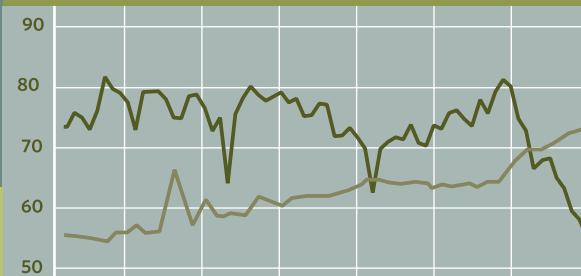


INDIA

FACT SHEET NO. 1

Center for Economic and Social Rights



Making Human Rights Accountability More Graphic

This fact sheet is intended to contribute to ongoing monitoring work to hold states accountable for their economic and social rights obligations. The Center for Economic and Social Rights (CESR) hopes that it will be helpful to various UN and other intergovernmental human rights mechanisms including the Treaty Bodies, Special Rapporteurs and the Human Rights Council's Universal Periodic Review.

Drawing on comparative socioeconomic data regularly published by the UNDP, WHO and other international agencies, as well as national data where appropriate, these country fact sheets display, analyze and interpret selected human rights and human development indicators. Their intent is to highlight possible areas of concern with regard to governments' compliance with their obligations to uphold economic and social rights.

This fact sheet focuses on various aspects of economic and social rights in India, on the occasion of the consideration by the Committee on Economic, Social and Cultural Rights of the report submitted by India on its compliance, as a State Party, with the International Covenant on Economic, Social and Cultural Rights (ICESCR). It focuses on the right to education and the right to the highest attainable standard of physical and mental health, specifically on two areas of particular concern to CESR: India's high rates of child mortality and some specific issues related to primary education.

It is not meant to give a comprehensive picture, nor provide conclusive evidence, of India's compliance with its obligations under the Covenant. Rather, the fact sheet flags some possible concerns which arise when these statistics are analyzed in light of the various dimensions of India's economic and social rights obligations, including its core obligation to satisfy minimum essential levels, to realize rights progressively according to maximum available resources, and to ensure no discrimination and equal treatment in access to and enjoyment of these rights.

We hope that this fact sheet will contribute to a more substantive discussion between the Committee and India's State Representatives to the Committee. We also hope it will contribute to the capacity of NGOs in India and elsewhere to make India accountable for its obligations pertaining to economic, social and cultural rights.

RIGHTS
VISUALIZING

A Snapshot of Relevant Statistics

The following graphs provide a snapshot of relevant statistics on human development about India.

Figure 1 shows the scope of various forms of deprivation suffered by people in India, including India's high levels of child malnutrition and adult illiteracy. These indicators suggest that India has a case to answer regarding its efforts to fully discharge its minimum core obligations under the International Covenant. According to the UN Committee, "a State party in which any significant number of individuals is deprived of essential foodstuffs, of essential primary health care, of basic shelter and housing, or of the most basic forms of education is, *prima facie*, failing to discharge its obligations under the Covenant." (CESCR 1990)

