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Discussion Paper # 201

RIS
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RIS-DP # 201

January 2016

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Sharing of Social Sectors Experiences in IBSA: Assessment of Initiatives and Way Forward

Beena Pandey*

Abstract: The establishment of the India-Brazil-South Africa Trilateral Cooperation Forum (IBSA), formalised by the Brasilia Declaration in 2003 is a distinctive international trilateral development initiative to promote South-South cooperation among these countries. In order to assess the overall status of social sectors in IBSA countries since its inception, the paper analyses the select Communiqués and Declarations pertaining to social sectors issued from time to time. In this context, it evaluates the status and performance of social development in each of the IBSA countries and analyses the progress achieved in terms of poverty reduction, health and education towards achievement of MDGs targets. The paper presents an insight from the policy initiatives taken for inclusive growth followed by analysis of their serious commitments into concrete actions to strengthen trilateral cooperation and finally suggests the way forward.

Keywords: IBSA, social sectors, health, education, MDGs, DBT, CCT

1. Introduction: Brief History of IBSA

The establishment of the India-Brazil-South Africa Trilateral Cooperation Forum (IBSA), formalised by the Brasilia Declaration in 2003, is a distinctive international trilateral development initiative to promote South-South cooperation among these countries. All the IBSA countries enjoy dominant position in their respective continents. Shared mutual interests led to the adoption of IBSA Dialogue Forum at the behest of

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Author would like to thank Prof. Sachin Chaturvedi, DG, RIS for initiating her in this study. Comments received from referees of RIS Discussion Paper Series are gratefully acknowledged. The usual disclaimer applies. Thanks are also due to Mr. Tish Malhotra and Ms. Poonam Malhotra, RIS.

these three multicultural, multiethnic and multiracial democracies of Asia, South America and Africa. The main objectives of the Dialogue Forum have been to promote the trilateral exchange of information, international best practices, technologies and skills as well as to complement each other's competitive strengths into collective synergies.

The Brasilia Declaration spells out the objectives of IBSA cooperation to promote South-South dialogue and build consensus on issues of international importance. Emphasis was laid on the promotion of social equity and inclusive growth, by means of effective implementation of government policies to fight hunger and poverty. The Declaration also highlights the need for promoting food security, healthcare, social assistance, education, employment, human rights, tourism and transport and environmental protection. It stressed the issues related to elimination of all kinds of racial discrimination and gender bias. The Declaration also recognised the importance of trilateral cooperation among the participating countries as an important tool to promote international poverty alleviation and social development programmes for inclusive development in pursuit of the social welfare of their people and also of other developing countries.

The cooperation among these major economies from three different continents is on three fronts: firstly, as a forum for consultation and coordination on global and regional political issues; secondly, through trilateral collaboration on concrete areas or projects through joint working groups (JWGs) and People-to-People Fora to promote sectoral cooperation; and lastly by assisting other developing countries through developmental projects funded by the IBSA Fund. At present, there are fourteen JWGs in various areas and six People-to-People Fora under IBSA. These are Parliamentary Forum, Women's Forum, Academic Forum, Local Governance Forum, Business Forum and Editor's Forum. A Joint Working Group on Social Development was also created to explore the potential of cooperation in the area of poverty eradication,

social security, institutional capacity building, micro-finance and cooperation in multilateral forums with a view to promote social and economic development and strengthen South-South cooperation.

In order to assess the overall social status of IBSA countries since its inception, the first section of the paper presents a brief overview of the various communiqués and declarations pertaining to social sectors issued from time to time after each IBSA Summit and Ministerial meetings. The second section evaluates the status and performance of social development in three countries. The third section analyses the progress achieved by IBSA in terms of poverty reduction, health and education towards achievement of MDGs targets. Section four throws light on policy initiatives taken for inclusive growth to address the concerns in attainment of healthcare and education through Conditional Cash Transfer/ Direct Benefit Transfer Schemes. The concluding section presents a brief analysis of these commitments to actions to strengthen trilateral cooperation and finally the way forward is suggested.

2. Select Declarations and Communiqués: A Brief Overview

The Trilateral Commission of the IBSA Dialogue Forum in 2004 adopted the 'New Delhi Agenda for Cooperation and Plan of Action' and stressed the need to put people at the centre of development. The need to formulate people-centric policies to ensure equitable development was duly emphasised. It reaffirmed their commitment to share their best practices in diverse areas, particularly in the field of food security, agriculture, culture, health, and education to combat poverty and hunger. Further, to enhance South-South cooperation, the IBSA Facility Fund for Alleviation of Poverty and Hunger under the UNDP was initiated to implement identified replicable and scalable projects for developing countries as examples of best practices in the fight against poverty, hunger, agriculture, and in the areas of improved access to healthcare, education, sanitation and food security.

On issues pertaining to education, equity is clearly viewed as the key to social progress in all the countries. Collaborative efforts in sharing the rich experience and expertise in diversified areas such as open and distance education, higher and professional education and universal mass education with special emphasis on quality and gender equality was agreed upon. Likewise, in the area of healthcare, traditional medicines, vaccines, the impact of intellectual property rights on access to medicine and epidemiological survey were stressed as the areas of common interest.

Likewise, in the second Cape Town Ministerial Communiqué, 2005, a commitment was made to focus on successfully achieving the MDGs by 2015 as their core strategy in their collective fight against underdevelopment, poverty and hunger. It also recognised the strong multiplier effect of poverty eradication strategies targeting women and children and agreed to reflect the approach in IBSA programmes and initiatives. The ministers reiterated their commitment to focus on practical ways of addressing the developmental needs of Asia and Africa with thrust on economic issues, trade and investment, health, human resource development and infrastructure. Two additional sectors, viz. agriculture and culture were added to the ongoing Sectoral Working Groups. In the context of information technology sector, the Trilateral Commission noted that their respective governments had many e-governance schemes which have many similarities to share information, best practices and also to identify projects for future cooperation.

Keeping this in perspective, the third meeting of the Trilateral Commission in 2006 decided to formalise the establishment of an additional working group on social issues as a follow-up to the international seminar on Economic Development and Social Equity, held at Rio, in August 2005. The Commission Communiqué reiterated the fundamental character of the IBSA Fund as a means to disseminate the best practices for alleviation of poverty and hunger. Further, the Commission also reaffirmed the importance of participation of

governmental as well as non-governmental institutions in the projects financed by the fund and recommended UNDP as the administrator of the fund.

In order to enhance the initiatives for the benefit of the people in IBSA countries, various other proposals were mooted at the fourth New Delhi Ministerial Communiqué, 2007, including the active participation of civil societies. The ongoing preparations for an integrated IBSA Social Development Strategy, built on the best practices of the three countries, to act as a blue print for South-South cooperation was highlighted at this meeting.

3. IBSA Women's Forum

The IBSA Women's Forum was launched during the second IBSA Summit in 2007 in South Africa with the aim to promote gender equality, women empowerment and accelerate poverty eradication strategies. During the fifth Somerset West Ministerial Communiqué, 2008, the members reaffirmed the objectives of the IBSA Women's Forum to contribute towards the transformation of women's lives in IBSA countries and to support the government's efforts to deepen South-South cooperation and promote equitable and sustainable development within and among the participating countries.

The issue of gender and women empowerment was reaffirmed at the sixth Trilateral Commission Communiqué at Brasilia, in 2009, which supported the concept of equality between women and men, and incorporation of gender perspective in all the policies and programmes of IBSA. It also recognised the autonomy of women and their participation in decision making as an essential prerequisite for their development and for the reversal of the discriminatory situations faced by them. Emphasis was laid on the need for women to play a more significant role in economic development and eradication of poverty. All issues related to equal pay for equal work or work of equal value, and also the

recognition of the value of women's unremunerated work was stressed by the Commission. Special mention was made on the need for creation of an enabling environment to ensure full participation of rural women in economic development.

