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Poverty

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UNEQUAL DEVELOPMENT IN THE 1990S: GROWING GAPS IN HUMAN CAPABILITIES

Sakiko Fukuda-Parr and David Stewart *

Introduction

Questions about global income inequality inspire some of the most contentious debates among not only academics but politicians and the public at large. People look to data on income inequality as they might a stock market index to gauge how the world is doing. Are things on the right track? Is enough being done? In this age of globalization, the question is inevitably about whether ‘Globalisation’ – meaning liberalisation of economies and the integration of global trade and capital flows – brings prosperity or not. The controversies raging today over the many studies coming to different conclusions depend on how the questions are asked, and which data series are used. Such debates indicate little more than how economists and statisticians can find many answers to the seemingly same questions. More fundamentally, these debates mask attention on the growing disparities in human lives.

The aim of this paper is to assess the empirical development trends of the 1990s by focussing on human well being rather than on incomes alone. It argues that by these measures, the decade was one of unprecedented improvement for some but not for others, and that there is a growing gap among developing countries as well as among all countries of the world.

Measuring disparities in human lives – with gaps in income or capabilities

Despite the wide recognition among scholars and practitioners of development that development and poverty concern well being of human lives,¹ and that this has multiple dimensions beyond income, almost all the empirical studies on global inequalities focus on income measures. The data on income and income inequalities are far from satisfactory for reasons of both data availability as well as measurement tools being used, as many of the chapters of this volume show.²

As Amartya Sen has argued, development is about enlarging the capabilities that people have to lead lives they value, or human development. Capabilities such as being able to lead a long and healthy life, being able to read and write, being able to enjoy the respect of others and participate in the life and decision making of a community are universally valued.³ Incomes are an important means to achieving and expanding such capabilities, and correlate with capability achievements in such areas. But there is no perfect relationship between income and these capabilities. Countries such as Pakistan and Vietnam have similar levels of GDP per capita but have stark differences in life expectancy. Korea and the United States have the same levels of life expectancy but Korea has less than half the income of the United States.⁴

To understand how the world is faring we must look beyond economic growth alone to indicators that capture important human capabilities more directly. This is not only conceptually desirable but feasible. Some would argue that capabilities are too complex and involve too many dimensions. Such debates dominated the debates that led to the development of the Human Development Index (HDI), as Amartya Sen's own account makes clear.⁵ Furthermore, one of the most contentious issues among scholars of capability is about whether important capabilities

can be identified. While some – Martha Nussbaum being the foremost author – argue that a ‘list’ can be constructed, others, notably Amartya Sen, argues that such lists should be made only by democratic debate in society.⁶ However, in the context of undertaking a global evaluation of development based on capability expansion as a criterion, it is possible to use the internationally comparable data that exist in dimensions that are universally accepted as priority areas of improving human well being.⁷ It was on this basis that the HDI was constructed by Mahbub ul Haq and the UNDP Human Development Report team, together with Amartya Sen and Sudhir Anand.⁸ These include the capabilities such areas such as child mortality, hunger, school enrolment and the spread of HIV/AIDS that allow a comparison of how different countries of the world are faring.

A human development crisis in the 1990s

By measures of human capabilities as well as incomes, development in the 1990s was the best of years and the worst of years. Some regions and countries saw unprecedented progress, while others stagnated or reversed. What is most striking is the extent of the stagnation and reversals—signalling a human development crisis not seen in previous decades.

This is apparent in the human development index (HDI), the summary measure of key dimensions of human development. The index usually moves steadily upwards—though usually slowly because two of its key components, literacy and school enrolment rates, take time to change. So when the HDI falls, it indicates crisis, with nations depleting their basis for development—people, their real wealth. The human development crisis is also evident from

other indicators of human development that are not included in the HDI. The HIV/AIDS pandemic continues to spread and its impact deepens throughout the world. Only one country has definitively reversed the epidemic once it reached crisis proportions.⁹ Some 54 countries are poorer now than in 1990 and income poverty rates increased in 34 out of the 67 countries that have trend data. In 21 countries a larger proportion of people are going hungry. In 14 countries more children are dying before age five. In 12 countries primary school enrolment rates have fallen. And in many countries things are neither worsening nor improving, with stagnation setting in.¹⁰

Declines in the Human development index

After a steady increase since the mid-1970s, there has been a deceleration in HDI progress. The slowdown, particularly in the late 1980s and first half of the 1990s, was led by countries in Central and Eastern Europe and the CIS. Many of these countries had already started on a downward spiral in the mid-1980s, but between 1990 and 1995 the HDI declined on average in the region. In Sub-Saharan Africa overall growth in the HDI merely slowed, but some countries suffered terrible declines.