Figure 1 A Snapshot of Data on Human Development: India

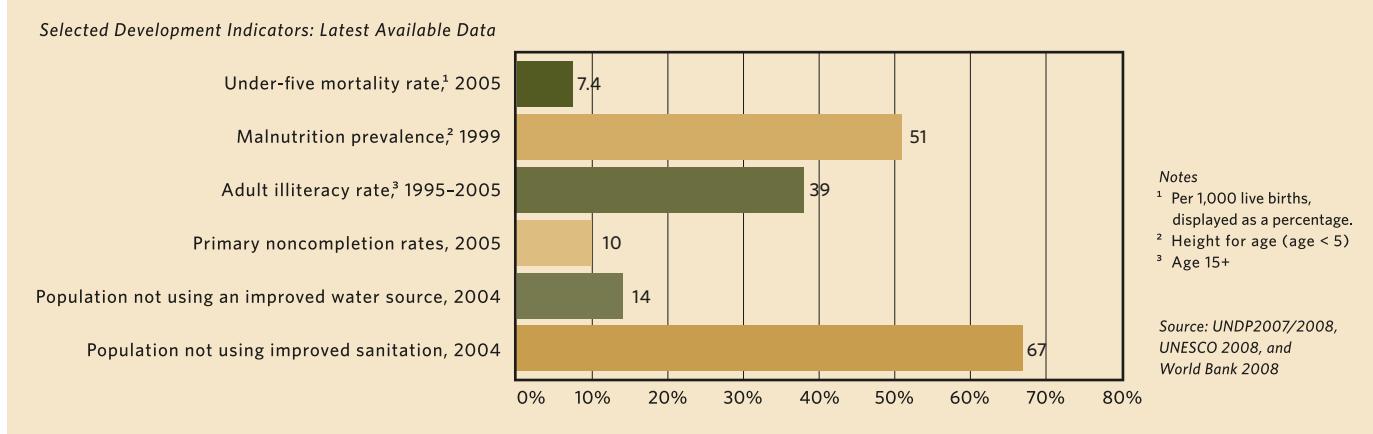
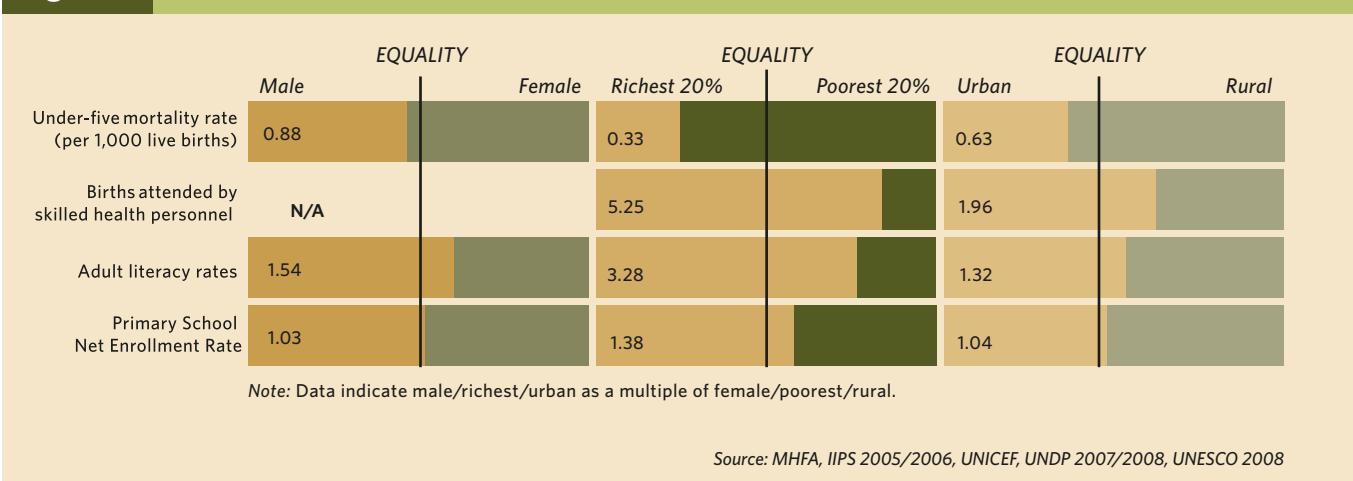


Figure 2 shows that there are clear gender disparities in adult literacy rates and in primary school completion rates. However, there are far greater disparities between rich and poor and between rural and urban populations. For instance, out of the total number of children that die before age five, far more are from poor families than from rich families. In addition, the proportion of births attended by skilled health personnel is much lower among women living in rural areas than among those living in urban areas. This raises questions about India's efforts to ensure the rights of the most vulnerable and disadvantaged populations.

Figure 2 Inequality in Human Development: India



Little Public Investment in Health

India accounts for 2.5 million child deaths annually, one in five of the world total (UNDP 2005).

While India has one of the highest child mortality rates in Asia, it still has one of the lowest per capita government expenditures on health (as a percentage of GDP per capita). The under-five mortality rate in India is the same as Nepal and higher than Bangladesh, two of the poorest countries in Asia. Despite their meager resources, these two countries spend significantly more per capita on health than India.

