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’s population. Moreover, apart from women of reproductive age and children, the Millennium Development Goal (MDG) framework does not make any reference to marginalised 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 policy-makers 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 marginalised (Chronic Poverty Research Centre, 2008). Attention only to averages and ‘easier’ groups would jeopardize the ultimate goal of poverty eradication, and may result in even more intractable poverty in 2015 (Chronic Poverty Research Centre, 2009).

These partial targets mean the MDG framework is inherently flawed because it does not meet the needs of the world’s poorest and most marginalised populations. The lack of specific attention to marginalised 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 particular, the 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 – people with disabilities – is extremely problematic.

Disability is both a cause and consequence of poverty (DFID, 2000), and poor people themselves describe people with disabilities as among the most excluded ‘poorest of the poor’ (Narayan & Petesch, 2002). According to the World Bank, 20 per cent of the world’s poorest people are disabled (UN Enable, 2009), yet disability is not mentioned in any of the 8 MDG goals, the 18 targets, or the 48 indicators. People with disabilities 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’. The Department for International Development (DFID) [in the UK] also recognises that ‘Disability is a key threat to reaching the Millennium Development Goals’ (Lowcock in DFID, 2007) and ‘challenging exclusion is central to
reducing poverty and meeting the MDGs. Thus, promoting the inclusion, rights and dignity of people with disabilities is central to poverty reduction and to achieving human rights (DFID, 2007).

Sightsavers has also produced its own research that demonstrates the relationship between blindness and poverty (Gooding, 2006; Gilbert et al, 2007). People with disabilities’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, people with disabilities often struggle to find opportunities to earn income due to discrimination in education and employment. In areas of Bangladesh, the employment rate of people with disabilities is less than a quarter of those without a disability (Chowdhury, 2005).

**MDG 2 Education**: of the 75 million children of primary school age out of school, over a third have a disability (UNESCO, 2009) and yet the inclusion of children with disabilities in mainstream education has been shown to be successful (Bhatti, 2007).

**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 in development polices (Abu Habib, 1995). Women with disabilities are also more likely to be subjected to violations of human rights than women without disabilities (Braathen, Hoem & Kvam, 2008).

**MDG 4 Child mortality**: In some developing countries, mortality rates for disabled children under five can be as high as 80 per cent, even in countries where overall under-five mortality is below 20 per cent (DFID, 2000) and disabled children are less likely to receive standard immunizations (Groce, Ayorla & Kaplan, 2007).

**MDG 5 Reproductive health**: Women with disabilities face particular challenges in accessing reproductive health education because they are not considered sexually active people (Maxwell, Belses & David, 2007), nor do they receive timely antenatal care should they choose to have children (Sobsey, 1994).

**MDG 6 HIV**: All risk factors associated with HIV are increased for people with disabilities (e.g. sexual activity, rape, substance abuse), yet they are less likely to be included in outreach or treatment activities (Groce, 2004).

**MDG 7 Ensure environmental sustainability**: Of all poor people, people with disabilities have the least access to safe water and sanitation facilities and this contributes to keeping them poor and unable to improve their livelihoods (Jones & Reed 2005).

**MDG 8: Develop a global partnership for development**: Article 32 of the UN Convention on the Rights of Persons with Disabilities explicitly states that international cooperation (partnerships) and development programmes are ‘inclusive of and accessible to persons with disabilities’ (Art 32 (1)).

The lack of knowledge and understanding about the extent of exclusion of persons with disabilities 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 people with disabilities in poverty reduction strategies, but have subsequently...
failed to provide budgets to implement the programmes (DFID, 2007) rendering the process ineffective. In contrast to disability, gender has become an issue that has been prioritised (although not realised), 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 (UN, 2002). 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’ (UN, 2008a). 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 both as a human rights and a development issue. 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 people with disabilities. 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 people with disabilities. However, incremental changes, including disaggregation of data and realignment with the Convention would not be a major undertaking. Campaigns to include people with disabilities in the MDGs have already been established (www.includeeverybody.org), and an expert group meeting has already taken place within the United Nations on adjusting indicators to incorporate people with disabilities. There are even clear examples and guidelines on indicators designed to identify links between the MDGs and the new Convention (UN, 2008b). 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 people’s organisations and networks. These organisations advocate for the involvement and participation of people with disabilities in all levels of planning for development, as well as providing guidance and jointly working with high-level development personnel. If people with disabilities are not included in the process then people with disabilities living in poverty will be further marginalised and more likely to experience chronic poverty.

Therefore, the framework (Convention) and mechanisms (UN dialogue) for the inclusion of people with disabilities are in place, and the willingness of people with disabilities to engage with decision makers exists. 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 people with disabilities in developing countries do not remain as a statistical afterthought. Once the evidence on exclusion exists, then people with disabilities need to be included in future development frameworks that prioritise the human rights of the most marginalised and poorest people.

References:


With our partners around the world, Sightsavers International works to:

Promote eye health and strengthen health systems to reduce avoidable blindness

Promote the rights of people with disabilities, through

• strengthening inclusive systems for quality education
• supporting inclusive development
• supporting organisations of people with disabilities.

For more information or to contact any of our offices worldwide see www.sightsavers.org

Registered UK Charity Numbers 207544 and SCO38110

Ireland Charity Number CHY15437

US Employer Identification Number 31-1740776