A Joint Working Group on Social Development finalised the Implementation Plan related to the MoU in the field of social development signed during second IBSA Summit in 2007. There was an agreement to finalise social development strategies and to produce a matrix of social policies, programmes and projects of the countries in order to identify possible areas of cooperation.

In the Communiqué after the 7th Meeting of the Trilateral Commission in New Delhi in 2011, the Ministers reaffirmed the commitment of their respective countries to further deepen cooperation within the IBSA framework at inter-governmental, people-to-people and business-to-business levels. People-to-people cooperation was emphasised to play an important role in enhancing the visibility of IBSA Dialogue Forum among the people of the participating countries. The progress of developmental projects under the IBSA Facility Fund for Poverty and Hunger Alleviation in different countries, viz. Haiti, Palestine, Guinea Bissau, Cambodia, Burundi and Cape Verde was analysed for early implementation and completion. Further, Ministers also reiterated their commitment to contribute at least US$ 1 million per annum to the IBSA Trust Fund. Participation in each other's cultural festivals to reflect IBSA partnership in the cultural field was also promoted at this meeting.

Likewise, in the Tshwane Declaration of the second Summit in 2007, the Head of States supported the launch of the Women's Forum which strengthens participation of women in IBSA and recognised the fundamental contribution of women in social, cultural and economic development in their respective countries. They reaffirmed their commitment to the promotion of gender equality and women's rights.

Several MoUs were signed in the areas of health and medicines, social issues, culture, public administration, higher education and on customs and tax administration cooperation, among others.

Subsequently, in the next Summits also, the leaders stressed the importance of empowering women and reaffirmed their commitment to gender parity and stressed the need to identify concrete and action oriented steps to advance the implementation of the Beijing Platform of Action adopted at the Fourth World Conference on Women and the Millennium Declaration and MDGs, as well as important contributions made by IBSA in achieving women's empowerment and gender equality. It was also reaffirmed that there should be people-centric policies for fair, equitable and sustainable development. In this regard, they stressed the need to strengthen social policies to combat poverty, hunger and unemployment.

Through the Women's Forum joint resolution of May 2013, the three countries committed to work for women's empowerment and for fighting gender-based discrimination and violence against women and girls in all forms. The resoultion recommened to promote gender responsive budgeting and equitable and sustainable development. At this Forum, India's efforts to save women from sexual harassment at the workplace through legislation, South Africa's 'Stop Rape Campaign' and Brazil's Bolsa Familia were appreciated in their efforts to gender sensitise school children and for effective delivery of financial benefits to poor families.

Over the years, IBSA has made concerted efforts to empower women and children, alleviating poverty and hunger by initiating meaningful policy declarations and communiqués and coordinated the activities through UNDP funded projects. However, there still exists a wide gap between the objectives enunciated by the declarations and communiqués on the one hand and the situational reality of the social and economic development, on the other. However, it is imperative to analyse how far the endeavours of IBSA have been successful to promote

the socio-economic development of the respective countries in achieving their goals through effective policies and programmes undertaken at national and regional level.

4. Present Status and Performance Across Social Sectors

Various indicators are available presently which allow a comparative analysis with regard to the social and economic development of IBSA. Since IBSA's inception, social sector development in terms of poverty reduction, access to health care and education has seen significant improvements. However, much remains to be done to accelerate the progress for improvement in the quality of life and human well-being through enhanced availability of public services and development of economic and social opportunities. The need to give the foremost priority to human development and poverty reduction programmes in IBSA is very much focused, in view of its very low ranking in Human Development Index (HDI). Of the three countries, Brazil fares considerably better as compared to India and South Africa, in terms of Human Development Index where it occupies the 79th position out of 187 countries, while India and South Africa occupy the 135th and 118th ranks, respectively (HDR, 2014).

Table 1 presents the data on total population and annual population growth rates of IBSA. IBSA represents about 25 per cent of the world's population with about 2.5 billion people residing in three respective countries of IBSA, with India accounting for the major share of 83 per cent. India has seen the fastest increase in population, followed by Brazil and South Africa. Overall Brazil has roughly four times the population of South Africa and India over six times that of Brazil. India is the second most populated country in the world with a population of over 1.2 billion and Brazil is the fifth most populated with 200 million population. South Africa's population is ranked 25th in the world at only 53 million in 2013.

Table 1: Population Growth in IBSA

Population, total (millions)					Average annual population growth (%)			
Country	**2003**	**2006**	**2009**	**2013**	**1990-2003**	**1990-2006**	**1990-2009**	**2000-13**
Brazil	181.6	189.5	193.7	200.4	1.4	1.5	1.4	1
India	1105.8	1157	1208	1252.1	1.7	1.7	1.6	1
South Africa	46.1	47.7	49.3	53.2	2	1.9	1.8	1

Source: World Bank, World Development Indicators, WDI Various Issues.

However, during the period 2000-13, all the IBSA countries had an annual population growth rate of 1 per cent.

Table 2: Incidence of Poverty in IBSA: Population below National Poverty Line

	Year	**National**	**Rural**	**Urban**
		%	%	%
Brazil	2003	24.93	41.5	17.5
	2006	17.30	..	..
	2009	21.4	..	..
	2012	9.0	..	..
India	2000	28.6	30.2	24.7
	2006	23	28.3 (2005)	25.7 (2005)
	2010	29.8	33.8	20.9
	2011-12	21.9	25.7	13.7
South Africa	2000	38.0	..	..
	2006	57.2	80.8	40.7
	2009	50.6	..	..
	2011	53.8	77	39.2

Source: World Bank, WDI various issues, UNDATA.

Note: ...not available.

The incidence of poverty based on the national poverty lines over a period of ten years at the national level can be compared from the available data in IBSA. Table 2 reveals the declining trend in poverty levels in all the countries. However, the percentage of population below the national poverty line varies from a high of 57 per cent in South Africa in 2006 to a low of 9 per cent in Brazil in 2012. It is evident from the table that the 'national poverty incidence' is higher in South Africa as compared to other IBSA member countries. Further, the incidence of poverty is higher in rural areas than in urban areas in all the countries, but has significantly declined over time. However, poverty is more entrenched in the rural areas of South Africa, followed by Brazil and India. In case of Brazil, the proportion of the poor declined by 16 percentage points over a period from 2003 to 2012, whereas in India only 7 percentage points declined. But, the national poverty incidence in South Africa during the same period needs urgent attention by the policy makers. Country specific studies reveal that the poor in these countries are mainly landless casual labour and farmers with marginal and small holdings in rural areas, and migrant and casual labour in urban areas. Poverty is predominant among women, female headed households, the aged and the unemployed youths. Most of the identified poor face several forms of deprivation including health and education attainments and lack of productive assets for most of their lives.

With the reduction in the incidence of poverty and further improvement in human development reflected in Table 3, which presents data on the total life expectancy at birth, life expectancy of females and males at birth, maternal mortality, and infant mortality rate, mortality ratios under the age of five during 2003-2013. Life expectancy at birth is considered to be the best indicator of general well-being of a person. During 2003-2013, India and Brazil have shown significant improvement in the overall life expectancy which has gone up by 2 to 3 years. Brazil has higher life expectancy at birth as compared to other two countries. Despite the improvement in the last decade, the average life expectancy

at birth in South Africa for women increased from 53.9 to 58.8 and from 50.2 to 54.7 for men.

