

HUMAN RESOURCE DEVELOPMENT IN OIC COUNTRIES: CHALLENGES AND SETBACKS

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Human resource development lies at the heart of the overall development process and the well-being of people. Developing human capital raises productivity and enhances international competitiveness, which in turn lead to faster growth. In this regard, the OIC countries, as a substantial part of the developing countries, put a great emphasis on the development of human resources by improving access to education and modern health services. In this framework, this paper attempts to examine human resource development in OIC countries by focusing on the global conceptual and measurement issues. It evaluates the performance of these countries in the light of various human capital indicators and the indexes derived from these fundamental indicators, and devotes a section to discuss both domestic and external resource allocations to successfully implement human resource development strategies. The analysis indicates that although many OIC countries have made sustained progress in most areas, from expanding knowledge to improving survival to raising standards of living, they still have much to do to increase productivity and efficiency of human capital development.

1. INTRODUCTION

Human resource development is a dynamic process: the changing world always brings new opportunities and setbacks. In fact, the basic goal of development is to create an environment in which people can develop and use their full potential in a productive manner to meet their needs and achieve their interests. However, this way of looking at development has been shadowed, in the immediate concern, by the accumulation of goods and money. Stated differently, the main goal of human development is not only to produce more goods and services, but also to increase the capabilities of people to attain a higher standard of living. The most basic ingredients of human development are to lead a

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long and healthy life, to be knowledgeable, to have sufficient income to buy food, clothing and shelter, and to participate in the decisions that directly affect one's life. Without these basic ingredients many opportunities in life remain inaccessible.

In this context, recent studies on economic growth have demonstrated the far-reaching role of education, health, and other human capabilities in generating economic growth. For example, in interpreting the economic success of the East Asian region, it has become clear that the enhancement of the quality and skill of the labour force has played a significant role. This is in fact the human capital aspect of development. The economic role of better and more widespread schooling, good health and nourishment, learning by doing and technical progress clearly and strongly justifies the importance that ought to be given to human resource development.

The successful implementation of human development strategies do not imply adding a few human development activities to the existing array of public spending programmes. It rather implies a profound change in the composition of public spending, i.e. resource allocation within and between sectors.

On the other hand, the use of foreign resources is an essential component of human development strategies in the developing countries. That is, foreign capital flows may supplement inadequate domestic savings and permit a country to have a higher rate of investment. However, short-term inflows of foreign capital could, if not carefully managed, reproduce or reinforce misallocation of domestic public spending.

Human resource development lies at the heart of the development agenda. The OIC countries, as a substantial part of the developing countries, face very similar problems in this area. A large number of them suffer from relatively high infant mortality rates, low life expectancy and under-developed state of health care services. In addition, large segments of the population in these countries, especially the poor, lack or have very limited access to education and modern health services.

This paper examines the human resource development issues in the OIC countries. It largely relies on data from the United Nations

Development Programme's (UNDP) Human Development Reports. Section two discusses the essential features of human resource development. Section three examines the OIC countries' human resource development performance. Section four focuses on the role of resource allocation in devising human development strategies and provides a brief discussion of the role of foreign resources in human development in the OIC countries. The last section proposes a wide range of general policy recommendations for human resource development.

2. HUMAN RESOURCE DEVELOPMENT

2.1. Conceptual Issues

Human development lies at the heart of the overall development process and the well-being of people. Its goal is to help people realise their own potential and develop their intellectual, technical and organisational capabilities. This implies an active participation of the people in the development process through institutions that permit, and indeed encourage, that participation. In this respect, the basic purpose of human development is to enlarge people's choices, which are not limited to only income figures. People should have greater access to knowledge, education, better nutrition and health services, more secure livelihoods, satisfying leisure hours, and a sense of participation in community activities. For this reason, human development is better measured in terms of basic education, health care, nutrition, water and sanitation, besides income, employment, and wages.

The economic benefits received by people whether in the form of money income or material goods and services can be understood as flows originating from the stock of capital. The latter, in turn, can be divided into three components: (i) the stock of natural capital, (ii) the stock of physical capital and (iii) the stock of human capital (UNDP 2003, Human Development Report Background Papers)¹.

The stock of natural capital consists of the natural resources of the world, including the atmosphere and oceans, the flora and fauna, the soils and mineral deposits and sources of fresh water. The stock of

¹ <http://hdr.undp.org/publications/papers.cfm>, viewed on April 2003.

physical capital consists of the produced means of production, i.e. the plants and equipment used in the agricultural, industrial and service sectors, the physical infrastructure such as roads, bridges, railways and irrigation canals, and the stock of dwellings. Much of the traditional development economics was primarily concerned with increasing the stock of physical capital, by creating incentives for businessmen to invest, raising the savings rate or establishing state-owned enterprises. In other words, investment, or the accumulation of capital, was for a long time regarded as the engine of growth and development.

It is only recently that human capital has been recognised to play a central role in the development process and this has heightened the interest in the education economics, health economics, labour economics and the related sub-disciplines. The stock of human capital consists of knowledge, skills, experience, energy and inventiveness of people. It is acquired in a variety of ways: training, learning by doing, newspapers and radio, private study, etc. Like the stocks of physical and natural capital, the stock of human capital will deteriorate if not maintained.

A distinctive feature of human development strategy is the emphasis on human capital formation. This does not mean that additions to the stocks of natural and physical capital are ignored. That would be a serious error. It rather implies a change in priorities in favour of human capital. The justification for this change in priorities is, first, that the returns on investing in people are in general as high as the returns on other forms of investment. Second, investment in human capital in some cases economises on the use of physical capital and the exploitation of natural resources and, third, the benefits of investing in people are in general more evenly spread than the benefits of other forms of investment. Thus, a greater emphasis on human capital formation is likely to result in faster, more equitable and more sustainable development.