The HDI declined in 21 countries in the 1990s. This is a new phenomenon, only 4 countries saw their HDIs fall in the 1980s. Much of the decline in the 1990s can be traced to the spread of HIV/AIDS, which lowered life expectancies, and to a collapse in incomes, particularly in the CIS.¹¹

Table 9.1. Countries that saw a drop in the human development index, 1980s and 1990s

Period	Number	Countries
1980–90	4	Congo, Dem Rep off; Guyana; Rwanda; Zambia
1990–2001	21	Armenia ^a , Belarus ^a , Botswana, Burundi, Cameroon, Central African Republic, Congo, Congo Dem rep of, Cote d'Ivoire, Kazakstan ^a , Kenya, Lesotho, Moldova, , Russian Fed., South Africa, Swaziland, Tajikistan ^a , Tanzania ^a , Ukraine ^a , Zambia, Zimbabwe

Note: Based on a sample of 113 countries with complete data.

^a Country does not have data before for 1980-90, so fall in HDI may have begun before 1990.

Source: United Nations Development Programme (2003), *Human Development Report 2003*, New York: Oxford University Press.

Increasing spread of HIV/AIDS

In recent decades the greatest shock to development has been HIV/AIDS. The first cases were recognized in the early 1980s, and by 1990 some 10 million people were infected. Since then that number has more than quadrupled, to about 42 million. Moreover, the disease has already killed 22 million people and left 13 million orphans in its wake.¹²

HIV/AIDS is crippling parts of Africa—at least 1 in 3 adults is infected in Botswana, Lesotho, Swaziland and Zimbabwe, 1 in 5 in Namibia, South Africa and Zambia and more than 1 in 20 in 19 other countries. The disease kills rich and poor, including teachers, farmers, factory workers and civil servants. Zambia lost 1,300 teachers to the disease in 1998—two-thirds of those trained each year.¹³ By 2020 the hardest-hit African countries could lose more than a quarter of their workforces.¹⁴

HIV/AIDS destroys more than lives. By killing and incapacitating adults in the prime of their

lives, it can throw development off course. The disease's impact on the HDI occurs through its devastating effect on life expectancy in the worst-affected countries.

Table 9.2. Reductions in life expectancy due to HIV/AIDS (years)

Loss of life expectancy due to HIV/AIDS		
	Life expectancy without HIV/AIDS 2000-05	Years of life expectancy lost due to HIV/AIDS 2000-05
Botswana	68.1	28.4
Zimbabwe	67.6	34.5
Swaziland	62.2	27.8
Lesotho	59.0	23.9

Sources: UN (United Nations). 2002. World Population Prospects 1950-2050: The 2000 Revision. New York, Department of Economic and Social Affairs, Population Division.

The spread continues. Uganda is the only Sub-Saharan country to have halted and reversed the epidemic once it reached crisis proportions. In Zambia HIV prevalence among young women fell 4 percentage points between 1996 and 1999, offering hope that it would become the second country in the region to reverse the crisis. Senegal is another success story, having kept HIV/AIDS under control from the beginning through an immediate and concerted response.¹⁵

Though Sub-Saharan Africa accounts for three-quarters of HIV/AIDS cases, the epidemic is spreading in other regions. Almost 0.5 million people are infected in the Caribbean, 1.0 million in East Asia, 1.0 million in Eastern Europe and the CIS, 1.5 million in Latin America and 5.6 million in South Asia.¹⁶

China, India and the Russian Federation—all with large populations and at risk of seeing their infection rates soar—are of particular concern. About 7 million people are infected in these

countries, and in Sub-Saharan Africa 7 million cases exploded to 25 million in a decade.¹⁷ The course of the epidemic depends on social characteristics and responses to the threat. But even in a moderate scenario, by 2025 almost 200 million people could be infected in these three countries alone.

