

What has been the impact on poverty reduction of the MDG paradigm?

The Millennium Declaration committed governments to “making the right to development a reality for everyone and to freeing the entire human race from want”: the right to development is clearly universal. However, apart from Goal 2, the targets for 2015 are not measured by universal achievement and define aspirations only for proportions of the world population. Moreover, apart from women of reproductive age and children, the MDG framework does not make any reference to marginalized groups. With the focus only on aggregate results, national progress can be made without any change in the situation of the poorest.

This framework of proportions and averages means policymakers may focus on those who are easiest to reach in an effort to reach headline MDG targets as efficiently and quickly as possible. Most significantly, the target of halving US\$1/day poverty by 2015 could be achieved by concentrating on the ‘least poor’ and excluding action to address the most marginalized¹. Attention only to averages and ‘easier’ groups would jeopardize the ultimate goal of eradication of poverty, and may result in even more intractable poverty in 2015².

The Millennium Development Goal (MDG) paradigm is inherently flawed because it does not meet the needs of the world’s poorest and most marginalized populations. The lack of specific attention to marginalized groups in the targets and indicators creates a real danger that efforts to achieve the MDGs will push some of the world’s poorest people to the periphery. In addition, the explicit exclusion of a category of people who cannot access mainstream social, economic and political life, and have limited access to almost all areas of development – disabled people - is extremely problematic.

Disability is both a cause and consequence of poverty³, and poor people themselves describe disabled people as among the most excluded ‘poorest of the poor’⁴. According to the World Bank, 20 per cent of the world’s poorest people are disabled⁵, yet disability is not mentioned in any of the eight MDG goals, the 18 targets, or the 48 indicators. Disabled people are also largely absent from international and national strategies and action plans for poverty reduction. As the former President of the World Bank, James Wolfensohn stated in 2002: ‘Unless disabled people are brought into the development mainstream, it will be impossible to cut poverty in half by 2015’. Disabled people’s life chances are relevant to all eight of the MDGs, making it an issue central to reducing poverty. For example:

MDG 1 Poverty reduction: Although poverty is not just about economics, disabled people often struggle to find opportunities to earn income due to discrimination in

education and employment. In areas of Bangladesh, the employment rate of disabled people is less than a quarter of those without a disability.⁶

MDG 2 Education: of the 75 million children of primary school age out of school, over a third are disabled⁷ and yet the inclusion of disabled children in mainstream education has been shown to be successful⁸.

MDG 3 Gender equality: women who are disabled face discrimination because of their impairment, but also face discrimination on the grounds of their gender. This double discrimination has been well documented well in development policies⁹. Women with disabilities are also more likely to be subjected to violations of human rights than women without disabilities¹⁰.

MDG 4 Child Mortality: In some developing countries, mortality rates for disabled children under five can be as high as 80%, even in countries where overall under-five mortality is below 20%¹¹ and disabled children are less likely to receive standard immunizations¹².

MDG 5 Reproductive health: Women with disabilities face particular challenges in accessing reproductive health education because they are not considered sexually active citizens¹³, nor do they receive timely antenatal care should they choose to have a family¹⁴.

MDG 6 HIV: All risk factors associated with HIV are increased for disabled people (e.g. sexual activity, rape, substance abuse), yet they are less likely to be included in outreach or treatment activities.¹⁵

MDG 7 Ensure environmental sustainability: Of all poor people, disabled people have the least access to safe water and sanitation facilities and this contributes to keeping them poor and unable to improve their livelihoods¹⁶.

The lack of knowledge and understanding about disability issues among decision-makers, donors, international agencies, governments and other development actors, and the lack of recognition of disability as a crosscutting issue has resulted in the low priority given to disability within mainstream international development. Some recent progress reports on the MDGs have made commitments to include disabled people in poverty reduction strategies, but have subsequently failed to provide budgets to implement the programmes¹⁷ rendering the process ineffective. Juxtaposed to disability, gender on the other hand has become an issue that has been prioritized¹⁸ and seen as essential to meeting MDG targets.