During this period, in almost all the IBSA countries, there has been a significant improvement in female and male life expectancy, including South Africa. In fact, during the last decade, all the three countries have recorded increased female life expectancy compared to the males where women outlived men.

However, woman healthcare needs appear to have been neglected, and there is total lack of qualified birth attendants, adequate pre-natal and post-natal care during delivery which is clearly reflected through the Maternal Mortality Rate (MMR) data. In India, the position of women is extremely poor, with the MMR being 200 as against 56 and 300 for Brazil and South Africa, respectively. However, there has been an overall decline in the Infant Mortality Rate (IMR) over the period 2003-2013 in IBSA countries. Infant mortality rate in Brazil is much lower at 12 per 1000 live births in 2013, having fallen from 26 in 2003. Infant mortality rates at 41 and 33 per 1000 live births are much higher in India and South Africa, respectively. However, there has been slight reduction in the under five mortality rates per 1,000 live births during the same period. According to UNICEF, every year one million children under five die due to malnutrition related causes in India. Brazil's record is the best among the IBSA members, followed by South Africa and India in terms of general well-being.

Access to health care facilities, safe drinking water and sanitation are essential to maintain good health for a productive living. Availability of water is vital for life and sanitation makes a difference to the quality of life, indeed life and death.

Table 3: Health Systems Indicators: IBSA

	Year	2003	2006	2010	2013
Life expectancy at birth, total (years)	Brazil	71.16	71.99	73.08	74
	India	63.34	64.46	65.69	66
	South Africa	52.52	51.61	54.39	57
Life expectancy at birth, female (years)	Brazil	74.9	75.6	76.78	77.6
	India	63.9	65.1	67.47	68.3
	South Africa	53.9	52.2	56.14	58.8
Life expectancy at birth, male (years)	Brazil	67.3	68.2	69.55	70.4
	India	61.5	62.4	64.00	64.7
	South Africa	50.2	49.7	52.72	54.7
Maternal mortality rate (national estimate, per 100,000 live births)	Brazil	72	58*	56	56
	India	301	230*	200	200
	South Africa	165.5	410*	300	300
Infant Mortality rate (per 1,000 live births)	Brazil	26.2	22	14.60	12
	India	58	53.5	46.40	41
	South Africa	54.8	49.2	35.20	33
Under-5, Mortality rate (per 1,000 live births)	Brazil	29.7	24.8	16.30	14
	India	78	70.9	60.20	53
	South Africa	82	75.8	53.20	44

Source: World Bank, World Development Indicators & UNDP, Human Development Report, various issues.

Note: *Figures are for year 2008.

Table 4: Availability of Safe Drinking Water and Sanitation

	Year	2000	2006	2010	2012
Access to improved sanitation facilities (% of total population)	Brazil	74.6	78.1	80.3	81.0
	India	25.5	30.7	34.2	36
	South Africa	65.1	69.9	73	74.4
Access to an improved water source (% of total population)	Brazil	93.5	95.6	96.9	98.0
	India	80.6	86.7	90.7	93.0
	South Africa	86.8	91.2	93.8	95.0

Source: WDI online data.

During the period 2000-2012 (Table 4) there was considerable progress in improving access to sanitation facilities in IBSA, except India, where the situation is quite precarious. India, with only 36 per cent of the population having access to improved sanitation facilities, is at the other end of the spectrum. In respect of safe water, there has been considerable improvement in the accessibility in all the IBSA countries, recording the highest coverage at more than 90 per cent in 2012. Recently, under the National Rural Drinking Water Programme (NRDWP) in India, 20,000 solar power based water supply schemes have been approved to improve the availability of drinking water in far flung rural areas across the states (GoI, *Economic Survey,* 2014-15).

Inadequate food production, stability in food supplies, lack of physical and economic access to food and undernourishment are major concerns of countries of IBSA. Despite the diverse stages of development of India and the other two countries of IBSA, the problem of malnutrition is persisting. A total of 820.0 million people all over the world were estimated to be undernourished during 2010-12 as compared to 942.3 million people during 2005-07 (FAO, 2015). Out of these around 190 million undernourished people lived in India only during 2010-12

as against around 14 million people in Brazil during 2008-10 (Table 5).However, according to FAO projections, the number of undernourished people in India would reach 195 million during 2014-16 and is a cause of concern (FAO, 2015).

For disease prevention and control, vaccines and immunisation have been recognised as core components of the human right to health care. In order to achieve the full potential of immunisation, the Global Vaccine Action Plan (GVAP) was launched by World Health Assembly in 2012; it is a framework to prevent millions of death by 2020 through equitable access to existing vaccines for all the people. By and large the recognition of GVAP has led the global health community to call for a Decade of Vaccines (2011-2020) in which each and every individual is provided immunisation for vaccine preventable diseases.

Since the early 1970s, the National Immunisation Programme in Brazil has achieved remarkable success in eradicating smallpox and poliomyelitis for which international certification of eradication was granted by the WHO in 1973 and 1994, respectively. Likewise several specific programmes on immunisation have been initiated in India and South Africa to fight against vaccine preventable diseases. Mission Indradhanush was launched in India in 2014 with the aim to cover all the unvaccinated and partially vaccinated children against vaccine preventable diseases by 2020. The programmes for immunisation for one year old children against DPT and measles are commendable in Brazil, results of which are reflected in their higher coverage compared to South Africa and India, where significant efforts are required (Table 6). However, the availability of physicians per 1000 people is 0.78 in South Africa as against 1.89 physicians per 1000 people in Brazil in 2013; this needs attention. Similarly, the availability of nurses and midwives are higher in Brazil followed by South Africa and India during 2003-2013.

As noted above, much of the progress in terms of health, nutrition, water, sanitation, adoption of new vaccines and over all human well-being

Table 5 : Prevalence of undernourishment (%) of Population

	Number of people undernourished (millions)			Proportion of undernourished in total population (%)		
	2000–02	2005–07	2010–12	2000–02	2005–07	2010–12
Brazil	19.9	16.7	14.4*	11.2	<5.0	<5.0
India	185.5	233.8	189.9	17.5	20.5	15.6
South Africa	ns	ns	ns	<5.0	<5.0	<5.0

Source: FAO, The State of Food Insecurity in the World, 2015, 2013.

Notes: * 2008-2010; ns - not statistically significant; <5.0 - proportion of undernourished less than 5 per cent.

have a direct relationship with the educational status of society. There is a widely accepted view that various indirect returns are closely linked with the improvement in health and educational status of women which can be seen in terms of reduced fertility, lower population growth, reduced child mortality, reduced school drop-out rates and better nutrition (HDR, 1990). Progress in literacy and education in IBSA has been widespread on the one hand and diverse on the other.

As evident in Table 7, progress in education has been widespread in IBSA countries. The present table summarises the level of literacy and educational attainment in terms of pre-primary, primary, secondary and tertiary level enrolment ratios in IBSA for 2003-2012. In almost all the countries, improvement in the access to primary and secondary education has taken place, particularly over the past decade as compared to the access to tertiary level. The enrolment rates at the tertiary level have been negligible in all the IBSA countries. However, the gaps between literacy rates of adults and youths persists at all the levels which are particularly wide at the secondary education level during 2005-2012. The table also reveals that despite widespread education programmes initiated by all the IBSA countries, there are wide gaps in enrolment ratios in primary, secondary and tertiary education.