Table 9.3. Big countries face big threats from HIV/AIDS by 2025, even with a moderate epidemic

Country	Estimated HIV/AIDS cases by 2025	Estimated reduction in life expectancy (years)
China	70 million	8
India	110 million	13
Russia	13 Million	16

Source: Eberstadt, Nicholas. 2002. "The Future of AIDS." *Foreign Affairs* 81(6).
 [http://www.foreignaffairs.org/20021101faessay9990/nicholas-eberstadt/the-future-of-aids.html]. March 2003.

Failing economic growth

Failed economic growth lies behind the faltering HDI and the inability of many countries and regions to reduce income and human poverty. Seldom if ever is income poverty reduced in a stagnant economy, and the regions growing fastest economically are also the ones that have reduced income poverty most. That provides a clear message: economic growth is essential for income poverty reduction. But the link between economic growth and income poverty reduction is far from automatic. In Indonesia, Poland and Sri Lanka poverty rose in the 1990s despite economic growth.¹⁸

Table 9.4. Economic growth and income poverty: strong links (percentage change)

Region	Growth in the 1990s (annual per capita income growth 1990-99)	Poverty reduction in the 1990s (percentage point reduction 1990-1999)
East Asia and the Pacific	6.4	14.9
South Asia	3.3	8.4
Latin America and the Caribbean	1.6	-0.1
Middle East and North Africa	1.0	-0.1
Sub-Saharan Africa	-0.4	-1.6
Central and Eastern Europe and the CIS	-1.9	-13.5 ^a

^a Change measured using the \$2 a day poverty line, which is considered a more appropriate extreme poverty line for Central and Eastern Europe and the CIS.

Source: World Bank (2002), *Global Economic Prospects 2003*, Washington, DC.

Table 9.5. Economic growth and income poverty: links not but not automatic

	Increases in poverty	Growth rate
Poland	14% (6%–20% - 87/88 to 93/95)	2.41
Indonesia	3.1% (15.1–18.2 - 90 to 99)	3.23
Sri Lanka	6.2% (33–39.3 - 91 to 96)	4.13

[NB included raw data for poverty increases as may be useful for figure]

Source: Growth rate HDRO calculations based on World Bank (2003), *World Development Indicators 2003*, CD-ROM, Washington, DC. Poverty rates based on World Bank (2002) and World Bank (2000), *Making Transition Work for Everyone: Poverty and Inequality in Europe and Central Asia*, Washington, DC.

For many countries, economic growth in the 1990s was far from impressive. Of 153 countries with data, only 30 had annual per capita income growth rates above 3% in the 1990s. Among the rest, 54 countries saw average incomes fall, and in 71 countries annual income growth was less than 3%.¹⁹

The consequences of this dismal growth performance? At the turn of the millennium more than 1.2 billion people were struggling to survive on less than \$1 a day—and more than twice as many, 2.8 billion, on less than \$2 a day.²⁰ Living on \$1 a day does not mean being able to afford what \$1 would buy when converted into a local currency, but the equivalent of what \$1 would buy in the United States: a newspaper, a local bus ride, a bag of rice.

The data show that globally the proportion of people living on less than \$1 a day dropped from nearly 30% in 1990 to 23% in 1999.²¹ But the story is not one of good overall progress. Rather, it is one of some countries forging ahead while others see bad situations get even worse. Much of the impressive reduction in global poverty has been driven by China's incredible economic growth of more than 9% a year in the 1990s, lifting 150 million people out of poverty.²²

Of 67 countries with data, 37 saw poverty rates increase in the 1990s. But others achieved impressive reductions in poverty rates: Brazil, Chile, India, Uganda, Thailand, Viet Nam. Many of the countries where poverty rates soared were in Eastern Europe—particularly Central Asia—though other notable cases include Algeria, Mongolia, Nigeria, Pakistan, Venezuela and Zimbabwe.²³

When populations grow, reductions in the proportion of poor people often have little impact on their total number. Only in East Asia did the number of people in extreme poverty decline significantly in the 1990s. In South Asia, home to almost half a billion poor people, the number hardly changed. In all other regions the number of poor people rose—notably in Sub-Saharan

Africa, where a further 74 million people, the population of the Philippines, ended the decade in extreme poverty. And in Eastern Europe and the CIS the number of poor people more than tripled, from 31 million to almost 100 million.²⁴