Empirical evidence indicates that there is a positive relationship between human capital, namely the level and quality of education embodied in the workforce and the health status of the population, and economic growth. In fact, economic growth permits improvements in human development by creating resources that can be devoted to education and health services. In turn, improvements in education and

health status of the labour force contribute directly to the productivity of labour. Hence, differences in human capital endowments can imply different prospective growth rates.

Economic growth can effectively contribute to human resource development only if it is supported by a comprehensive human development programme. Every society has people who are vulnerable because of age, illness, disability, and shocks from natural disasters or economic crises. Social protection comprises programmes designed to assist individuals, households and communities to better manage risks and ensure economic security. Such programmes also include old age pensions, unemployment and disability insurance, and social safety nets to cushion the adverse impacts of disasters and economic crises (Asian Development Bank, 1999)².

The development of human capital constitutes one of the fundamentals in the war against poverty. Every person must have access to basic education, primary health care and other essential services. Without such access, the poor will have little opportunity to improve their economic status or even participate fully in the society.

Since both domestic and foreign resources available to any particular economy differ from one country to another, the starting point could be a comprehensive examination of the constraints and opportunities for human resource development strategies in each country. This will require understanding the nature, intensity, and spread of human resources, distributional effects of macroeconomic policies, focus and efficiency of public expenditures, and effectiveness of government programmes and institutions. In fact, there is more than one path to human development. Policy makers, therefore, have to make a special emphasis on alternative strategies that guide economic activity and allocation of public expenditure and reduce the vulnerability of various sections of the population.

The human development approach has numerous advantages and cannot be separated from the development process as a whole. First, it contributes directly to the well-being of people. Second, it helps create a

² http://www.adb.org/Documents/Policies/Poverty_Reduction/Poverty_Policy.pdf, viewed on April 2003.

more equal distribution of the benefits of development. Third, it empowers the linkages between the various types of investment in people and, fourth, it takes advantage of the complementarities between human and physical capital (UNDP 2003, HDR Background Papers)³.

2.2. Measurement Issues

The quality of a country's human resources determines its ability to compete in international markets and assure the well-being of its citizens. In line with the understanding of the central role that human capital plays in the development process, international community concentrated on developing national and regional human development strategies. In this respect, UNDP studies the global human development issues in its regular publication "Human Development Report (HDR)".

The first HDR in 1990 demonstrated that at the centre of the development process it is not only the income level of a society that matters but also how well that income has been translated into the development of human capabilities. Since the 1990s, four composite indices have been developed to measure human development: the Human Development Index⁴ (HDI), the Gender-related Development Index, the Gender Empowerment Measure, and the Human Poverty Index⁵ (HPI). Each Report also focuses on a highly topical theme in the current development debate, providing path-breaking analysis and policy recommendations.

Additionally, more than 380 national human development reports have been produced for 135 countries. Among those national reports, 150 belong to OIC countries. In fact, 47 OIC countries have national human development reports on country-specific topics (Appendix A.2).

³ <http://hdr.undp.org/publications/papers.cfm>, viewed on April 2003.

⁴ The HDI measures the average achievements in a country in 3 basic dimensions of human development: a long and healthy life, as measured by life expectancy at birth; knowledge, as measured by the adult literacy rate and the combined primary, secondary and tertiary gross enrolment ratio; and a decent standard of living, as measured by GDP per capita, in terms of Purchasing Power Parity (PPP) in US\$.

⁵ The HPI reflects 3 aspects of human deprivation: life expectancy, which is measured by the probability at birth of not surviving the age of 40; knowledge, which is measured by adult illiteracy rate; and a decent standard of living, which is measured by the percentage of population not using improved water sources and percentage of children under five who are underweight.

The point of departure for each country is distinct and reflects its culture, history, resource endowment and political institutions. These reports indicate that each country has a unique set of problems, opportunities and feasible projects. They provide a more complex picture of diverse experiences across countries, regions and dimensions of human development.

In this context, the UNDP has injected the human development concept into the national policy dialogues not only through human development indicators and policy recommendations, but also through the country-led process of consultation, data collection and report writing. The UNDP reports also reveal the major challenges in the world. “Of the 4.6 billion people in developing countries, more than 850 million are illiterate, nearly a billion lack access to improved water sources, and 2.4 billion lack access to basic sanitation. Nearly 325 million boys and girls are out of school and 11 million children under age five die each year from preventable causes—equivalent to more than 30, 000 a day. Around 1.2 billion people live on less than \$1 a day (1993 PPP US\$), and 2.8 billion on less than \$2 a day.”(UNDP 2002)⁶

3. HUMAN DEVELOPMENT RECORD IN THE OIC COUNTRIES

The UNDP Human Development Report for 2003 gives Human Development Index (HDI) ranks for 175 countries. When the OIC countries’ HDI rankings are considered, the majority of them fall in the group of medium human development, while only a few fall in the high human development group (Table A.1 in the Annex 1).

However, it is important to point out in this regard that since the OIC countries are not made up of a homogeneous group, an overall group analysis is rather difficult and may conceal some underlying factors. For this reason, the analysis in this paper is based on the UNDP’s groups of human development according to the HDI values. The first group is the group of Low Human Development (OIC-LHDCs) and is made up of those member countries of the OIC which are classified as low human development countries according to their HDI values in the year 2003 (below 0.500). The second group is the Middle Human Development

⁶ <http://www.undp.org/annualreports/2002/english/>, viewed on February 2003.

countries (OIC-MHDCs) and is made up of those member countries of the OIC in which the HDI lies between 0.500 and 0.799. The third group is the High Human Development group (OIC-HHDCs) and is made up of those member countries of OIC in which the HDI figure is 0.800 or above.

In terms of the global HDI ranks among the above-mentioned 175 countries, 7 OIC-LHDCs came within the lowest 10 global ranks. Moreover, among the 55 high human development countries, only five were OIC countries, while among 86 medium human development countries, 29 were OIC countries. In the case of low human development countries, 19 OIC countries out of 34 countries are presented in the UNDP's Human Development Report.

