. Conclusion

If RTD is to become operational, it needs to recognize these existing international inequalities and to press for major changes in the way that the international economy is currently organized.

## 1.10. Feedback on Paper

⇒ *Tax-GDP Ratio*: The way that tax-GDP ratio has been linked with capital mobility and with the inability of the government to finance social expenditure may not be as straightforward as has been made out. One cannot necessarily conclude that greater capital mobility necessarily leads to a constraint on the government to spend on social sectors.

⇒ *Social Clause*: A social clause may not be able to definitely realize child rights. But it might be helpful in pushing the government to do certain things, which otherwise it would not do.

⇒ *Accountability*: The master guidelines address the issue of obligations of international financial institutions. It defines the obligations of state parties to the ICESCR to act in international financial institutions in a way that does not cause other state parties to violate their obligations under the covenants. The CESCR, in a letter to the WTO Ministerial in Seattle urged the WTO to not engage in any negotiations that would lead to the contradiction of obligations that states have contracted in the ICESCR. NGOs have managed to get that into the resolutions of the commission and sub-commission.

⇒ *MAI*: When MAI was defeated in OECD and the discussion was shifting to WTO in Geneva, the coalition of the NGOs that had been successful in defeating it in OECD, met in Geneva to prevent it from being successful in WTO. The trade unions and environmental organisations who were behind the effort in Paris met for the first time with the human rights NGOs to oppose the MAI.

⇒ *IPRs*: On IPRs, the legal significance of Doha, however limited it may be, should be exploited.

## 1.11. Response by Author

⇒ Capital mobility is different from capital inflows. What capital mobility implies in the paper is the urge to attract capital as a means of overcoming the investment-savings gap. This puts pressure in the form of taxation, regulations on investment, repatriation of profit etc. and limits the governments' ability to raise expenditure.

⇒ The missing link is not the tax; the missing link is the political will to tax. Liberalization affects tax-raising capacities in two ways. Trade liberalization lowers import tariffs. Capital account liberalization also forces one to provide incentives, which are on par with some other countries, which then allows one to reduce one's direct tax raising capacities. The amount the government has given away in the form of tax cuts by its own estimates over the 1990s is more than what it would have spent for a food for work program that would employ about a 120 million people.

## **2. Are Socio-economic Rights to Development Justiciable?: The Indian Experience**

### **2.1. Objective and Scope**

The basic objective of the paper is to look at how socio-economic rights become justiciable or enforceable in a court of law. As per the Constitution of India, civil and political rights are enforceable. However, in the 1980s and 1990s, social, economic and cultural rights also became enforceable in India. This has been made possible through the following developments: (1) setting up of a legal framework as part of the international rights discourse; (2) emergence of an independent judiciary and activist judges; and (3) emergence of civil society and NGO sector.

### **2.2. Role of the Supreme Court**

The Supreme Court of India has been a major instrument in making these rights justiciable. The Supreme Court has treated the directive principles on par with fundamental rights. Another major development relates to the emergence of social activist judges.

### **2.3. Emergence of PIL**

The court provided a series of mechanisms whereby the socially disadvantaged could directly approach it. Some judges have consistently been bringing up the issues relating to RTD as an integral part of a right to life.

### **2.4. Role of NGOs**

Another major reason for justifiability of rights is the increasing activism by the NGOs. There is a link between having a responsive judiciary and active civil society.

### **2.5. Making RTD a Reality**

We need to incorporate the human rights resolutions and international laws into the Indian constitutional system. The law should be able to identify violations of rights and enforce remedial actions. Independent and responsible courts must be set up. Also, one could have a training institute to sensitize judges to social issues.

## **3. Basic Needs Right Based Approach**

### **3.1. Role of the Supreme Court**

The Supreme Court has adopted various techniques to make these rights enforceable. Instead of depending on directive principles, the Court started giving an expansive meaning to the fundamental rights, which are enforceable against the state. 'Life' was understood not merely as 'existence' but as 'living with human dignity'. Another technique the Supreme Court adopted was by way of making the state responsible for the violation of one's human rights by a third party.

### **3.2. Role of Legal Fraternity**

The legal fraternity has played a role in making these rights enforceable. There is a need to provide feedback to the legal fraternity, in terms of identifying a minimum core to make RTD a reality. Even if

the Supreme Court wants to make certain rights justiciable and enforceable, it does not have the targets to assess the implications. Once what is minimum is set, it is easy for the courts to enforce it. The legal fraternity needs to be convinced about the theoretical justification for justiciability of rights.

### **3.3. Rights-based Approach vs. Need-based Approach**

In the rights-based approach, the individual becomes the subject whereas in the need-based approach, the individual is only an object. When the individual becomes the subject, he is entitled and can make claims.

### **3.4. Accountability of International Institutions**

A normative mechanism needs to be set up wherein MNCs and international financial institutions are held accountable for human rights violations.