Reversals in Hunger

Each day around 800 million people go hungry, among them 170 million children²⁵, a further 2 billion people suffer from diverse micronutrient deficiencies whose impacts range from illness to severe disability.²⁶ The consequences when a child goes hungry can be particularly devastating – over 15,000 children die every day as a result and at current rates of progress about 1 billion children will be growing up by 2020 with impaired mental development.²⁷

The proportion of malnourished people has fallen from 21% in 1991 to 18% in 1999, but again population growth masks the human suffering behind this seeming success: the total estimated reduction since 1991 has been only 39 million people – at this pace it would be close to 150 years until hunger were eradicated.²⁸

As with income poverty behind these averages lie vast disparities between countries and regions successfully addressing the problem and others where the situation continues to deteriorate. In East Asia and the Pacific the proportion of those hungry has fallen dramatically, from 16% to 10%. But in the world's hunger hot spots there has been little overall change, in South Asia 1 in 4 people are still malnourished and in Sub-Saharan Africa as many as 1 in 3 still go hungry.²⁹

There are 21 countries where the number of undernourished people actually increased.³⁰ And

while data on child malnutrition is limited, of only of the 33 countries with data, 10 have experienced reversals in the 1990s.³¹ It is important to note, however, that these reversals are not all happening in the world's poorest countries, some dramatic success in reducing hunger have been achieved in Sub-Saharan Africa: in the weakest regions some countries are finding ways to succeed and in the strongest, some are continuing to fail.

Child mortality

On an average day more than 30,000 children in the world die of preventable causes³² - from dehydration to hunger. The challenge is enormous – in Sierra Leone, for example, 18% of children born alive will not live to see their first birthday – a greater proportion than in England in at the beginning of the 17th century.³³ Progress has been made in large parts of the developing world in reducing deaths in children under-five, but it has been uneven, with some regions progressing much faster than others. Again the hot spots are South Asia and sub-Saharan Africa, and again South Asia is progressing, from 12½% to around 10%, while sub-Saharan Africa is being left behind: there 17% of children will not live to see their fifth birthday.

Inequalities in child mortality between rich and poor countries have gotten unambiguously worse. In the early 1990s children under five were 19 times more likely to die in Sub-Saharan Africa than in rich countries—and today, 26 times more likely. Among all developing regions only Latin America and the Caribbean saw no worsening in the past decade relative to rich countries, with children still about 5 times more likely to die before their fifth birthdays.³⁴

Table 9.6. How many times more likely a child is to die before their fifth birthday than in a high income OECD country

	1990	2001
Arab States	9.4	11.0
East Asia and the Pacific	6.0	6.5
Latin America and the Caribbean	5.5	5.2
South Asia	13.1	14.7
Sub-Saharan Africa	18.8	26.3
Central and Eastern Europe and the CIS	3.9	5.5

Source: Calculations based on World Bank (2003), *World Development Indicators 2003*, CD-ROM, Washington, DC.

There are 14 countries where a greater proportion of children were dying at the end of the decade than at the beginning, and in a further 14 a child's chances of survival are no better. 11 of these hot spots are in sub-Saharan Africa, but the problem is not in Africa alone. These countries include Algeria, Cambodia and Iraq as well as 3 countries from Central Europe and the Commonwealth of Independent States.³⁵

Much is known about reducing child mortality, and a key factor in countries that have succeeded has been successful immunization programmes. However, after impressive increases in the 1970s and 80s there have incredibly been reductions since in the 1990s in some developing regions, most noticeably Sub-Saharan Africa and East Asia.³⁶ Immunization, however, is far from enough. Of the countries performing best and worst in reducing under five deaths the immunization rates are similar – it is inaction against the ravages of HIV/AIDS that is currently proving a child's worst enemy. In four of the five countries with the greatest increases in child mortality HIV/AIDS prevalence among children mirrors the increases in child deaths³⁷.

Achieving universal primary education

Currently 115 million school age children do not even attend primary school – 94% from developing countries – but encouragingly all of the world’s regions have experienced improvements in primary enrolment in the 1990s. East Asia and the Pacific, Eastern Europe and the CIS and Latin America and the Caribbean are converging on universal primary education. South Asia is further behind but progressed in the 1990s, increasing the number of children enrolled to 75%. While enrolments in Sub-Saharan Africa increased by 6% in the past 10 years still only 60% of children are enrolled.