The figures in Table A.1 in the Annex (Elements of HDI in OIC Countries) reflect the weak performance in terms of three elements of the human development Index (HDI) in the majority of the OIC-LHDCs. The negative sign in the last column of the said table (adjusted HDI, i.e. GDP per capita rank minus HDI rank) indicates that the GDP per capita rank is better than the HDI rank. In this respect, more than half of the 53 OIC countries for which the data are available are associated with a negative sign, indicating that the HDI rank is worse than the GDP per capita (PPP\$) rank. The positive sign of the adjusted HDI for some OIC countries shows better human development performance. In fact, countries can advance faster in human development than in economic growth, this latter being a necessary but not a sufficient condition for human development. It is the quality of growth, not just its quantity, that is crucial for human well-being.

Table A.1 in Annex 1 also provides an overall picture of progress in the elements of HDI in the OIC countries. In 2001, the average life expectancy at birth in the OIC-LHDCs was 49 years which is 15 years less than the one in developing countries. In 28 out of the 53 OIC countries for which data are available, life expectancy is above the developing countries' average. Adult literacy rates are very low in most of the OIC-LHDCs. Moreover, in 17 out of the 53 OIC countries for which the data are available literacy rate was less than fifty per cent. In contrast, in the majority of the OIC-MHDCs, adult literacy rates are higher than the average of 74.5 per cent in the developing countries.

Table A.2 in the Annex provides data on the elements of Human Poverty Index (HPI) in the OIC countries. UNDP's Human Poverty Index is calculated for 94 countries, half of which are OIC members. Moreover, HPI is calculated for 20 high, 70 medium and 34 low human development countries. Among the medium human development countries, 22 are OIC members. Among the low human development countries, 19 are OIC members. One major indicator of human poverty is the low level of life expectancy. Dying before the age of 40 represents severe deprivation. Probability at birth of not surviving the age of 40 reached fifty per cent for some OIC-LHDCs. In the period 2000-2005, however, the probability of dying before the age of 40 declines significantly in the majority of the OIC-MHDCs and OIC-HHDCs. On the other hand, illiteracy imposes severe restrictions on the access of the poor to knowledge. In this context, among 53 OIC countries for which the data are available, adult illiteracy rates in 27 countries were higher than those in the developing countries.

To sum up, the examination of both HDI and HPI reveals the weak performance of the OIC-LHDCs in terms of various elements of human development. In contrast, some OIC-MHDCs performed better than the developing countries as a whole in key human development indicators.

3.1. Human Resource Development in the OIC Countries: Education and Health Services

Globalisation increased competition all over the world. This in turn induced demands for higher productivity and better maintenance of international quality standards. In such an environment, to make the OIC countries more competitive in the world markets, the labour force should be equipped with new value-added skills through education and training. In this respect, the information technology revolution requires changes in the way knowledge is acquired and transmitted. Education can no longer be targeted mainly at children and youth; continuing education and lifelong learning are needed by everyone to acquire new knowledge and skills. On the other hand, education and training are necessary tools to improve many human development indicators such as health and nutrition.

Many OIC countries have achieved better primary education and adult literacy rates during the 1990s in response to economic and social

demand (Table A.3 in the Annex 1). Adult literacy rates increased in 46 out of 53 OIC member countries. As a result, in 19 of 29 OIC-MHDCs that rate was realised above the developing countries' average of 74.5 percent in 2001. However, in the OIC-LHDCs, no country could reach that average. In this group, the proportion of the literate in the adult population varies from 16.5% to 72.4% in 2001. The said proportion varies in the same year from 40.6% to 99.4% in the OIC-MHDCs and from 76.7% to 91.6% in the OIC-HHDCs. On the OIC scale as a whole, the proportion of the literate in the adult population varies from 16.5% to 99.4%.

Moreover, enrolment ratios fluctuated from 17% to 89% of the related age group in the period 2000-2001. At the sub-group level, the ratios fluctuated from 17% to 71% in the OIC-LHDCs, from 34% to 89% in the OIC-MHDCs and from 54% to 83% in the OIC-HHDCs. However, according to the data in Table A.3, the majority of the OIC countries recorded rising enrolment ratios in the last decade. Nonetheless, in 25 out of the 53 OIC countries for which the data are available, enrolment ratios in the period 2000-2001 were lower than the average for developing countries.

The focus on primary health care is common to most human resource development strategies. Health is valued not only in itself, but also in what it contributes to the ability to learn and to the quality of the work force. Improved health and nutritional status are essential for the most needy segment of the population, namely the poor. It is the goal of human resource development strategies to build productive and healthy lives.

On the other hand, malnutrition, which is still prevalent in many OIC countries, affects cognitive development and school performance. Underweight children below 5 are a good indicator of malnutrition. In this respect, the performance of the OIC countries is significantly better: out of 44 OIC members for which the related data are available, 9 exceed the developing countries' average and only 3 exceed the LDCs' average (Table A.2). This may be seen as a good indicator of the importance given to children in the OIC countries.

Because hunger and malnutrition shorten lives, life expectancy rate is the lowest in the countries with the highest prevalence of

undernourishment. Life expectancy in most of the OIC-MHDCs is higher than its average in the developing countries. Among the OIC-MHDCs, only 6 countries have life expectancy rates lower than the developing countries' average. On the other hand, during the 1990s, life expectancy at birth improved in the majority of the OIC countries. Deterioration was observed in only 6 out of the 29 OIC-MHDCs and 8 out of the 19 OIC-LHDCs (Table A.3 in the Annex).

As shown in Table A.3, in 12 out of the 41 OIC countries for which the data are available, the rate of population using adequate sanitation facilities was less than fifty per cent in 2000. In the same year, 23 out of 53 OIC countries had populations with low access to essential drugs.⁷

Income is a very important means of enlarging people's choices and is used in the HDI as a proxy for a decent standard of living. According to GDP per capita figures in Table A.3, the standard of living improved in the majority of the OIC countries. In some OIC-LHDCs, GDP per capita (PPP\$) shows a rising trend since 1990, while the other elements of the HDI, i.e. life expectancy at birth, adult literacy rate and gross enrolment ratio, remain below all LHDCs' average. Moreover, in some OIC countries, not only GDP per capita has been declining, but all the elements of HDI were also below the average of all developing countries'.