One major global process shaping development up to 2015 and beyond is that of changing demographics:

The world is experiencing an unprecedented demographic transformation. By 2050 the number of persons aged 60 years plus will increase from 600 million to almost 2 billion and the proportion of persons aged 60 years and over is expected to double from 10 to 21 per cent. The increase will be greatest and most rapid in developing countries where the older population is expected to quadruple during the next 50 years.¹⁹ Because the incidence of impairments tends to be higher among older persons, there are major policy implications for this group of people in relation to the MDGs. In addition, 'improved medical care means higher survival rates for individuals who are born with a disability or acquire a disability through illness or accident'²⁰. The increasing numbers of people with disabilities needs to be factored into plans for poverty reduction until 2015 and beyond.

What, if anything should replace the MDGs?

The United Nations Convention on the Rights of Persons with Disabilities came into force in May 2008. The Convention has already been signed by 139 countries and ratified by 53. The Convention defines disability not only a human rights issue, but one of development too. Article 32 articulates that countries that have ratified the Convention will ensure that international cooperation, including international development programmes, are inclusive of, and accessible to disabled people. The implications of this Convention – and other human rights frameworks – must be substantially reflected in future development frameworks.

We are not advocating for the MDGs to be re-written or for a separate MDG to be established for the category of disabled people. However, incremental changes, including disaggregation of data and re-alignment with the Convention would not be a major undertaking. Campaigns to include disabled people in the MDGs have been already been established²¹, and an expert group meeting has already taken place within the United Nations on adjusting indicators to incorporate disabled people²². There are even clear examples and guidelines on indicators designed to identify links between the MDGs and the new Convention²³. This progress must be continued and strengthened to 2015, and built into future development frameworks.

Development policy-makers and practitioners do not have to undertake the inclusion of persons with disabilities alone. The worldwide disability rights movement has established national and international disabled peoples' organizations and networks. These organizations advocate for the involvement and participation of disabled people in all levels of planning for development, as well as providing guidance and jointly working with high-level development personnel. If disabled people are not included in the process then disabled people living in poverty will be further marginalized and more likely to experience chronic poverty.

Therefore, the framework (Convention) and mechanisms (UN dialogue) for the inclusion of disabled people are in place, and the willingness of disabled people to engage with decision makers exists. The Department for International Development (DFID) themselves recognize that 'Disability is a key threat to reaching the Millennium Development Goals.'²⁴ and 'challenging exclusion is central to reducing poverty and meeting the MDGs. Thus, promoting the inclusion, rights and dignity of disabled people is central to poverty reduction and to achieving human rights.'²⁵ So why are human rights absent from DFID's 2009 White Paper?

We now need those responsible for the MDG monitoring and evaluation processes to explicitly state that disability specific data collection and analysis be undertaken in order to ensure that disabled people in developing countries do not remain as a statistical afterthought. Once the evidence on exclusion exists, then disabled people need to be included in future development frameworks that prioritizes the human rights of the most marginalized and poorest people.

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- 17 A World Bank review found 67% of PRSPs had commitments on education for disabled children, but only 20% had corresponding budget lines _ DFID 'How to – working on disability in country programmes' October 2007.
- 18 However much more work is undoubtedly required.
- 19 United Nations Report of the Second World Assembly on Ageing, Madrid, 8-12 April 2002
- 20 United Nations General Assembly, sixty-third session, July 2008, Social development, including questions, relating to the world social situation and to youth, ageing, disabled persons and the family.
- 21 For more information see: <http://www.includeeverybody.org/>
- 22 The Secretariat for the Convention on the Rights of Persons with Disabilities of the United Nations Department of Economic and Social Affairs (UNDESA) in collaboration with the World Health Organization (WHO) organized the "Expert Group Meeting on Mainstreaming Disability in MDG Policies, Processes and Mechanisms: Development for All". The meeting was held at WHO Headquarters in Geneva, Switzerland on 14-16 April 2009.
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