While there has been progress overall, there are 12 countries where primary enrolments have actually fallen. In Botswana, Madagascar and Zambia primary enrolment fell by over 10% points in the 1990s. While the biggest declines were in Sub-Saharan Africa, countries from other regions that were performing well as a whole were also having setbacks – Hungary and Iran also saw falls of 9% points.³⁸

Enrolling in primary school, however, is only the first step. To receive a meaningful education families must resist the temptation of forgone income and work in the home to ensure primary education is completed. Data is sparse on school completion and so a general picture is hard to paint. In South Asia completion rates are around to 70% and in Africa little over half of children who start primary school will be there at the end.³⁹ Combined with low enrolments this means that little over one in three children in sub-Saharan Africa are currently completing primary education in the region.

While enrolling and completing primary school is a means to education, being able to read and write is one of its most fundamental ends. Currently 862 million adults, 1 in 4 in the developing world are illiterate. Encouragingly youth literacy is far above adult literacy in all regions suggesting future improvements in educational levels.⁴⁰

Inequalities within countries: groups being left behind

This paper focuses on national averages and the countries which are being left behind as development fails. However, it is important not to lose sight of what national averages can hide in terms of growing internal inequalities and groups that are not sharing in human development progress. For example, while China as a whole has forged ahead it is the coastal provinces that have been driving its success. Shanghai has a life expectancy and income similar to Portugal, and Beijing is comparable to Costa Rica, but many inland provinces have fared much worse: Guizhou has an income per capita little over \$1000 (US PPP), more comparable to Tajikistan.⁴¹

The problem is much more widespread than this single example. Between 1980 and the mid 1990s income inequalities increased in 43 of 73 countries with complete and comparable data, in only 6 of the 33 developing countries with data was there a significant reduction in income inequality.⁴² Where data is available these changes in inequalities within countries can be traced in dimensions of human development beyond income: Of 14 countries with data where child mortality is improving at the national level, in 8 the gaps between rich and poor are increasing, in 5 inequality remains stable, and in only one are child mortality rates between rich and poor narrowing.⁴³

Table 9.7. Child Mortality Rates: inequalities within countries vs. changes in national averages (1980s and 1990s, selected countries)

Child Mortality Rates		RELATIVE GAP (between rich and poor)		
		Narrowing	Constant	Widening
AVERAGE LEVEL	Improving	Guatemala	Egypt Mali Morocco Peru Senegal	Bangladesh Bolivia Brazil Colombia Dominican Rep. Ghana Indonesia Uganda
	Constant	Togo Zambia	Burkina Faso Cameroon Niger	Philippines Tanzania
	Worsening		Kenya	Kazakhstan Zimbabwe

Source: Minujin, Alberto and Enrique Delamonica (2003), 'Equality Matters for a World Fit for Children. Lessons from the 90s,' UNICEF Staff Working Papers, Division of Policy and Planning Series No. 3, New York.

Data on gaps between groups within countries is severely lacking and is one of the crucial challenges of data collection for human development. However, one area where data is available that reveal consistent gaps from the richest to poorest countries is gender. Women throughout the world play critical roles in development, their contributions impacting on households, communities and national economies.⁴⁴ Yet gender equality remains a long way off, some 2/3 of the world's 876 million illiterates are women,⁴⁵ women still earn only 75% as much as men on average,⁴⁶ and around the world at least one woman in every three has been beaten, coerced into sex, or otherwise abused.⁴⁷ It is estimated that there are as many as 100 million "missing" women, missing due to infanticide, neglect and sex-selective abortions.⁴⁸ Until women hold political power some of these injustices may be slow to change: currently only 14% of the world's parliamentarians are women and this number is changing only slowly.⁴⁹

The countries being left behind – which countries and why they have been bypassed?

In each area of development there are countries with intense human poverty struggling to move forward, or where the situation is even deteriorating. In many countries these development failures are happening in not just one area of development, but many. These countries are being left behind and comprise the most urgent priority for reducing global poverty and global inequalities.

Which are these countries? The *Human Development Report 2003* identifies 59 countries (out of 147 with data) that are in this greatest of crises where entrenched human poverty is combining with failed progress across multiple dimensions of human development. These 59 countries are classified as priority countries, and are further sub-divided into ‘top’ and ‘high priority’ countries.⁵⁰

Though they come from all the world’s regions, the most by far are from Sub-Saharan Africa totalling 38 out of the 59. There are also four from East Asia and the Pacific, six from the Arab States, five from Central and Eastern Europe and the CIS, four from Latin America and the Caribbean, and two from South Asia.