The primary responsibility of human resource development lies with the developing countries themselves. In this respect, OIC countries need to improve their economic management, invest in the education and health of their people and the technological progress of their societies. The basis for further advance has already reflected into the basic education and primary health care figures in most OIC countries.

4. ALLOCATION OF RESOURCES FOR HUMAN DEVELOPMENT

There is a need to increase public expenditure particularly in the education and health systems to enhance the quality of human capital. Human development strategies, thus, not only focus on changing the

⁷ The World Health Organisation (WHO) defined low access as 50-79%.

spending priorities between the private and public sectors, but also within the public sector itself. In most developing countries, much can be done to promote human development by reallocating government expenditure without the need to raise additional revenue through taxation. In other words, allocation of resources in favour of human capital formation is the most crucial step in forming human development strategies.

Another distinctive feature of a human development strategy is the importance of complementarities among the various types of human capital expenditures. For example, expenditure on primary health care services results in better health for the poor. This, in turn, creates benefits for maternal and child nutrition programmes and public food distribution schemes. Improved nutrition increases the ability of children to learn and is likely also to result in higher rates of attendance at school.

In this regard, the share of public spending on social sectors reflects a country's overall effort to invest in human capital. Only 11 of the 25 OIC countries (9 from the OIC-MHDCs group) for which the data are available have increased public expenditure on education as a percentage of GDP in the last decade. Most of the OIC-LHDCs could not manage to increase that spending. On the other hand, public expenditure on health as a percentage of GDP increased in 25 of the 41 OIC countries for which the data are available in the last decade. It was significantly higher in the group of OIC-MHDCs than in the group of OIC-LHDCs.

The engine of growth consists of investment in both physical and human capital. Generation of high saving rates for capital formation is not the only problem of developing countries. They also need to retain their capital domestically and prevent it from leaking abroad. This also applies to human capital in the form of managerial, professional and technical personnel and highly skilled and educated workers.

Human resource development strategies have to channel resources to investment activities in the appropriate sectors such as education and health since high investment rates underline the success of sustainable development. On the other hand, besides confirming that economic growth promotes human resource development, the analysis indicates

that human resource development contributes substantially to growth by increasing labor productivity and physical investment.

The most important financing of development comes from domestic resources and foreign direct investment which create growth, employment and trade opportunities for developing countries, including the OIC countries. The overall benefits of the effective use of foreign resources have been deeply examined in the development literature. In this context, various studies point out the crucial role of foreign resources in human capital formation. In turn, well-developed human capital has an important contribution in attracting foreign capital flows.

In this respect, in the last 20 years, many developing countries have come to depend on external funds to finance their development programmes. Although Foreign Direct Investment (FDI) has gained a crucial ground on external financing of capital, foreign aid still forms the greatest portion of external capital. On the other side, the results of foreign aid programmes have in general been disappointing: they have done little to promote growth and even less to promote human development. “Moreover, where aid has resulted in increased investment in physical capital, it has typically financed large, capital-intensive projects with relatively low rates of return. Where it has been directed at human development activities, concentration usually has been on the top of the expenditure pyramid, e.g. financing highly visible and expensive university facilities and urban hospitals. The social rates of return on these projects have been relatively low and the benefits have largely bypassed the poor” (UNDP 2003, HDR Background Papers)⁸.

Although many studies have focused on reforming aid policies and increasing aid flows, history provides little basis for such hopes. In this regard, human capital formation should be a part of more reliable and sound resources without huge dependence on external funding.

Table A.5 presents the flows of aid and private capital to OIC countries. In the last decade, those countries have tried to reap maximum benefit from FDI to create a more competitive business environment, assist human capital formation and trigger technology spillovers. Actually, all of these contribute to higher economic growth and poverty

⁸ <http://hdr.undp.org/publications/papers.cfm>, viewed on April 2003.

alleviation. However, the extent of FDI in OIC countries in the last decade has been very limited, even though in 28 out of 36 OIC countries, net foreign direct investment as a share of GDP increased. Moreover, the negative sign in the 2001 figures of the private flows indicates a net capital outflow from the country. Nearly half of the OIC countries experienced that year an outflow of private capital. OIC-LHDCs remain marginal in attracting private flows.

On the other hand, in the last decade, Official Development Assistance (ODA), as a percentage of GDP, declined in the majority of the OIC-LHDCs. However, this percentage remains in almost all of them higher than it is in all the LHDCs group. Unfortunately, aid inflows have been falling regardless of the policy environment in the recipient country. In this context, more attention has to be given to using aid to support productive sectors and improve economic infrastructure.

Although human development strategies largely focus on reallocating the existing array of domestic resources, foreign sources of capital are playing an increasingly important role in growth and sustainable development strategies. Yet, the OIC countries benefited marginally from the aggregate net foreign resource flows to all developing countries. They have, thus, to improve their financial sectors and enhance their macroeconomic structures to mend this situation and be able to attract more private flows, particularly those of a long-term nature.

5. CONCLUSION

Developing human and social capital raises productivity and enhances international competitiveness which, in turn, leads to faster growth. However, human development challenges remain large. Across the world, we still see unacceptable levels of deprivation in people's lives. Nevertheless, many OIC countries managed to make rapid and sustained progress in most related areas, from expanding knowledge to improving survival and raising standards of living. However, human and income poverty is still high in a large number of them, especially LHDCs.