The political commitment of a government for human development truly reflected in the budgetary provisions for social sectors is vital for attaining human attainments in the field of health and education. With the exception of India, public expenditure on social sectors in Brazil and South Africa remains high as a proportion of GDP. Brazil spends about 10 per cent of GDP with a rising trend on health and around 6 per cent on education (Table 8). Similarly, South Africa also accords high priority to public expenditure by spending around 9 per cent and 6 per cent on health and education, respectively. India, the largest economy among the IBSA member countries, spends a meager 4 per cent of its GDP on education and health. This seems to be quite insignificant, which may affect its workforce in the long run.

Table 6: Disease Prevention Coverage and Quality

Child Immunisation rate (% of children betwenn the ages of 12-23 months)									Physicians (per 1,000 people)				Nurses and Midwives (per 1,000 people)				Community Health Workers (per 1,000 people)			
	Immunisation, DPT				Immunisation, Measles															
	2003	2006	2010	2013	2003	2006	2010	2013	2003	2006	2010	2013	2003	2006	2010	2013	2003	2006	2010	2013
Brazil	98.00	97.00	98.00	95.00	99.00	99.00	99.00	99.00	1.50	1.69	1.76	1.89	3.73	2.91	6.42	7.60	...	2.91	6.42	7.60
India	63.00	68.00	72.00	72.00	62.00	71.00	74.00	74.00	0.59	0.61	0.65	0.70 (2012)	1.30	1.46 (2009)	16.01	1.7 (2011)	...	...	1.00	...
South Africa	69.00	74.00	66.00	65.00	62.00	64.00	74.00	66.00	...	0.77 (2004)	0.76 (2011)	0.78	3.95	4.137	4.83	5.10	...	...	...	5.11

Source:World Bank, WDI various issues, WHO, UNDATA.http://data.un.org/Data.aspx?d=WDI&f=Indicator_Code%3aSH.STA.BRTC.ZS
http://apps.who.int/gho/data/node.main.A1444

Note: ... not available.

Table 7 : Literacy and Education Attainments in IBSA Countries

Country	Literacy Rates			Gross Enrolment Ratios				Primary School Dropout Rates	Education Quality	
	Adult	Youth	Population with at least some secondary education	Pre-primary	Primary	Secondary	Tertiary		Pupil-teacher ratio	Education expenditure
	(% ages 15 and older)	(% ages 15-24)	(% ages 25 and older)	(% of children of pre-school age)	(% of primary school-age population)	(% of secondary school-age population)	(% of tertiary school-age population)	(% of primary school cohort)	number of pupils per teacher	(% of GDP)
	2005-2012	**2005-2012**	**2005-2012**	**2003-2012**	**2003-2012**	**2003-2012**	**2003-2012**	**2003-2012**	**2003-2012**	**2005-2012**
Brazil	90.4	97.5	53.6	..	127.0*	101	36.1	24.3	..	5.8
India	62.8	81.1	38.7	58	113	69	23	34.2	35	3.3
South Africa	93	98.8	74.3	77	102	102	..	23	30	6

Source: UNDP, Human Development Report, 2014.

Notes: *2002-2011, .. not available.

Table 8: Public Expenditure on Health and Education

	Year	2003	2006	2009	2013
Health expenditure, public (% of GDP)	Brazil	3.12	3.54	4.13	9.7
	India	1.18	1.13	1.37	4.0
	South Africa	3.50	3.41	3.41	8.9
Public spending on education, total (% of GDP)	Brazil	..	4.95	..	6.3
	India	3.67	3.09	..	3.9
	South Africa	5.06	5.29	5.47	6.0

Source: WDI online database; HDR 2014; IBSA and MDGs.

5. Transition from MDGs to SDGs

In 2000, when the nations unanimously adopted the MDGs at the UN Millennium Development Summit, they were committed to the common pursuit of promoting poverty reduction, education, gender equality, maternal health, environmental sustainability and global partnership aimed at combating child mortality, HIV/AIDS, and other diseases. At this juncture, the status of IBSA member countries on its due date of MDGs in 2015 appears to be quite diverse in their fulfillment of goals. It has been observed that despite serious efforts of respective governments for the social and economic development, most of the MDGs regarding under-five mortality rate (U5MR), MMR, HIV prevalence and other diseases have yet to be achieved; though significant progress has been seen in the selected MDGs like primary school completion and gender equality in some countries.

In fact most of the common goals of MDGs which were conceptualised in 2000 as a set of 8 global goals on diverse dimensions of development like poverty alleviation, health, education, gender equality, environment sustainability and aimed at building a global partnership for development have been inherent in the newly adopted Sustainable

Development Goals (SDGs) in 2015. At the UN Sustainable Development Summit on 25 September 2015, more than 150 world leaders adopted the new 2030 Agenda for Sustainable Development; including the SDGs. The SDGs are an inter-governmentally agreed set of seventeen goals and 169 targets relating to sustainable development issues.

All the 17 goals of SDGs seem to be more extensive and ambitious than the MDGs, as the present agenda is relevant to all people in all the countries to ensure that 'no one is left behind'. These SDGs too aim to end poverty, zero hunger, and improve education and health standards, gender equality, clean water, sanitation and energy, to combat climate change.

The most consistent improvement has been achieved by Brazil as compared to the other two IBSA countries. As noted in Table 9, the prevalence of malnutrition under the age of five has gone down from 3.7 per cent in 2003 to 2.2 per cent in 2013. Compared to Brazil, the severity of malnutrition is a matter of concern in India and South Africa to some extent.

The primary school completion rate of the relevant age group in these countries is improving gradually. Emphasis on gender equality and women empowerment are the main determinants to promote universal primary education, and for improvement in child and maternal mortality rates. The ratio of girls to boys in terms of enrolment in primary and secondary school showed significant improvement during 2003-2013. Further, except in Brazil, where U5MR declined from 26 per 1,000 children in 2003 to 14 children in 2013, India and South Africa are off track in reducing child mortality, as U5MR registered a marginal decline from 81 in 2003 to 53 and 44 in 2013 in India and South Africa, respectively. Similarly, MMRs in IBSA countries are very high despite major conditional cash transfer programmes and other social sector schemes initiated by the respective countries. In addition to that, the member countries face the higher risk of the spread of HIV/AIDS and incidence of TB and other diseases.

Table : 9 Status of Millennium Development Goals

Country	Eradicate extreme poverty and hunger				Achieve universal primary education				Promote gender equality and empower women				Reduce child mortality				Improve Maternal Health				
	Prevalence of malnutrition Underweight (% of children under age 5)				Primary completion rate % (% of relevant age group)				Ratio of girls to boys enrollments in primary and secondary education (%)				Under-five mortality rate per Total 1,000 live births				MMR National estimates per 100,000 live births				MMR Modeled estimates per 100,000 live births
	2003	2006[a]	2009	2013	2003	2006[b]	2009	2013	2003	2006[b]	2009	2013	2003	2006	2009	2013	2003	2006	2008	2013	2013
Brazil	3.7 (02-03)	3.7 (00-06)	2.2 (04-09)	2.2	109.96	105	--	..	103 (02-03)	102	103	..	26.40	21.40	21	14	72		58	65	69
India		43.5 (00-06)	43.5 (04-09)	..	81.81	85	95	96	89.82	91	95	99	81.20	71.60	62.9	53	301	250	230	180	190
South Africa	11.6 (02-03)			8.7	94.45	100	93	..	99.21	98.48	99	100	80.80	76.90	63.4	44	166		410		140

Country	Combat HIV/AIDS, malaria and other diseases								Carbon dioxide emissions				Water and Sanitation							
	HIV Prevalence Total (% of population ages 15-49)				Incidence of TB (per 100,000 people)				(per capita metric tons)				Access to improved water source (% of population)				Access to improved sanitation facilities (% of population)			
	2003	2006	2009	2013	2003	2006	2010	2013	2003	2006	2009	2010	2003	2006	2010	2012	2003	2006	2010	2012
Brazil	0.7			0.6	55.00	50.00	46.00	46	1.77	1.85	1.90	2.15	94.6	95.6	96.9	98	76.40	78.10	80.30	81.30
India	0.4	0.35	0.3	0.3	214.00	205.00	185.00	171	1.17	1.32	1.65	1.62	83.7	86.7	90.7	93	28.10	30.70	34.20	36.00
South Africa	17.82	18.7	18.93	19.1	852.00	940.00	981.00	860	8.13	8.64	9.39	9.00	89.1	91.2	93.8	95.1	67.60	69.90	73.00	74.00

Source: World Bank, WDI, various issues; 2015; UNICEF, The State of World's Children, various issues

Note: a-data for most recent year available; b-Provisional data.