Though no single factor can explain the predicament of these countries, many of the top-priority and high-priority countries share common features which deserve consideration in diagnosing their situation. For example, many are landlocked or have a large portion of their populations living far from a coast. In addition, most (54 out of 59) are small—only five contain more than

40 million people. Being locked far from world markets and having a small economy could be important factors, complicating diversification away from primary commodities to less volatile exports with more value added. Indeed, in 21 of 26 countries with data primary commodities make up more than two-thirds of their exports. Small size and geographic location as well as dependence on primary commodities are major factors behind poor economic performance. Analysis of 84 countries over 1980-98 found that countries with inland populations (over 75% of the population living at least 100km from the coast) fared consistently worse in economic growth than coastal countries. Small countries (with populations below 40 million) that also had inland populations did particularly badly, of 53 countries with these characteristics only 24 had positive growth rates and the average per capita growth rates for the group as whole was -0.2% compared to other categories that all registered positive growth rates.

Table 9.8. Economic Growth rates by population size and location, 1980-1998

Geographic location	Small Countries			Large Countries		
	Countries that Grew in GDP per capita	Average annual growth in GDP per capita (%)	Population Living in countries that grew, 2001 Millions	Countries that Grew in GDP per capita	Average annual growth in GDP per capita (%)	Population Living in countries that grew, 2001 Millions
Inland Populations	24 of 53	-0.2	379 of 799	10 of 10	2.5	3,087 of 3,087
Coastal Populations	15 of 17	1.9	118 of 130	3 of 4	3.2	341 of 418

Source: United Nations Development Programme (2003), *Human Development Report 2003*, New York: Oxford University Press.

On export patterns, transition economies and fuel exporters experienced highly negative growth rates in the 1980 to 1998 period (-1.7% and -1.5% respectively) as did non-fuel commodity exporters (-0.1%). Of the 61 countries in this last category, only 29 countries had a positive

growth performance. This contrasts starkly with manufacturing exporters, where 23 out of 24 countries experienced positive average annual growth rates with an overall average of 2.7% per capita.⁵¹

Table 9.9. Economic growth rates by country group, 1980-98

Group	Countries that grew in GDP per capita	Average annual growth in GDP per capita
Technology innovators	18 out of 18	1.7
Transition countries	4 out of 12	-1.7
Fuel exporters	2 out of 13	-1.5
Manufacturing exporters	23 out of 24	2.7
Commodity (non-fuel) exporters	29 out of 61	-0.1

Source: United Nations Development Programme (2003), *Human Development Report 2003*, New York: Oxford University Press.

But poor performance in improving human well being can be attributed to factors other than economic growth. Among them could be government social policy that influences public income rather than private income, such as expenditures on education, immunization, and so on.

Another factor is the spread of HIV/AIDS. Yet another is violent conflict. More research is needed on the factors that lie behind the reversals in important human well being indicators such as education, nutrition and survival were due to economic stagnation or to other factors.⁵²

Conclusions

The 90s were a decade of prosperity during which most rich countries enjoyed an economic boom, where much of South East Asia and South Asia registered major gains in poverty reduction, including the historically unprecedented achievement of lifting 150 million people out

of income poverty in China.

Yet another trend of the 1990s in human development, focussing on both income and capability measures, was stagnation and unprecedented reversals, signalling a decade of development crisis.

Proponents of globalization would argue that world market forces propelled poverty reduction in China and elsewhere – if so why did they so systematically bypass the 59 priority countries?

They would argue that weak economic policies and governance are to blame, often combined with civil conflict. This paper points to other factors which deserve consideration, such as the structural constraints. The 59 countries are almost all low human development countries which in itself is a disadvantage. They also face constraints over which they have little control such as global disease, falling commodity prices and trade rules. More attention needs to be given to these longer term structural constraints that need to be unblocked before the priority countries can take advantage of global market forces for human development.

*This paper was based on work for the Human Development Report 2003 and reflects the views of the authors and is not a policy statement of UNDP.

¹ For example, the World Bank's *World Development Reports on poverty(2000/01) and equity (2005/6)* focus on factors on access to health care, education, jobs, capital, and secure land rights, as well as political power, as key elements of redressing poverty and inequality. These analyses go far beyond income as the central element of poverty and inequality.