Many OIC countries achieved improvements in human resource variables such as education and health in the last decade. This was

reflected as an increase in the share of public expenditure on education and health in the majority of them. Nevertheless, it is not enough to improve the set of incentives and alter the allocation of public sector resources; it is also necessary to create an institutional framework which guarantees to everyone gainful employment, access to productive assets and sufficient food to lead a healthy and nutritious life. There is a need to further encourage investments and policy reforms aimed at promoting growth and employment and focusing on human development. This will also contribute to break the cycle of poverty.

Since human resource development is a long-term process, no country can, in the short-run, afford to provide enough financial resources to develop the crucial human resources. A wide range of problems and requirements in this regard exert enormous pressures on the countries' resources. Increasing technical cooperation among the OIC countries may be a significant contribution to solving such problems. Furthermore, the OIC institutions may give priority to human resources development and approach the relevant activities in a more coordinated and integrated manner in supporting the national efforts of the member countries.

Key issues and problems of human resource development, including data requirements for human resource statistics, have to be identified so as to develop the human resource development strategies. A conducive environment needs to be created for small enterprises, and programmes, such as microfinance, aimed at increasing employment and generating income have to be developed.

Investments need to be supported in projects that directly target the poor such as basic education, nutrition and primary health care, including preventive and promotive services. Private sector investments aiming at improving the education and health services equally need to be encouraged.

The OIC countries have identified human resource development as one of their priority cooperation areas in the OIC Plan of Action. Much more complex than simply income deprivation, the main problem emerges as lack of access to health services, lack of knowledge and education, lack of opportunity, and lack of income and capital. In this regard, mobilisation of resources among the OIC countries,

through especially technical cooperation, is crucial to improve human resource development. In addition, special priority needs to be given to the education and health sectors and their share in public expenditure since they constitute the most important chain of effective human development strategies.

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ANNEX 1

Table A.1: Elements of Human Development Index in OIC Countries

	Life Expectancy at birth (years)	Adult Literacy rate (%)	Combined primary, secondary and tertiary gross enrolment ratio (%)	GDP per capita (PPP US\$)	HDI Rank	HDI value	Adjusted HDI (*)
	2001	2001	2000-01	2001	2001	2001	2001
OIC-HHDCs							
Brunei	76.1	91.6	83	19210	31	0.872	-4
Bahrain	73.7	87.9	81	16060	37	0.839	-2
Qatar	71.8	81.7	81	19844	44	0.826	-19
Kuwait	76.3	82.4	54	18700	46	0.820	-17
United Arab Emirates	74.4	76.7	67	20530	48	0.816	-25
OIC-MHDCs							
Malaysia	72.8	87.9	72	8750	58	0.790	-2
Libya	72.4	80.8	89	7570	61	0.783	2
Saudi Arabia	71.9	77.1	58	13330	73	0.769	-33
Kazakhstan	65.8	99.4	78	6500	76	0.765	-5
Suriname	70.8	94.0	77	4599	77	0.762	18
Oman	72.2	73.0	58	12040	79	0.755	-36
Lebanon	73.3	86.5	76	4170	83	0.752	18
Maldives	66.8	97.0	79	4798	86	0.751	7
Turkmenistan	66.6	98.0	81	4320	87	0.748	13
Azerbaijan	71.8	97.0	69	3090	89	0.744	24
Jordan	70.6	90.3	77	3870	90	0.743	13
Tunisia	72.5	72.1	76	6390	91	0.740	-18
Guyana	63.3	98.6	84	4690	92	0.740	2
Albania	73.4	85.3	69	3680	95	0.735	11
Turkey	70.1	85.5	60	5890	96	0.734	-16
Uzbekistan	69.3	99.2	76	2460	101	0.729	21
Kyrgyzstan	68.1	97.0	79	2750	102	0.727	16
Iran	69.8	77.1	64	6000	106	0.719	-29
Algeria	69.2	67.8	71	6090	107	0.704	-31
Syria	71.5	75.3	59	3280	110	0.685	-1
Indonesia	66.2	87.3	64	2940	112	0.682	2
Tajikistan	68.3	99.3	71	1170	113	0.677	41
Gabon	56.6	71.0	83	5990	118	0.653	-40
Egypt	68.3	56.1	76	3520	120	0.648	-12
Morocco	68.1	49.8	51	3600	126	0.606	-19
Comoros	60.2	56.0	40	1870	134	0.528	4
Sudan	55.4	58.8	34	1970	138	0.503	-4
Bangladesh	60.5	40.6	54	1610	139	0.502	7
Togo	50.3	58.4	67	1650	141	0.501	3
OIC-LHDCs							
Cameroon	48.0	72.4	48	1680	142	0.499	1
Pakistan	60.4	44.0	36	1890	144	0.499	-7
Uganda	44.7	68.0	71	1490	147	0.489	1
Yemen	59.4	47.7	52	790	148	0.470	21
Gambia	53.7	37.8	47	2050	151	0.463	-20
Nigeria	51.8	65.4	45	850	152	0.463	13

Table A.1: (continued)

	Life Expectancy at birth (years)	Adult Literacy rate (%)	Combined primary, secondary and tertiary gross enrolment ratio (%)	GDP per capita (PPP US\$)	HDI Rank	HDI value	Adjusted HDI (*)
	2001	2001	2000-01	2001	2001	2001	2001
Djibouti	46.1	65.5	21	2370	153	0.462	-28
Mauritania	51.9	40.7	43	1990	154	0.454	-21
Senegal	52.3	38.3	38	1500	156	0.430	-9
Guinea	48.5	41.0	34	1960	157	0.425	-22
Benin	50.9	38.6	49	980	159	0.411	1
Ivory Coast	41.7	49.7	39	1490	161	0.396	-13
Chad	44.6	44.2	33	1070	165	0.376	-8
Guinea-Bissau	45.0	39.6	43	970	166	0.373	-4
Mozambique	39.2	45.2	37	1140	170	0.356	-15
Mali	48.4	26.4	29	810	172	0.337	-5
Burkina Faso	45.8	24.8	22	1120	173	0.330	-17
Niger	45.6	16.5	17	890	174	0.292	-10
Sierra Leone	34.5	36.0	51	470	175	0.275	0
DCs	64.4	74.5	60	3850		0.655	
LDCs	50.4	53.3	43	1274		0.448	
HHDCs	77.1		89	23135		0.908	
MHDCs	67.0	78.1	64	4053		0.684	
LHDCs	49.4	55.0	41	1186		0.440	
World	66.7		64	7376			

Source: UNDP Human Development Report, 2003.