To achieve the full realization of everyone to the enjoyment of the highest attainable standard of physical and mental health, the Covenant requires State Parties, *inter alia*, to take the necessary steps for the reduction of infant mortality and for the healthy development of the child (ICESCR, Art. 12). Moreover, the Committee has observed that every state has a minimum core obligation to satisfy minimum essential levels of each of the rights in the Covenant. It has clarified that a State Party in which any significant number of individuals is deprived of essential foodstuffs, of essential primary health care, of basic shelter and housing, or of the most basic forms of education is *prima facie* failing to discharge its obligations under the Covenant.

In order for a State Party to be able to attribute its failure to meet at least its minimum core obligations to a lack of available resources, it must demonstrate that every effort has been made to use all resources that are at its disposition in an effort to satisfy, as a matter of priority, those minimum obligations (CESCR 1990). Furthermore, according to the Committee, the failure of a State Party to take all necessary steps to ensure the realization of the right to health is a violation of the obligation to fulfill its obligations under the Covenant. Examples include insufficient expenditure or misallocation of public resources which result in the nonenjoyment of the right to health by individuals or groups, particularly the vulnerable or marginalized (CESCR 2000).

Figure 3

Under-5 Mortality Rates and Per Capita Government Expenditure

	Mortality rate, under-5 (per 1,000), 2005	Per capita government expenditure on health (% of GDP pc PPP), 2004	
Cambodia	143	Mongolia	5.2%
Pakistan	99	Korea, Rep.	3.2%
India	74	Thailand	2.5%
Nepal	74	Malaysia	2.5%
Bangladesh	73	Vietnam	1.9%
Mongolia	49	China	1.9%
Indonesia	36	Sri Lanka	1.9%
Philippines	33	Philippines	1.8%
China	27	Cambodia	1.6%
Thailand	21	Singapore	1.5%
Vietnam	19	Nepal	1.4%
Sri Lanka	14	Indonesia	1.2%
Malaysia	12	Bangladesh	1.0%
Korea, Rep.	5	India	0.6%
Singapore	3	Pakistan	0.5%

Source: World Bank 2008 and WHO 2008

SUGGESTED QUESTIONS TO THE STATE PARTY

- What accounts for the high rate of child mortality in India?
- Why does India have such a low commitment to public spending on health, when it has a high rate of child mortality?
- In light of such low spending on health—proportionally lower than many countries that are significantly poorer (per capita) than India — how does the State Party demonstrate that every effort has been made to use all resources at its disposition in an effort to satisfy, as a matter of priority, its minimum obligations regarding the right to health?

Had India matched Bangladesh's rate of reduction in child mortality over the past decade, 732,000 fewer children would have died in 2005.

Slow Reduction in Child Mortality Despite Rapid Economic Growth

While India had an income growth of 90 percent between 1995 and 2005—one of the highest in the world—its reduction in the child mortality rate during the same period was one of the lowest in South Asia. India's underperformance in the reduction of child mortality becomes apparent when compared with Bangladesh: this country, which has a significantly lower level of income and lower economic growth than India, has reduced under-five child mortality significantly more. These differences matter: Had India matched Bangladesh's rate of reduction in child mortality over the past decade, 732,000 fewer children would have died in 2005 (UNDP 2005).

The International Covenant obliges states to take steps progressively towards the full realization of economic, social and cultural rights according to the maximum available resources (ICESCR Art. 2).

SUGGESTED QUESTIONS TO THE STATE PARTY

- Why has the rate of decline in child mortality has been so slow in India compared to poorer neighboring countries such as Bangladesh and Nepal, especially when contrasted with its impressive economic growth?
- How is this slow reduction in the child mortality rate, especially during a period of economic windfall, compatible with India's duty, as a State Party to the Covenant, to progressively realize the right to the highest attainable standard of physical and mental health?