## **4. Indicators and Instruments – Operational Framework for the Right to Development**

### **4.1. Indicators of RTD**

Indicators are important in guiding the RTD process. They have to be universal, though there would be prioritization across different countries in terms of rights and obligations related to those rights. Progressive realization allows you to talk of time dimension. But outcomes are to be realized in a manner that is interdependent and indivisible i.e. which makes the rights co-realized.

### **4.2 Process and Outcome**

There are two sets of indicators of the RTD process. One set of indicators follows from the principles which inspire the *process* of RTD. The other set of indicators relate to *outcomes*, which are associated with the meeting of specific rights.

### **4.3. Criteria of Indicators**

The indicators should meet certain criteria. They should capture the realization of the process of development both from the point of view of fulfillment (action that is required by the duty holder) and enjoyment. The indicators should capture the flow aspect of the progress in each of the indicators. The indicators can also capture the accumulation of the progress over time and present it as a stock.

### **4.4. Components of Indicators**

What are the indicators that can capture the participatory and inclusive elements and the process promoting quality in our framework? Such indicators need to look into inequality indicators such as gini coefficient on consumption, income distribution, the human poverty index, etc. These indicators will reveal the extent to which the progress has reached the poor. However, it depends much on the context in which the indicator is identified or developed. At a narrow economic level, one could look at indicators like fiscal deficit, current account deficit, external debt, etc. Sustainability issues can be brought into the picture by using indicators like natural resources.

### **4.5. Conclusions**

A framework should be evolved that looks at indicators in terms of input, process and outcome indicators. The input indicators will indicate what is required for realizing any right. The outcome indicators will capture what is realized in the process of realization of the right. The process indicators capture the milestones of the realization of ultimate outcomes. Accountability can be captured in terms of process indicators. There is also a need to make a distinction between the indicators that are relevant for the realization of RTD and realization of individual rights.

## **5. Responses to the Five Reports of the Independent Expert**

In the framework of the five reports, RTD is a process where people can choose and access the human rights norms developed by the international treaties and covenants. Resource constraint is a major hindrance in the realization of rights. The indicators can help the RTD process in establishing the rights and obligations of nations undergoing development in order to arrive at a development compact whereby claims can be made on international community that they will enjoy all the civil and economic, social and cultural rights embodied in various human rights treaties.

## **6. Reflections on the Conceptual Issues Relating to RTD**

Development when viewed from an economist's point of view, focuses on increasing the real incomes of the individual. The enhanced income will allow the poor to procure more food, education and health. In some cases, mere income distribution may not be sufficient. The state has to take a paternalistic approach towards primary education and health to ensure that these elements are enhanced in the hands of the individual. This is the kind of approach to development we have had. What is wrong with it; why do we have to go for a right-based approach? The rights literature has been dominated by the European tradition. They were talking about natural rights. There are some people who looked into other rights when they were looking into the natural rights. According to Isiah Berlin, political rights and freedoms are meaningless unless one is ensured of basic sustenance. The rights based approach gives us a handle to think in terms of looking at the agencies, which should be carrying out the entitlement part. Whereas in the earlier approach to development, the focus has been on economic growth, the rights based approach prioritizes scarce resources in ways such that the basic needs of individuals on health, education and food are satisfied.

## **7. Integrating Gender Issues into RTD**

Many conferences, declarations and reports have emphasized the necessity of undertaking women's studies. The value of gender analysis is that policy makers develop gender sensitive policies and sometimes that might lead to interventions that do not need to have to give specific advantage to women for growth. Gender redistributive interventions are intended to transform existing distributions in a more egalitarian way. The RTD project must incorporate a gender analysis and perspective. There is a need to have dialogue with people who have worked in these areas as well as with people who are affected. Just having policies that are not discriminatory does not mean that we are gender sensitive. In certain cases, one or the other gender may *need* to get a preference. Gender sensitivity is more than rising above discrimination.

## **8. Feedback and General Comments**

⇒ *Unification of Treatment:* There is an evolving understanding of human rights as breaking down the distinctions between civil, political, and cultural, social and economic rights and treating all human rights the same way. What would constitute an RTD course of action?

⇒ *Incorporation of Covenant Obligations:* The justiciability of economic, social and cultural rights is as great or as little as each country is willing to incorporate into its legal system. A state that is party to the covenant has the obligation to see that measures are taken to ensure these rights, among which the use of legislative and judicial system is very important.

⇒ *Justiciability:* There is a misinterpretation on whether justiciability implies absolute obligation for realization of economic, social and cultural rights or whether there is such a conceivable thing as justiciable RTD, i.e. an obligation to create a process of development that meets the criteria of the independent expert's analysis and the 1986 declaration.

⇒ *Accountability*: Accountability is a major element of the rights study. There are two relevant questions relating to accountability. One, are socio-economic rights justiciable? Second, does it really matter if they are not justiciable? There is a distinction between *de jure* justiciability and *de facto* justiciability. Rights may become justiciable by way of court intervention, as they have in India. But there may not exist a *de facto* justiciability of these rights because the resource constraints of the states can prevent states from implementing court orders. Given the resource constraints, how can we make justiciability *de facto*? One way could be to identify the minimum core. In view of the resource constraints, the realization of rights has to go step by step. The state is obliged to set time specific targets on the basis of the resource availability. *De jure* rights plus time bound targets together will ensure *de facto* justiciability.