Note: As a result of restrictions to data and methodology, human development index values are not strictly comparable with those in earlier Human Development Reports.

Table A.2: Human Poverty Index for OIC Countries

	Human Poverty Index		Probability at birth of not surviving to age 40 (%)	Adult illiteracy rate (%)	Population not using improved water resources (%)	Underweight children under age 5 (%)
	Rank	Value (%)	2000-05	2001	2000	1995-2001
OIC-HHDCs						
Brunei			2.8	8.4		
Bahrain			4.0	12.1		9
Qatar			5.1	18.3		6
Kuwait			2.6	17.6		10
United Arab Emirates			3.4	23.3		14
OIC-MHDCs						
Malaysia			4.2	12.1		18
Libya	29	15.7	4.5	19.2	28	5
Saudi Arabia	30	16.3	5.2	22.9	5	14
Kazakhstan						
Suriname			6.5		5	
Oman	50	31.8	5.0	27.0	61	24
Lebanon	15	9.5	4.3	13.5	0	3
Maldives	20	11.4	10.2	3.0	0	30
Turkmenistan						
Azerbaijan						
Jordan	7	7.5	6.6	9.7	4	5
Tunisia	37	19.9	4.9	27.9		4
Guyana	23	12.7	17.6	1.4	6	12
Albania						
Turkey	22	12.4		14.5	17	8
Uzbekistan						
Kyrgyzstan						
Iran	31	16.4	7.0	22.9	5	11
Algeria	42	22.6	9.3	32.2	6	6
Syria	35	18.8	5.7	24.7	20	13
Indonesia	33	17.9	10.8	12.7	24	26
Tajikistan						
Gabon			28.1		30	12
Egypt	47	30.5	8.6	43.9	5	4
Morocco	56	35.2	9.4	50.2	18	9
Comoros	48	31.5	18.1	44.0	4	25
Sudan	52	32.2	27.6	41.2	25	17
Bangladesh	72	42.6	17.3	59.4	3	48
Togo	64	38.5	37.9	41.6	46	25
OIC-LHDCs						
Cameroon	58	35.9	44.2	27.6	38	21
Pakistan	65	40.2	17.8	56.0	12	38
Uganda	60	36.6	41.1	32.0	50	26
Yemen	67	41.0	19.1	52.3	31	46
Gambia	79	45.8	29.6	62.2	38	17
Nigeria	54	34.0	34.9	34.6	43	27
Djibouti	55	34.3	42.9	34.5	0	18
Mauritania	86	48.6	30.5	59.3	63	32

Table A.2: (continued)

	Human Poverty Index		Probability at birth of not surviving to age 40 (%)	Adult illiteracy rate (%)	Population not using improved water resources (%)	Underweight children under age 5 (%)
	Rank	Value (%)	2000-05	2001	2000	1995-2001
Senegal	76	44.5	27.7	61.7	22	18
Guinea			35.9		52	23
Benin	81	46.4	34.6	61.4	37	23
Ivory Coast	78	45.0	51.7	50.3	23	21
Chad	88	50.3	42.9	55.8	73	28
Guinea-Bissau	84	47.8	41.3	60.4	51	23
Mozambique	87	50.3	56.0	54.8	40	26
Mali	91	55.1	35.3	73.6	35	43
Burkina Faso	93	58.6	43.4	75.2		34
Niger	94	61.8	38.7	83.5	41	40
Sierra Leone			57.5	64.0	72	27
DCs				25.5		27
LDCs				46.7		41

Source: UNDP Human Development Report 2003.