Figure 4 Rapid Economic Growth, 1995–2005

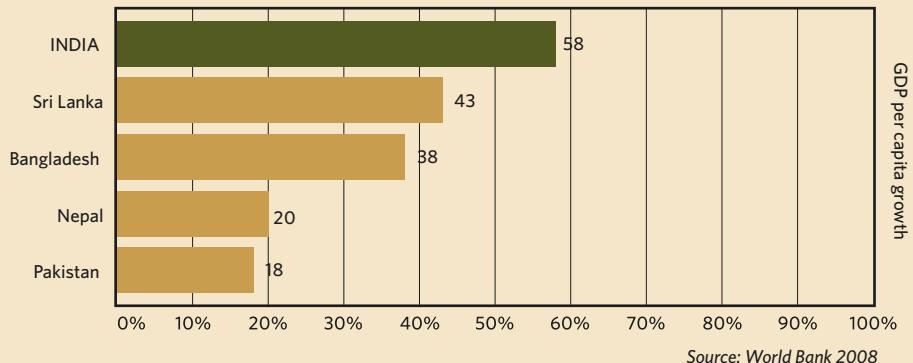
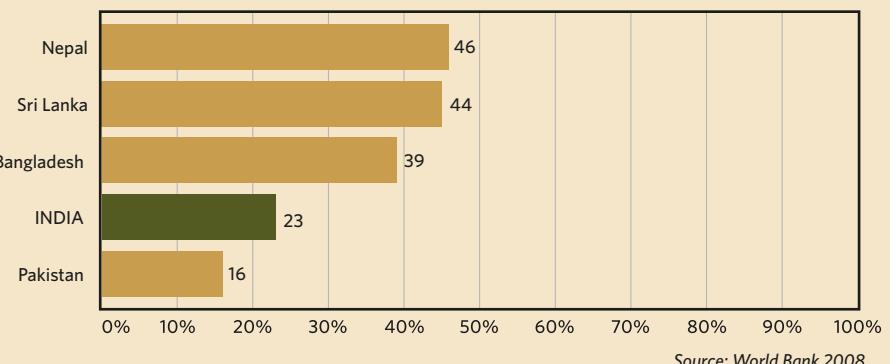


Figure 5 Decrease in Under-Five Mortality Rates, 1995–2005



Low Immunization Rates for Measles

In India, just 58 percent of children are immunized against measles, the lowest immunization rate in Asia. At the same time, the inequality of immunization coverage between rich and poor children in India is higher than for any other Asian country for which there is data available.

Measles remains a leading cause of death among young children in India, despite the availability of a safe, effective and inexpensive vaccine for the past 40 years. Vaccination has had a major impact on measles deaths: overall, global measles mortality decreased by 68 percent between 2000 and 2006. The largest gains occurred in Africa, where measles cases and deaths fell by 91 percent. Measles is one of the most contagious diseases known. If exposed to the virus, almost all non-immune children contract this respiratory disease (WHO 2007).

International human rights standards require State Parties to provide immunization against the major infectious diseases occurring in the community (CESCR 2000).

In India rich children are nearly three times more likely to be immunized against measles than poor children.

SUGGESTED QUESTIONS TO THE STATE PARTY

- Why does India still have such a low coverage of immunization against measles?
- How is this situation, where a significant number of children are deprived of a key element of essential primary health care, compatible with India's minimum core obligation to ensure the satisfaction of, at the very least, minimum essential levels of the right to health? (CESCR 1990)
- What is the Indian government doing to address the high inequality of coverage of coverage in immunization between rich and poor Indian children and to comply with its core obligation to ensure equitable distribution of all health facilities, goods and services? (CESCR 2000)