⇒ *Justiciability vs. Accountability*: There is a distinction between justiciability and accountability. Justiciability is one form of ensuring accountability. Accountability is a larger concept and it can be ensured even without justiciability. In order to ensure accountability, we need time bound targets, on the basis of which the duty holders can be held accountable. Accountability mechanisms could include national human rights commission, ombudsman, functioning parliamentary committees, *panchayats* etc. Once we have time bound targets, it is not absolutely essential to have justiciability. But justiciability would certainly strengthen accountability. The issue of accountability includes enforceability, justiciability, elections, agitations, protest, political movement, etc.

⇒ *Policy Measures*: Any target set without corresponding policy measures is meaningless. It is very difficult to find a set of policies, which has one to one correspondence with targets. According to Amartya Sen, even if one cannot fulfill a right, or one cannot realize the target, he can always say that there is a set of policies, which have maximum likelihood of achieving those targets. In that case those policies become right. The issue of justiciability should be related to that. If policies are not followed one can hold the state accountable. But this is difficult as policies can change in a day. We should have the processes in place.

⇒ *Target Setting*: Setting of targets/minimum may be difficult as there may be conflicting targets. There should be incentives and punishment systems associated with accountability. Fulfillment of targets must be rewarded.

## Annexure: List of Participants

### Coordinators

Stephen Marks	<i>Director, Harvard School of Public Health, Boston</i>
Arjun Sengupta	<i>Chairman, Centre for Development and Human Rights, New Delhi</i>

### Core Team

<b>India</b>	Country Report (RTD)	N.J. Kurian	<i>Planning Commission</i>
	Right to Health	Ravi Duggal	<i>Centre for Health and Allied Themes, Mumbai</i>
	Right to Food	Mahendra Dev	<i>Centre for Economic and Social Studies, Hyderabad</i>
	Right to Education	Ravi Srivastava	<i>Jawaharlal Nehru University, New Delhi</i>
<b>Bangladesh</b>	Country Report (RTD)	Siddiq Osmani	<i>University of Ulster, UK</i>
	Right to Health	Omar Haider Chowdhury	<i>Bangladesh Institute of Development Studies</i>
	Right to Food	Quazi Shahabuddin	<i>Bangladesh Institute of Development Studies</i>
	Right to Education	Mustafa Mujeri	<i>Bangladesh Institute of Development Studies</i>
<b>Sri Lanka</b>	Country Report (RTD)	Godfrey Gunatilleke	<i>Marga Institute</i>
	Right to Health	Nimal Gunatilleke	<i>Marga Institute</i>
	Right to Food	Nimal Sanderatne <i>(Paper presented by Basil Ilangakoon)</i>	<i>University of Peradeniya</i>
	Right to Education	E.L. Wijemna <i>(Paper presented by Godfrey Gunatilleke)</i>	<i>Marga Institute</i>

## Other Papers

Stephen Marks, <i>Harvard University</i>	<i>Integrating Gender Issues into the Right to Development</i>
Jayati Ghosh, <i>Jawaharlal Nehru University</i>	<i>The Right to Development and International Economic Regimes</i>
Shylashri Shankar, <i>Columbia University</i>	<i>Are Socio-economic Rights to Development Justiciable?: The Indian Experience</i>
Moolchand Sharma, <i>Delhi University</i>	<i>Basic Needs Right Based Approach</i>
Abhijit Sen, <i>Jawaharlal Nehru University</i>	<i>Responses to the Five Reports of the Independent Expert on RTD</i>
Manoj Panda, <i>Indira Gandhi Institute of Development Research</i>	<i>Right to Development: A Framework for Analysing Some Quantitative Dimensions for India</i>
Rajeev Malhotra	<i>Indicators and Instruments – Towards an Operational Framework for the Right to Development</i>

## Other Participants

Gita Sabharwal	DFID
B.B. Bhattacharya	<i>Institute of Economic Growth</i>
Venkatesh Nayak	<i>Commonwealth Human Rights Initiative</i>
Clare Doube	<i>Commonwealth Human Rights Initiative</i>
Bhaskar Goswami	<i>Independent Consultant</i>
Aubrey Mc Cutchen	<i>Ford Foundation</i>
Ratna Sudarshan	<i>NCAER</i>
Jayashree Sengupta	<i>Hindustan Times</i>
Mahipal	<i>Haryana Institute of Rural Development</i>
Rohit Sarkar	<i>Planning Commission</i>
Kirti Bhasin	<i>Centre for Development and Human Rights</i>
Shilpa Modi	<i>Centre for Development and Human Rights</i>
Amrita Isaac Roy	<i>Centre for Development and Human Rights</i>
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Kaushik Bandhopadhyaya	<i>Centre for Development and Human Rights</i>
Archana Negi	<i>Centre for Development and Human Rights</i>