Table A.3: Human Development in OIC Countries

	Education Indicators				Health Indicators				Economic Performance	
	Adult Literacy rate (%)		Combined primary, secondary and tertiary gross enrolment ratio (%)		Life Expectancy at birth (years)		Population with access to improved sanitation (%)	Population with sustainable access to affordable essential drugs (%)*	GDP per capita (PPP US\$)	
	1990	2001	1992	2000-01	1990	2001	2000	1999	1990	2001
OIC-HHDCs										
Brunei	86.0	91.6	68	83	73.5	76.1		95-100	14000	19210
Bahrain	77.4	87.9	84	81	71.0	73.7		95-100	10706	16060
Qatar	82.0	81.7	75	81	69.2	71.8		95-100	11400	19844
Kuwait	73.0	82.4	47	54	73.4	76.3		95-100	15178	18700
United Arab Emirates	55.0	76.7	80	67	70.5	74.4		95-100	16753	20530
OIC-MHDCs										
Malaysia	78.4	87.9	60	72	70.1	72.8		50-79	6140	8750
Libya	63.8	80.8	66	89	61.8	72.4	97	95-100	7000	7570
Saudi Arabia	62.4	77.1	52	58	64.5	71.9	100	95-100	10989	13330
Kazakhstan	93.0	99.4	67	78	68.8	65.8	99	50-79	4716	6500
Suriname	94.9	94.0	71	77	69.5	70.8	83	95-100	3927	4599
Oman	35.0	73.0	59	58	65.9	72.2	92	80-94	9972	12040
Lebanon	80.1	86.5	73	76	66.1	73.3	99	80-94	2300	4170
Maldives	95.0	97.0	66	79	62.5	66.8	56	50-79	1200	4798
Turkmenistan	93.0	98.0	77	81	66.4	66.6		50-79	4230	4320
Azerbaijan	93.0	97.0	68	69	71.0	71.8		50-79	3977	3090
Jordan	80.1	90.3	66	77	66.9	70.6	99	95-100	2345	3870
Tunisia	65.3	72.1	64	76	66.7	72.5		50-79	3579	6390
Guyana	96.4	98.6	68	84	64.2	63.3	87	0-49	1464	4690
Albania	85.0	85.3	69	69	72.2	73.4		50-79	3000	3680
Turkey	80.7	85.5	61	60	65.1	70.1	91	95-100	4652	5890
Uzbekistan	93.0	99.2	77	76	69.5	69.3	100	50-79	3115	2460
Kyrgyzstan	93.0	97.0	77	79	68.8	68.1	100	50-79	3114	2750
Iran	54.0	77.1	68	64	66.2	69.8	81	80-94	3253	6000
Algeria	57.4	67.8	66	71	65.1	69.2	73	95-100	3011	6090
Syria	64.5	75.3	67	59	66.1	71.5	90	80-94	4756	3280
Indonesia	81.6	87.3	60	64	61.5	66.2	66	80-94	2181	2940
Tajikistan	93.0	99.3	67	71	69.6	68.3		0-49	2558	1170
Gabon	60.7	71.0	47	83	52.5	56.6	21	0-49	4147	5990
Egypt	48.4	56.1	67	76	60.3	68.3	94	80-94	1988	3520
Morocco	49.5	49.8	43	51	62.0	68.1	75	50-79	2348	3600
Comoros	61.0	56.0	37	40	55.0	60.2	98	80-94	721	1870
Sudan	27.1	58.8	31	34	50.8	55.4	62	0-49	949	1970
Bangladesh	35.3	40.6	38	54	51.8	60.5	53	50-79	872	1610
Togo	43.3	58.4	60	67	54.0	50.3	34	50-79	734	1650
OIC-LHDCs										
Cameroon	54.1	72.4	50	48	53.7	48.0	92	50-79	1646	1680
Pakistan	34.8	44.0	25	36	57.5	60.4	61	50-79	1862	1890
Uganda	48.3	68.0	37	71	52.0	44.7	75	50-79	524	1490
Yemen	38.6	47.7	44	52	51.5	59.4	45	50-79	1562	790
Gambia	27.2	37.8	33	47	44.0	53.7	37	80-94	913	2050
Nigeria	50.7	65.4	51	45	51.5	51.8	63	0-49	1215	850
Djibouti	19.0	65.5	18	21	48.0	46.1	91	80-94	1000	2370
Mauritania	34.0	40.7	32	43	47.0	51.9	33	50-79	1057	1990
Senegal	38.3	38.3	31	38	48.3	52.3	70	50-79	1248	1500

Table A.3: (continued)

	Education Indicators				Health Indicators				Economic Performance	
	Adult Literacy rate (%)		Combined primary, secondary and tertiary gross enrolment ratio (%)		Life Expectancy at birth (years)		Population with access to improved sanitation (%)	Population with sustainable access to affordable essential drugs (%)*	GDP per capita (PPP US\$)	
	1990	2001	1992	2000-01	1990	2001	2000	1999	1990	2001
Guinea	24.0	41.0	22	34	43.5	48.5	58	80-94	501	1960
Benin	23.4	38.6	34	49	47.0	50.9	23	50-79	1043	980
Ivory Coast	53.8	49.7	39	39	53.4	41.7		80-94	1324	1490
Chad	29.8	44.2	28	33	46.5	44.6	29	0-49	559	1070
Guinea-Bissau	36.5	39.6	28	43	42.5	45.0	47	0-49	841	970
Mozambique	32.9	45.2	25	37	47.5	39.2	43	50-79	1072	1140
Mali	32.0	26.4	15	29	45.0	48.4	69	50-79	572	810
Burkina Faso	18.2	24.8	19	22	48.2	45.8	29	50-79	618	1120
Niger	28.4	16.5	14	17	45.5	45.6	20	50-79	645	890
Sierra Leone	20.7	36.0	28	51	42.0	34.5	28	0-49	1086	470
DCs	65.0	74.5	54	60	62.8	64.4	52		2170	3850
LDCs	45.0	53.3	34	43	51.0	50.4	45		740	1274
HHDCs				89		77.1				23135
MHDCs	78.9	78.1		64		67.0	52			4053
LHDCs	49.7	55.0		41		49.4	50			1186
World			58	64	64.7	66.7	56		4890	7376

Source: UNDP Human Development Report, 2003.

Note: (*) The data represented by World Health Organisation (WHO) Department of Essential Drugs and Medicines. Policy assigns 4 groupings: very low access (0-49%), low access (50-79%), medium access (80-94%) and good access (95% and more).

Table A.4: Human Development Resources in OIC Countries

	Priorities in public spending			
	Public Expenditure on Education (as % of GDP)		Public Expenditure on Health (as % of GDP)	
	1990	1998-2000	1990	2000
OIC-HHDCs				
Brunei		4.8	1.6	2.5
Bahrain	4.2	3.0		2.8
Qatar	3.5	3.6		2.5
Kuwait	4.8		4	2.7
United Arab Emirates	1.9	1.9	0.8	2.5
OIC-MHDCs				
Malaysia	5.2	6.2	1.5	1.8
Libya				1.5
Saudi Arabia	6.5	9.5		3.5
Kazakhstan	3.2		3.2	2.8
Suriname	8.1		3.5	5.5
Oman	3.1	3.9	2	2.0
Lebanon		3.0		3.7
Maldives	4.0	3.9	3.6	6.3
Turkmenistan	4.3		4	4.6
Azerbaijan		4.2	2.7	0.9
Jordan	8.4	5.0	3.6	4.3
Tunisia	6.0	6.8	3	5.5
Guyana	3.4	4.1	2.9	4.2
Albania	5.8		3.3	2.1
Turkey	2.2	3.5	2.2	3.6
Uzbekistan			4.6	2.8
Kyrgyzstan	8.3	5.4	4.7	3.5
Iran	4.1	4.4	1.5	2.7
Algeria	5.3		3	3.0
Syria	4.1	4.1	0.4	1.6
Indonesia	1.0		0.6	0.6
Tajikistan	9.7	2.1	4.9	2.0
Gabon		3.9	2	2.0
Egypt	3.7		1.8	1.8
Morocco	5.3	5.5	0.9	1.6
Comoros		3.8	2.9	3.1
Sudan	0.9		0.7	0.9
Bangladesh	1.5	2.5	0.7	1.5
Togo	5.5	4.8	1.4	1.5
OIC-LHDCs				
Cameroon	3.2	3.2	0.9	1.0
Pakistan	2.6	1.8	1.1	0.9
Uganda	1.5	2.3		1.6
Yemen		10.0	1.1	1.5
Gambia	3.8	2.7	2.2	3.0
Nigeria	0.9		1	0.5