²For example, within country income distribution data are available for only xx out of xxx countries, and their quality is highly variable, as described in xxxx; poverty data are available for only xx out of xxx countries, and many of these are not based on household surveys.

³ Sen, Amartya. 1999. *Development as Freedom*. Oxford. Oxford University Press..

⁴ UNDP (United Nations Development Programme). 2003. *Human Development Report 2003*. New York: Oxford University Press. [<http://hdr.undp.org/reports/global/2003/en/>].

⁵ Sen, xxxx

⁶ See Robeyns, I. xxxxx for a summary of the issues in the listing of important capabilities and their measurement.

⁷ It is on this basis that the Human Development Index was constructed. See HDR1990 and successive Human Development Reports

⁸ Sen, xxxx and Fukuda-Parr, xxxx

⁹ UNAIDS (Joint United Nations Programme on HIV/AIDS). 2002. "Report on the Global HIV/AIDS Epidemic." Geneva. [http://www.unaids.org/epidemic_update/report/index.html].
March 2003..

¹⁰ UNDP (United Nations Development Programme). 2003. *Human Development Report 2003*. New York: Oxford University Press. [<http://hdr.undp.org/reports/global/2003/en/>]. Except for income, reversals do not include countries with low levels of human poverty in the relevant indicator. For definitions of the human poverty levels, see technical note 2 in *Human Development Report 2003*.

¹¹ UNDP (United Nations Development Programme). 2003. *Human Development Report 2003*. New York: Oxford University Press. [<http://hdr.undp.org/reports/global/2003/en/>]. Indicator table 2.

¹² UNAIDS (Joint United Nations Programme on HIV/AIDS). 2002. "Report on the Global HIV/AIDS Epidemic." Geneva. [http://www.unaids.org/epidemic_update/report/index.html]. March 2003..

¹³ UNAIDS (Joint United Nations Programme on HIV/AIDS). 2002. "Report on the Global HIV/AIDS Epidemic." Geneva. [http://www.unaids.org/epidemic_update/report/index.html]. March 2003..

¹⁴ FAO (Food and Agricultural Organisation). 2001. "The Impact of HIV/AIDS on Food Security." Paper presented at the 27th Session of the Committee on World Food Security, Rome. [<http://www.fao.org/docrep/meeting/003/Y0310E.htm>]. March 2003..

¹⁵ UNAIDS (Joint United Nations Programme on HIV/AIDS). 2002. "Report on the Global HIV/AIDS Epidemic." Geneva. [http://www.unaids.org/epidemic_update/report/index.html]. March 2003..

¹⁶ UNAIDS (Joint United Nations Programme on HIV/AIDS). 2002. "Report on the Global HIV/AIDS Epidemic." Geneva. [http://www.unaids.org/epidemic_update/report/index.html]. March 2003..

¹⁷ Eberstadt, Nicholas. 2002. "The Future of AIDS." *Foreign Affairs* 81(6).

[<http://www.foreignaffairs.org/20021101faessay9990/nicholas-eberstadt/the-future-of-aids.html>].
March 2003..

¹⁸ *World Bank*. 2002. *Global Economic Prospects 2003*. Washington, D.C. March 2003.

¹⁹ UNDP (United Nations Development Programme). 2003. *Human Development Report 2003*.
New York: Oxford University Press. [<http://hdr.undp.org/reports/global/2003/en/>]. Indicator
table 12

²⁰ *World Bank*. 2002. *Global Economic Prospects 2003*. Washington, D.C. March 2003.

²¹ *World Bank*. 2002. *Global Economic Prospects 2003*. Washington, D.C. March 2003..

²² *World Bank*. 2002. *Global Economic Prospects 2003*. Washington, D.C. March 2003..

²³ Covers different periods between 1990 and the mid- to late 1990s for countries with data on
national poverty trends; data are from *World Bank*. 2002. *Global Economic Prospects 2003*.
Washington, D.C. March 2003., ECLAC (Economic Commission for Latin America and the
Caribbean). 2002. *Social Panorama for Latin America and the Caribbean*. Santiago de Chile:
United Nations/ECLAC. [[http://www.eclac.org/cgi-
bin/getProd.asp?xml=/publicaciones/xml/5/11245/P11245.xml&xsl=/dds/tpl-
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