Figure 6 Risk for Child Mortality: Low Immunization Rates for Measles

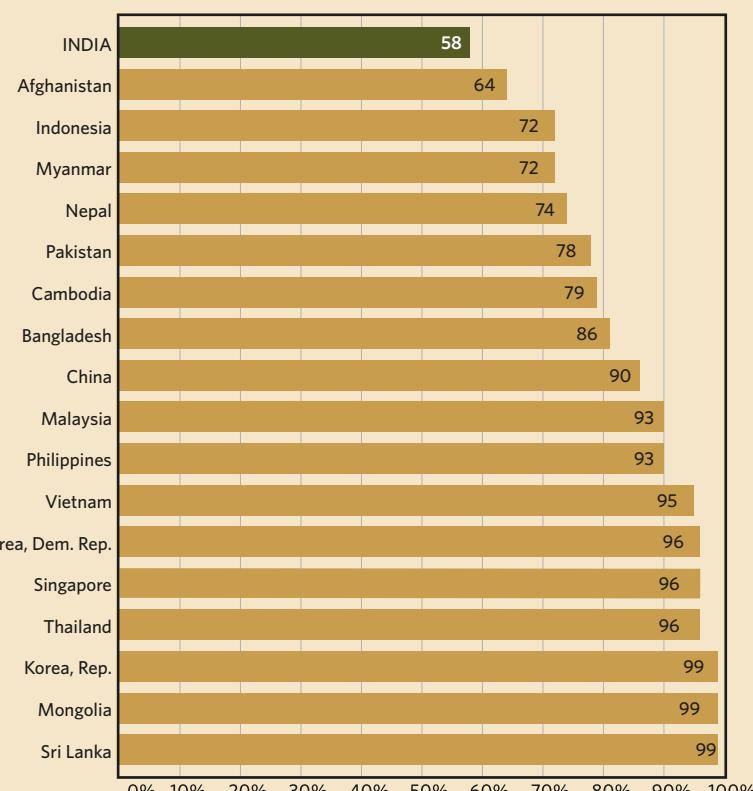


Figure 7 Vaccination Inequality

Inequality of measles immunization coverage between rich and poor in selected Asian countries



Source: WHO 2008

Girls in India are nearly twice as likely to be out of school than boys.

Gender Disparity in School Attendance

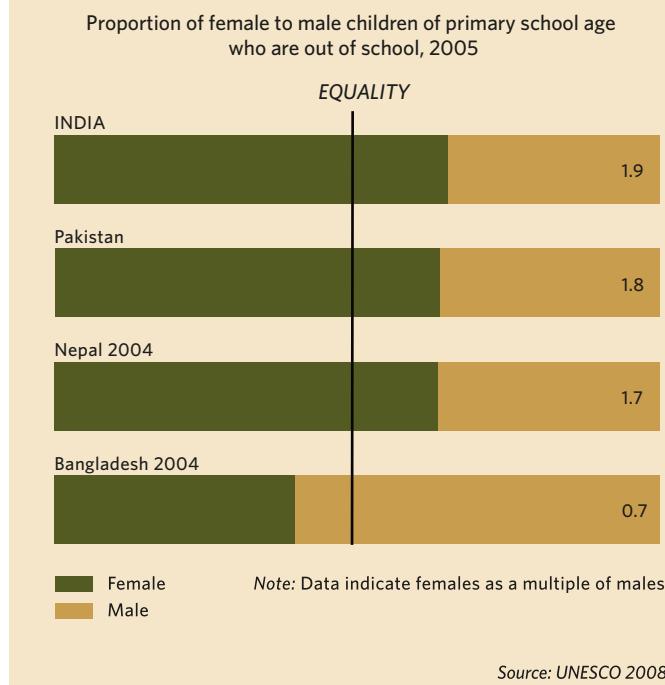
Figure 8 shows that girls in India are nearly twice as likely to be out of school than boys, a higher rate of gender inequality than other countries in South Asia. In 2005, there were over 4.7 million primary school age girls out of school in India (UNESCO 2008). Thirty-seven percent of girls aged seven to fourteen belonging to the lowest castes or tribes do not attend school, compared with 26 percent of other Indian girls the same age. School attendance for tribal girls is nine percent below that of tribal boys (Lewis and Lockheed 2007).

The Covenant requires States Parties to ensure the equal right of men and women to the enjoyment of all economic, social and cultural rights set forth in the Covenant (ICESCR, Art. 3). Furthermore, human rights standards specifically require States Parties to ensure, in particular through information and awareness-raising campaigns, that families desist from giving preferential treatment to boys when sending their children to school. State Parties also are required to create favorable conditions to ensure the safety of children, in particular girls, on their way to and from school (CESCR 2005).