Table A.4: (continued)

	Priorities in public spending			
	Public Expenditure on Education (as % of GDP)		Public Expenditure on Health (as % of GDP)	
	1990	1998-2000	1990	2000
Djibouti		3.5		2.4
Mauritania		3.0		3.4
Senegal	3.9	3.2	0.7	2.6
Guinea		1.9	2	1.9
Benin		3.2	1.6	1.8
Ivory Coast		4.6	1.5	1.0
Chad		2.0		2.3
Guinea-Bissau		2.1	1.1	1.8
Mozambique	3.9	2.4	3.6	2.8
Mali		2.8	1.6	2.2
Burkina Faso	2.7		1	3.0
Niger	3.2	2.7		1.5
Sierra Leone		1.0		2.0

Source: UNDP Human Development Report 2003.

Table A.5: Flows of Aid and Foreign Capital to OIC Countries

	Official Development Assistance (ODA) received (as % of GDP)		Net Foreign Direct Investment inflows (as % of GDP)		Other Private Flows (as % of GDP)	
	1990	2001	1990	2001	1990	2001
OIC-MHDCs						
Malaysia	1.1	0.1*	5.3	0.6	-3.6	0.3
Libya						
Saudi Arabia						
Kazakhstan		0.7		12.3		9.8
Suriname	19.4	3.1				
Oman	0.6		1.3	0.4	-3.8	0.1
Lebanon	9.1	1.4	0.2	1.5	0.2	15
Maldives	10.7	4.3	3	2.0	0.6	0.1
Turkmenistan		1.2		2.5		-4.7
Azerbaijan		4.1		4.1		-0.2
Jordan	22.1	4.9	0.9	1.1	5.4	-2.4
Tunisia	3.2	1.9	0.6	2.3	-1.6	3.3
Guyana	42.6	14.6	0	8.0	-4.1	-0.1
Albania	0.5	6.5	0	5.0	1.5	-0.1
Turkey	0.8	0.1	0.5	2.2	0.7	-1.6
Uzbekistan		1.4		0.6		-0.2
Kyrgyzstan		12.3		0.3		-5.1
Iran	0.1	0.1	-0.3			0.5
Algeria	0.4	0.3	0	2.2	-0.7	-1.7
Syria	5.6	0.8	0.6	1.1	-0.1	
Indonesia	1.5	1.0	1	-2.3	1.9	-2.8
Tajikistan		15.1		2.1		1.6
Gabon	2.2	0.2	1.2	4.6	0.5	-0.7
Egypt	12.6	1.3	1.7	0.5	-0.2	1.6
Morocco	4.1	1.5	0.6	7.8	0.7	-0.1
Comoros	18.1	12.5	-0.4	0.7	0	0.0
Sudan	6.2	1.4	0	4.6	0	0.0
Bangladesh	7	2.2	0.2	0.2	0.2	0.5
Togo	16	3.7	0	5.3		0.0
OIC-LHDCs						
Cameroon	4	4.7	-1	0.9	-0.1	-1.1
Pakistan	2.8	3.3	0.6	0.7	-0.2	-1.2
Uganda	15.5	13.8	0	2.5	0.4	0.2*
Yemen	8.4	4.6	-2.7	-2.2	3.3	-0.1
Gambia	31.3	13.0	0	9.1	-2.4	0.0
Nigeria	0.9	0.4	2.1	2.7	-0.4	-0.4
Djibouti	46.4	9.6	0	0.6	-0.1	0.0
Mauritania	23.3	26	0.7	3.0	-0.1	-0.3
Senegal	14.4	9.0	1	2.7	-0.3	0.9
Guinea	10.4	9.1	0.6	0.1	-0.7	
Benin	14.5	11.5	0.1	5.5		0.0
Ivory Coast	6.4	1.8	0.4	2.4	0.1	-1.0
Chad	18	11.2	0	5.0		

Table A.5: (continued)

	Official Development Assistance (ODA) received (as % of GDP)		Net Foreign Direct Investment inflows (as % of GDP)		Other Private Flows (as % of GDP)	
	1990	2001	1990	2001	1990	2001
Guinea-Bissau	52.7	29.4	0.8	15.1		0.0
Mali	19.9	13.2	-0.3	3.9		0.0
Mozambique	40.7	25.9	0.4	13.3	1	-0.8
Burkina Faso	12	15.6	0	15.6		0.0
Niger	16	12.7		0.7	0.4	-0.3
Sierra Leone	6.8	44.5	3.6	0.5	0.4	0.0
DCs	1.4	0.6	0.9	3.0	0.5	1*
LDCs	11.9	7.5	0.1	2.2	0.6	-0.4*
HHDCs			1.0	2.4		
MHDCs	0.9	0.5	0.6	2.6	0.7	-0.1
LHDCs	8.2	5.7	0.4	1.9	0.3	-0.6
World			1	3.8		

Source: UNDP Human Development Report 2003.

Note: (*) indicates for the year 2000.

ANNEX 2**National Human Development Reports of OIC Countries****Albania**

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- General Human Development Report, 1995

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- Gender and Human Development, 1997

Guinea-Bissau

- La Participacion Popular, 1997

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