Availability of minimum level of food for basic sustenance and access to health care facilities, safe drinking water and sanitation are essential to maintain good health for a productive living. Poor health, in part driven by inadequate access to safe drinking water and sanitation, is a major bottleneck in human development. During the period 2003-2012 (Table 9) there was considerable progress in improving the access to sanitation facilities in IBSA, except India, where the situation is quite precarious. India with only 36 per cent of the population having access to improved sanitation facilities is at the other end of the spectrum. In respect of safe water, there has been a considerable improvement in the accessibility in all the IBSA countries recording the highest coverage at more than 90 per cent in 2012. Nevertheless, there is a tremendous scope for improvement in achieving all the MDGs in IBSA. Despite serious efforts of respective governments to integrate the policies for poverty and hunger, health, education and gender equality most of the MDGs have yet to be achieved in IBSA.

6. Policy Initiatives for Inclusive Growth

All the member countries of IBSA have recognised that alleviation of poverty, access to basic health care and education have been more challenging problems than any other problems that these countries have been facing for the past many decades. For inclusive growth, IBSA has taken major policy initiatives in the field of basic health care services and free and compulsory education such as Bolsa Familia, Alimentacao Escolar and Fome Zero Programme in Brazil; Sarva Shiksha Abhiyan, Mid-day Meals, National Rural Health Mission and Mahatma Gandhi National Rural Employment Guarantee Scheme – Direct Benefit Transfer in India and South African Child Support Grant, South Africa School Feeding Programme and Old Age Pension Scheme in South Africa, to name a few. Over the years, for the welfare, social development and economic and political empowerment of the people, the respective Governments in IBSA have taken many major policy initiatives and launched many poverty alleviation programmes, food and nutritional

security and conditional cash transfer schemes by establishing many specific Ministries to carry out social objectives. Further, the three countries have also recognised education as a vital instrument for achieving social equity. The countries have also recognised that effective social development policies must be inclusive in character and must involve all elements of societies, from private sector to civil societies as well. There has been substantial increase in the share of the central government expenditure on social sectors, including welfare cash transfer schemes of centrally sponsored policies and programmes for combating poverty and hunger, and equity and equality for both women and men.

Despite diverse histories and culture, India, Brazil and South Africa share many striking similarities and face common challenges such as poverty and inequality, unemployment and underemployment and exclusion of the majority from the benefits of social and economic development. Gradually, all countries have taken similar paths and are moving towards providing social protection through an arrangement of social insurance, income guarantee, food and nutrition security and cash transfers schemes. Innovative approaches have been adopted in dealing with the issues of social development, expansion and retention of education, poverty alleviation, public health care services and wage employment in these countries.

6.1 India: Key Social-Sector Programmes

In India, for the systematic all round social and economic development and to integrate the people into the development process, Five Year Plans were initiated within a few years of its attaining Independence. Indian development planning has focused on formulation of programmes and policies aimed at bringing the marginalised and poor sections of society into the main stream (GoI, *Economic Survey* 2014-15). In India, gradually a multi-pronged strategy for inclusive growth has been adopted that focuses on: (i) rapid growth for reducing poverty and creating employment opportunities; (ii) improving access to essential services in health and education especially for the poor; (iii) empowerment

through education and skill development; and (iv) creating employment opportunities supplemented by the Mahatma Gandhi National Rural Employment Guarantee Scheme (MNREGS).

Some of the central and state government schemes related to overall health, maternity benefits, and survival and education of the girl child bear a resemblance to the provisions in the conditional cash transfer (CCT) schemes currently operative in many countries, mainly in Latin America. However, the orientation of centrally sponsored schemes is more individualistic rather than focusing on individual households. In India, social transfers are not as widespread as in the other two countries. Already there are central and state government schemes operated on the lines of CCT, viz. Dhanalakshmi, Janani Suraksha Yojana, Janani Shishu Suraksha Karyakram, Sarva Siksha Abhiyan, Kasturba Gandhi Balika Vidyalaya Scheme, Balika Samridhi Yojana, and Ladli scheme of the Delhi Government to name a few. The latest Pradhan Mantri Jan-Dhan Yojana (PMJDY) is a National Mission for financial inclusion to ensure access to financial access to financial services. Under this scheme, linking Adhaar number to an active account is key to implementing income transfers. Accordingly, by the end of 2014, Government has seeded more than 100 million bank accounts with registered Adhaar numbers. Further, with the introduction of this scheme, the number of bank accounts is expected to increase and would offer greater opportunities to target and transfer financial resources to the poor.

Direct Benefit Transfer

Though most of the Government sponsored schemes have increasingly adopted the CCT like approaches and aimed to improve the facilities and quality of social infrastructure nationwide, technologies have enabled the state to better target and transfer directly financial resources to households. The experimental evidences suggest that if cash transfers are targeted well, they can boost household consumption and asset ownership and reduce food security problems. Recently, the Direct Benefit Transfer (DBT) scheme was launched by the Government with

an aim to provide cash benefits to the needy people. This anti-poverty programme was rolled out on 1 January 2013 with the aim to transfer cash subsidies directly into bank accounts of below poverty line beneficiaries having Aadhar card across 20 districts in the country. It covers as many as seven welfare schemes, mostly pensions for elderly/widows/disabled, scholarships for students, and employment guarantee schemes/payments as well as benefits under other government welfare programmes.

Subsequently, both the central and state governments subsidise the price of a wide range of products with the expressed intention of making them affordable for the poor. Rice, wheat, pulses, sugar, kerosene, LPG, naphtha, water, electricity, diesel, fertiliser, iron ore and railways, etc., are some of the commodities and services that the government subsidises.

The DBT programme under MGNREGA enabled the direct transfer of wages to the workers' accounts without any delay through an electronic fund transfer. At present, this system has been successfully piloted in the five states of Rajasthan, Karnataka, Tripura, Orissa and Gujarat and a payment of about Rs. 180 crore has already been directly made to the bank accounts of workers. According to a study, in Andhra Pradesh, where MGNREGA and social security payments were paid through Aadhaar linked bank accounts, revealed that households received payments faster with the new Aadhaar linked DBT system, and leakages decreased so much so that it was 8 times greater than the cost of implementing the scheme (GoI, *Economic Survey,* 2014-15). It has streamlined the fund flow process, substantially reduced the delays in payment of wages and decreased the number of MGNREGA bank accounts, thus reducing large unspent opening balances. Gradually this system would be further scaled up to nationwide implementation and would encompass all payments at all levels of implementation.