SUGGESTED QUESTIONS TO THE STATE PARTY

- Why is the rate of primary school age girls who are out of school much higher than the rate of primary school age boys out of school?
- How is this situation compatible with India's duty, as State Party to the Covenant, to ensure the equal right of men and women to the enjoyment of all economic, social and cultural rights set forth in the present Covenant?
- Which measures is India taking to ensure that fewer girls will be out of school?

Figure 8 Gender Disparity in School Attendance

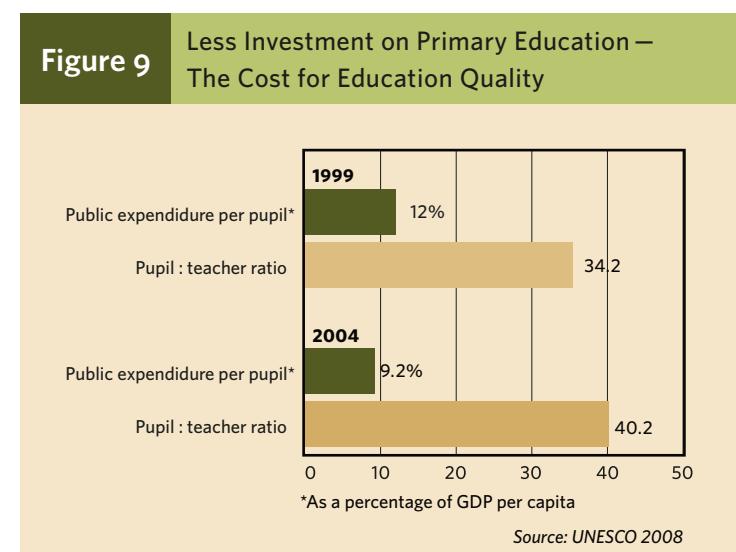


Less Public Investment in Primary Education

Figure 9 shows that from 1999 until 2004 (the most recent year for which data is available) the pupil-teacher ratio in primary schools in India increased from 35 to 40 pupils, while the public expenditure per pupil as a percentage of GDP per capita in primary schools decreased over the same period from 12 percent to 9.2 percent. This is probably the result of the welcome increase in primary enrollment rates over this period (net primary enrollment in India increased from 81 percent in the year 2000 to 89 percent in 2005 (World Bank 2008). However, unless accompanied by a corresponding increase in human and financial resources, an increase in enrollment increases the pupil-teacher ratio, with serious consequences on the quality of education. According to UNESCO, while the impact of class size on educational outcomes remains a matter of debate – and depends on the pedagogy used – the very large class sizes observed in primary schools in many developing countries are clearly not conducive to adequate learning. In general, low pupil-teacher ratios are associated with high survival rates to the last grade of primary school (UNESCO 2004).

Although significantly increasing the number of teachers in the school system obviously has budgetary implications, India has decreased, as shown in Figure 9, its expenditures on primary school education per student (as a percentage of its GDP per capita). Furthermore, public spending on education also decreased from 13 percent of total government expenditure in 1999 to 11 percent in 2003 (World Bank 2008).

According to international human rights standards, the provision of primary education for all is an immediate duty of all States parties. The Committee also requires States Parties to the Covenant take positive measures to ensure that education is of good quality for all (CESCR 1999).



SUGGESTED QUESTIONS TO THE STATE PARTY

- Although the increase in enrollment is to be welcomed, why has this not been accompanied by a corresponding increase in human and financial resources, to prevent a deterioration of the quality of education?
- Both the percentage of total government spending on education and the expenditure per pupil as a percentage of GDP per capita has decreased in recent years. Why is this?
- What is India planning to do to reduce the increasing pupil-teacher ratio?
- How is the current high pupil-teacher ratio and its increasingly lower expenditure on education compatible with India's duty, as State Party to the Covenant, to ensure quality of education for all?

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