The DBT involves setting up of user-friendly micro ATMs throughout the country for the benefit of the beneficiaries to withdraw money. This scheme would be implemented with the involvement of self-help groups, post offices, community service centres and petrol

pump stations in rural areas. As a pilot project, since the initiation of the implementation of the first phase, such ATMs were set up in 51 pilot districts across the country (GoI, *Economic Survey,* 2012-13).

At this juncture, there is need to replicate some successful case studies of conditional cash transfer schemes which are currently being operated in other IBSA countries. However, the presence of specific conditions, institutional interventions and some motivating factors are effective in sustaining these interesting case studies and added new dimensions for better results need to be analysed. It is also imperative to look why these projects are so successful in one country and what are the socio-economic conditions which are helpful in making them happen in other regions or countries.

Poverty Alleviation Scheme

As mentioned above, India has made much progress in the area of inclusive growth by adopting Mahatma Gandhi National Rural Employment Guarantee Scheme, where in every family at least one person is guaranteed not less than 100 days of unskilled wage employment within a five kilometer radius on a casual basis. This flagship scheme has not only addressed the problem of wage employment but also strengthened the natural resource management through works that address causes of chronic poverty like drought, deforestation and soil erosion and thus encouraged sustainable development. With an expenditure of Rs. 33,000 crore in 2013-14, the scheme provided 219.72 crore person-days of employment to 4.78 crore households with an average wage employment of 46 person-days. However, the share of women, SC and ST person-days in this period was 53 per cent, 23 per cent and 17 per cent, respectively. The average wage paid under MGNREGA increased from Rs. 65 in 2006-07 to Rs. 132 in 2013-14. This also facilitated better living conditions for the poor.

India has initiated various other flagship schemes in the field of poverty alleviation and employment generation to achieve inclusive

development. Apart from MGNREGA, the National Rural Livelihood Mission (NRLM) – Aajeevika scheme is a self-employment programme aims at lifting the rural poor families above the poverty line by organising them into self-help groups (SHGs) and providing them training and income generating assets through bank credits and subsidies. Since its inception, 42.05 lakh SHGs have been formed out of which 60 per cent are women SHGs which have been assisted with bank credits and subsidies. In addition, in order to broaden access to healthcare, education, nutrition, water and sanitation and housing in rural areas large number of schemes with increased budget allocations have been initiated, viz. Indira Awas Yojana, Rural Drinking Water, and Total Sanitation Campaign, to name a few.

Education

Indeed, improvement in social attainments such as indicators related to fertility, population growth, child mortality, school enrolments, drop-out rates and improved nutrition show significant correlation with improvement in educational and health status of women. To reap the benefits of demographic dividend, many innovative schemes are operating in the field of providing quality education like Sarva Shiksha Abhiyan/Right to Education, a national flagship programme which aims to provide useful and elementary education to all children in the 6-14 age group. Since 2001, the Sarva Shiksha Abhiyan (SSA) in India has helped enroll nearly 20 million out-of-school children into elementary school. Over 98 per cent of India's children now have access to primary school within 1 kilometer of their home. Since its inception, it provides for construction of new schools, opening up of around 3,57,611 new primary and upper primary schools, 2,77,093 school buildings are under construction. Drinking water and sanitation facilities, supply of free text books to children, and new appointments of teachers are some of the achievements of SSA. With the interventions of SSA, significant reduction in the number of out-of-school children have been noticed. For girls' education, there are special programmes like National Programme

for Education of Girls at Elementary Education to improve access of girls to school with residential accommodation facilities particularly to the minority and other disadvantaged section of the society.

Under the programme Mid-day Meals (MDM), hot cooked midday meals are provided to all children attending class I-VIII in government and government aided schools. This has helped in attracting and retaining children in schools. Recently, the Government of India has also launched Saakshar Bharat, a programme for adult literacy focusing on women literacy status. Till 2013, around 24.37 million learners out of which around three-fourths are women have successfully passed the assessment tests for basic literacy conducted by the National Institute of Open Schooling. In fact, in recognition of the programme's endeavour to create a fully literate society, Saakshar Bharat has been awarded the King Sejong Literacy Prize 2013 by UNESCO.

To extend higher education opportunities to under-represented groups in 2004 Brazil launched the Programa Universidade para Todos (University for All Programme) or Prouni. The programme was designed for low-income students to fill the private institutions free of cost in return for tax exemptions. Furthermore a system of loans was also introduced to encourage accessibility to private institutions. Likewise, there has been rapid expansion in the higher education system from a national skills development perspective.

Progress in Health Care Services

Improvement in the standard of living and health status of the population has remained one of the important objectives for India. Despite significant advances in medical care and improvement in the access to safe drinking water, sanitation and nutrition resulting in some progress in health care services and related indicators, overall health attainments in India remain far from adequate. Owing to resource constraints, both the material and trained professionals, health care has become a major source of inequality.

Recently, with the goal of providing holistic health solutions, the erstwhile Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (AYUSH) under the umbrella of National Rural Health Mission has been elevated to a full-fledged Ministry in 2014. The basic objective of the National Ayush Mission is to promote medical facilities through cost-effective services. In India, steps are underway to include yoga also in the regular school curriculum. Consequent to the Indian Prime Minister's address to the UN, the UN General Assembly in September 2014 with the support of 177 nations declared 21 June as International Yoga Day (GoI, *Economic Survey* 2014-15).

In order to bring about a change in three critical health indicators related to reproductive and child health, two programmes Janani Suraksha Yojna (JSY) and Janani Shishu Suraksha Karyakram (JSSK) have been introduced to monitor maternal mortality rate, infant mortality rate and total fertility rate. Apart from this, a mother and child tracking system has been introduced to track every pregnant woman for timely pre-natal and post-natal care, institutional delivery and for complete immunisation of the children. Under the JSY, institutional deliveries conducted by skilled birth attendants have increased from 7.38 lakh in 2005-06 to more than 1.06 crore in 2012-13. Further, under JSSK, all pregnant women delivering in public health centres are entitled to no-expense deliveries including caesarean, free drugs, diagnostics, blood and diet, and free transport to and fro including during referrals visits.

Similarly, to accelerate the reduction in poverty and increase in employment, number of poverty alleviation programmes and basic services programmes are being implemented in Brazil and South Africa. In fact, some of these programmes have been restructured and redesigned in order to enhance their efficacy and impact the target group and improve their lives. However, there are many examples of best practices that Brazil and South Africa can emulate effectively in their own respective countries.

6.2 Social Transfers in Brazil

Fome Zero/ Zero Hunger

The creation of the Ministry of Social Development and Fight against Hunger in 2004 is an important landmark in history in articulating and strengthening social policies in Brazil. The Ministry has implemented two main social policies targeting social assistance and food and nutrition policies. Focusing on food security as a pre-requisite for social development, in Brazil, the Fome Zero programme recognises that poverty reduction, food security and support for small scale agriculture are interconnected. Fome Zero has three main pillars schemes like Bolsa Familia (BF) (family allowance), Alimentacao Escolar (school meal), and Strengthening Family Agriculture that addresses the problem of food security and nutrition of school children, small farmers and small landowners. In order to target socially and economically vulnerable people through Fome Zero programme, the Brazilian Government has achieved much popularity among the poorest citizens. Under this programme, diverse strategies have been adopted like creating water cisterns in semi-arid zones, creating low-cost restaurants, educating people about healthy eating habits, distributing vitamins and iron supplements, supporting subsistence family farming and giving access to micro-credit.

Likewise, the biggest and best known of all the cash transfer schemes to protect children and women in vulnerable households like Bolsa Familia scheme plays an important role in targeting poor families in Brazil. At present, in terms of coverage and financing, it is the largest CCT programme in the world. Since its inception in 2003, its most developmental aspect is its conditionality – Government only transfers the money to persons who meet certain criteria. It provides monthly cash payments directly to poor households in response to the household fulfilling certain specific conditions such as minimum attendance of children in schools and their attendance at health clinics, full participation in immunisation programme for the specific age period of a child. Under this scheme, all the payments to the beneficiaries are made through banking system; in return recipients use a debit card to draw out the

money from their bank accounts at ATMs. To minimise risk of spending disproportionately on things like liquor, conditional cash transfer has to complement direct transfer. Sometimes, the CCT is withheld in case children's attendance is inadequate, or for failure to comply with child immunisation programmes, among other conditions. This way conditional transfers, which have been widely implemented, take care of specific policy objectives like poverty reduction, encourage poor families to utilise existing health care and education services, which are otherwise underutilised due to excess fees, transportation costs or time off from work. Civil societies play a very important role in targeting the most neediest households and are also active in various community kitchens, community gardens and their association with the farmers.

The impact of CCT schemes can be assessed from the point of view of their multiple objectives like transparency, alleviation of poverty and human capital formation. These schemes have a positive impact on school attendance rates and consequently in the number of years of schooling attained. It has been observed that the CCT programmes contribute to reduction in income inequality. There has been a marked impact on reducing children's participation in the labour market. As a result, regular health check-ups of pregnant mothers and children have increased substantially.

Brauw *et al.* (2015) state that cash transfers associated with Bolsa Familia (BF) consists of a conditional payment per child aged 0-15 years, for up to three children to poor households below per capita income threshold and an unconditional transfer to extremely poor households below a lower per capita income threshold. The cash transfer is specifically conditional on pregnant women receiving pre- and post-natal care visits to health centres, all children aged 0-5 within the household receiving timely vaccinations and growth-monitoring visits, all children aged 6-15 attending schools with 85 per cent of attendance. Further with the introduction of Beneficio Variavel Jovem (BVJ) in 2008, a complementary programme of BF expanded access to transfers with the schooling conditionality to children aged 16-17.

Brauw *et al.*'s study revealed that BF increased girls' school participation by 8.2 percentage points, and this effect is same for both the age groups of 6-14 years and 15-17 years. Against this, there is no change in the boys' participation rates. The programme also has a large impact on grade progression for all girls living in rural and urban areas, however, with the larger effect for girls aged 15-17 than the younger group. However, in terms of grade progression, there is no impact on boys' in either rural or urban areas. In fact, BF has been successful in breaking the transmission of poverty from parents to children through better education opportunities and health outcomes. Further, it has increased school attendance, prenatal care visits, immunisation coverage and reduced child mortality.

On the other hand, Shei *et al.* (2014), in their extensive study revealed that despite being the largest CCT programme, BF had no evaluation strategy in place when it was implemented. Therefore direct impact of BF on consumption pattern, poverty, health, nutrition and education are lesser known. In fact, various studies, which have examined BF, have methodological weaknesses in comparing uniform groups to assess its impact on food security, nutrition, health and education outcomes, are the causes of concern.

Similarly, the Programa de Beneficio de Prestacao Continuada (BPC) addressed to the elderly and disabled people of very poor families. It is a non-contributory pension scheme which provides a minimum wage for elders and people with disabilities that makes them unable to live on their own or work. To be eligible for this scheme, the person must be over 64 years old or prove to be unable to work, besides having income not more than around US$ 2.5 a day.

6.3 South Africa

The South African Child Support Grant (CSG) is a milestone in the history of social cash transfer scheme in the developing world. Policy reforms of the scheme have expanded the eligibility criteria including an increase in the age limit of children from seven to eighteen years old and

it raised the income threshold to effectively include all the poor children to improve social equity and economic impacts.

However, the research shows that CSG is primarily used to buy food and serve the consumption needs of the whole household due to widespread poverty and lack of employment opportunities. As a result, the grant is diluted across household's member basic needs like food, clothing, education, household goods and health care services. Cost of Early Childhood Development (ECD) services like crèches, pre-schools, day care centers for young children from low income households are also catered through the CSG.

Early life receipt of CSG increases the likelihood that a child's growth is monitored through clinical visits and reduces the problem of stunting among children whose mother have studied up to eighth grades of schooling. This way mother's education complements the role of CSG as an investment in building human capital. It also promotes human capital potential, improves gender equity and healthcare services. The most important impact of CSG for girls has been in terms of reduced working hours for females outside home like field or factories, etc., who received the grant in early childhood. However, the most crucial evidence of the CSG's impact in significantly reducing the risky activities of adolescent girls are sexual activity, pregnancy, alcohol and drug use, criminal activity and gang membership.

In all, the overall analysis of the CSG confirms the positive developmental impact on promotion of nutrition, educational and health outcomes for millions of children in South Africa. An early receipt of CSG significantly strengthens number of aspects related to reduction in poverty, gender equality and reduces vulnerability of all age groups of children.

In order to provide social pensions and benefits for the elderly, the Old Age Pension Scheme in South Africa has had a significant impact on older people's well being and their households. It is a cash transfer

scheme for women above 60 and men above 65 years of age. However, in 2008 a law was passed to equalise the age of eligibility for the pension for both men and women by 2010. Primarily, it was only for the whites but gradually introduced for other racial groups including the black population. More than one member of the same household can also receive the pension simultaneously. Interestingly, in South Africa mostly grandparents live in extended households comprising children and their grandchildren. Usually, most of the African children under the age of five live with a pension recipient. It has been observed that outcomes are highly positive when the beneficiary is a woman, which improves the health and nutritional status of their grand-daughters. The South Africa school feeding programme that was launched in 1994 is being viewed as a potential safety net that keeps children in school. These types of programmes provide both educational as well as health benefits to the most vulnerable children thereby increasing their retention rates in school.

However, some of these policy initiatives mentioned above offer a great opportunity for each of the IBSA country to strengthen the development of integrated strategies through a comparative learning and exchange process. In general, the aforesaid selected case studies can act as the trend setters. Owing to their pragmatic approach and adaptability, they can be replicated in other countries as well. These government schemes with the minimum support have promoted the social equity and inclusive growth in these respective countries. The governments in these countries with the existing NGOs and civil societies are playing very effective role in order to bring significant improvement in the socio-economic conditions of poor people.

At this juncture, there is a need to replicate some successful case studies of conditional cash transfer schemes which are currently being operated in IBSA. Despite the large number and variety of social transfers' schemes, there is much less justification to start new schemes, rather than strengthening the existing ones and their more effective implementation through better managerial, technical and financial skills. In addition, the

cultural differences and variegation historical antecedents stand in the way of proper implementation of these conditional cash transfer schemes.

However, the presence of specific conditions, institutional interventions and some motivating factors that are effective in sustaining these interesting case studies that have added new dimensions for better results need to be analysed. It is also imperative to look why these projects are so successful in one country and what are the socio-economic conditions which are helpful in making them happen in other regions or countries.

Over the years, India has applied numerous approaches, techniques and schemes to tackle the various dimensions of poverty in the field of health care, education, gender equality and other issues related to poverty in the masses. There is a clear cut need for the appraisal of the existing CCT schemes to make them more practical and fruit bearing. However, in this effort a thrust is needed to emulate the pioneering Delhi Ladli scheme of the Delhi Government, as this scheme is the pace setter and its successful pattern is worth emulating in other countries of IBSA.

7. From Commitments to Actions

As seen above, since inception of IBSA, various communiqués and declarations were issued after every IBSA Summit and Ministerial meetings which are the real testimony of their increased commitments for South-South cooperation. Though in each and every Communiqués and Declarations issued from time to time, the leaders of the three participating countries of IBSA have over and over again reaffirmed their serious commitment to further strengthen their trilateral cooperation and also reaffirmed that the forum is an important mechanism for closer coordination on global and regional issues.

IBSA is a unique forum which brings together three developing economies located in three developing continents, and provides an opportunity to learn from each other's experiences and to synergise their complementarities in a mutually beneficial manner. It has identified

trilateral cooperation and has emerged as a role model for effective South-South cooperation. During its course of meetings, dozens of Memoranda of Understandings and several Technical Working Groups have been initiated on almost everything from healthcare, education to trade. It promoted the interests of the developing countries thus strengthening and deepening South-South cooperation. The IBSA forum has also facilitated cooperation amongst academics, business leaders and other members of civil society. Gradually, IBSA has gathered unprecedented momentum and has reached a stage where the dialogue functions at three different levels, viz. government-to-government, people-to-people and non-governmental level. Good progress has also been made on widening cooperation within IBSA through women's and business forums.

IBSA has nurtured a common approach on global as well as on regional issues. They have developed people-to-people contact through business, media, women, academics and parliamentarians forums to play an instrumental role in promoting South-South cooperation. They are genuinely committed to encourage exchange of experiences to fight poverty and hunger in their countries. Despite being a decade old, their success so far has been moderate because of lack of resources and institutional weaknesses in developing countries. The trilateral cooperation has huge potential for reinforcing economic strengths of each other by synergising their complementarities in the field of universal education, particularly tertiary education, healthcare, empowerment of girl child or expertise in the field of e-governance.

In reality, on the issues of South-South cooperation and development, the participating countries of IBSA are committed to the notion that they face certain common challenges and thus benefit substantially from each other's experiences. As a result, concrete progress has been made with the establishment of the Development Fund, a new approach to South-South cooperation that draws upon the successful experiences coming out of the select experiments conducted in these developing countries. IBSA has developed various joint funding schemes to support developmental

projects in developing countries. IBSA Trust Fund demonstrates the true potential of IBSA grouping, as each have contributed US$ 1 million to the IBSA Facility Fund to be used for poverty alleviation projects in countries like Haiti, Guinea-Bissau, Timor-Leste, Burundi, Laos, Vietnam, Sierra Leone, Palestine and Cape Verde.

The IBSA Fund projects are executed on a demand driven basis through partnerships with UN's Development Programme, local governments, national institutions and implementing partners. Mainly their concrete initiatives range from promoting food security to addressing HIV/AIDS and to extending access to safe drinking water with the aim of achieving MDGs. The success of a new rice seed that IBSA capacity builders introduced in Guinea Bissau allowed the country to have a second harvest every year to combat hunger and poverty and has the potential to be replicated in participating countries as well as in other rural poverty stricken countries of the world. The project on the establishment of rice seed production hub in Da Nang city, Vietnam has been a great success. In order to overcome the challenges in terms of water scarcity and sanitation in Cabo Verde, a project worth US$ 41.1 million for water, sanitation and hygiene project is being implemented with the support of IBSA to facilitate delivery of water and sanitation services to each households and businesses. Further, in Cambodia to empower children and adolescents with special needs and their families, a project is ongoing through partnerships between the government, non-governmental and private sectors. For this, a well-equipped hospital was built to host services like physiotherapy, multiple handicaps, speech therapy, occupational therapy, etc.

Despite its small size, the IBSA fund was the recipient of the UN South-South Partnership Award in 2006 and received MDG award in 2010 and the South-South and Triangular Cooperation Champions Award in 2012 for South-South cooperation for recognition of its developmental work by using innovative approaches to share development experiences in other parts of the world. Nevertheless, in order to make serious efforts

in the field of poverty reduction and to become a breakthrough model of South-South cooperation, IBSA should enhance its financial contribution and make its operation transparent.

The first IBSA International Conference of Labour Ministers, 2012 stressed the need to further develop South-South and Triangular cooperation with the ILO in order to effectively implement the Decent Work Agenda (DWA), that can only be achieved through the building of partnerships and exchanging knowledge in the areas of rights, employment, social protection and social dialogue. However, countries of the South which have been praised in developing innovative solutions to tackle poverty and creation of employment through MGNREGA, Bolsa Famila and Expanded Public Works Programme (EPWP), as the economic growth of these countries have not produced enough number of jobs needed to help populations move out of poverty. The largest employment guarantee scheme in India has somehow brought a new definition to public employment programmes around the world highlighting the importance of a right based approach, very much in line with the ILO's Convention 122 on Full Employment.

A proposal to establish International University on Local Governance to be based in South Africa was mooted at the IBSA Local Governance Forum in New Delhi in 2013. It underlined the need for IBSA to work together to deepen and strengthen democracy by sharing best practices of democracy and development, both amongst themselves and with other members of the developing world.

IBSA's 5th Women's Forum called for re-doubling its efforts to increase women's participation in socio-economic development and stressed the need to enhance mutual cooperation by sharing viewpoints on promoting gender equality. The joint resolution stated that the three countries are committed to recognise the key role of government with the support of civil society to ensure and to accelerate all efforts towards achieving gender equality and empowerment of women. It acknowledged the Forum's shared commitment to various international conventions

on rights of women and girls and recommends ending violence against them. Through this Resolution, the three countries committed to work for women's empowerment and for fighting gender-based discrimination and violence against women in all forms. The Women's Forum constitutes a platform for sharing of ideas and best practices and for strengthened partnerships.

Nevertheless, IBSA has a long way to go and to make a decisive push to overcome poverty and improve the status of social sectors, it is vital for them to pursue strategic actions from mere commitments initiated in their political gatherings. There are mixed arguments that it has a very slow pace for wide range of action plans and simultaneously lacks strategic focus plan. It is apparent that there are gaps in the developmental efforts and in governance practices. Though it has huge potential to adapt but achieving results for the common people is the real challenge.

8. The Way Ahead

Now, more than a decade after its launch, IBSA is over the state of infancy. However, on the one hand some critics argue that progress has been slow and some considered it to be as a model of development cooperation in a new global order. The preceding details suggest that it is imperative for IBSA to prove its real mettle. A pioneer initiative of IBSA needs to keep its pace and have a focused approach to integrate their triangular efforts for development. To be more visible, all the member countries should revitalise IBSA by meeting more often at various level summits and work towards enhancing bilateral relations with each other. Regular interactions between inter-governmental working groups and NGOs need to be expanded. Role of development fund should be strengthened extensively in particular for recipient countries in the developing world.

However, with the adoption of 2030 Agenda for Sustainable Development, along with a set of new global goals, IBSA member countries can be more optimistic for a better world as SDGs recognise that eradicating poverty and hunger are the greatest global challenges and an indespensable requirement for sustainable development.

The aforesaid selected schemes of conditional cash transfers and social technology can act as the trend setters. Owing to their pragmatic approach and adaptability, efforts should be made to replicate them in underdeveloped countries through regional cooperation in IBSA as well. These cash transfer schemes with the help of governmental support have not only helped the marginalised section of the society but also the women and children. These experiences of empowerment have proved that the socially dominated economic models are the real testimony of innovative and cost effective mechanisms that brought revolutionary changes in the lives of the poor people.

IBSA member countries may take the lead to show the way on how to achieve the targets set by SDGs by strengthening and deepening their development cooperation both at individual and collective levels for promoting wider South-South cooperation within the framework of SDGs.

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