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ACFID Issues Paper

Disability and the Millennium Development Goals

Introduction

Globally, the number of persons with disabilities is increasing due to a combination of poverty, conflict, malnutrition, HIV/AIDS and an ageing population. Twenty percent of the world's poorest people have a disability. If development programs are to succeed in reducing poverty and strengthening good governance, then they need to more pro-actively involve and include persons with disabilities.

There is a need for development agencies to both prevent disability (50% of the causes of disabilities are believed to be preventable) and to ensure the inclusion of persons with disabilities in their program (only 2% of people with a disability are estimated to have access to basic services). The long term cost to donors, states and implementing agencies of not addressing disabilities is shown to be far in excess of the short-term cost of including persons with disabilities in socio-economic development programs.

The consideration of the rights and needs of persons with disabilities, together with the prevention of the causes of disabilities, is essential if the overall aim of the Millennium Development Goals (MDGs) to halve absolute poverty is to be achieved by 2015.

Goal 1: Eradicate extreme poverty and hunger

- Of the estimated over 600 million persons with disabilities worldwide, 70 per cent live in developing countries, and according to UN statistics, 82 per cent live below the poverty line¹. The World Bank estimates that persons with disabilities comprise about 20% of the poorest of the poor².
- Disability affects not only the individual, but also their families and communities, eg. child carers of disabled family members are not able to attend school. The lives of 25% of the population in the Asia-Pacific region are believed to be impacted by disability³ - this represents a significant burden on the potential productive human capital.
- As many as 50 per cent of disabilities are preventable and directly linked to poverty⁴.
- Hunger and malnutrition, and disability and poverty are undeniably intertwined; malnutrition causes about 20 per cent of impairments⁵.

Goal 2: Achieve universal primary education

- United Nations studies show that only 1-2% of children with disabilities in developing countries receive an education⁶.
- United Nations Centre for Human Rights estimates that only 2% of persons with disabilities have access to rehabilitation and appropriate basic services⁷ (access to these services is essential to enable children with disabilities to attend school).

¹ Hope, T. 2003, 'DISABILITIES: Aid Groups Call for A UN Convention To Protect Rights', *UNWire*, 14 Feb.

² Elwan, A. 1999, *Poverty and Disability: A Survey of the Literature*, World Bank.

³ Asian Development Bank (ADB) 2002, *Regional Workshop on Disability and Development – Draft Recommendations on Disability*, Manila, October 2002.

⁴ Department for International Development (DFID) 2000, *Disability, Poverty and Development*, DFID, UK.

⁵ DFID, op. cit.

⁶ UNESCO 1998, *From Special Needs Education to Education for All*.

The Dakar Framework for Action – Education for All⁸, and the Salamanca Framework for Action on Special Needs Education⁹ provide guidance on actions to achieve this target with respect to children with disabilities.

Goal 3: Promote gender equality and empower women

- Women with disabilities are often doubly disadvantaged, through their status as women and as persons with disabilities, and hence represent one of the most marginalised groups in society.
- Girls with disabilities attend school less frequently than boys with disabilities¹⁰.
- Females with disabilities are twice to three times more likely to be victims of physical and sexual abuse than females with no disabilities¹¹.

Goal 4: Reduce child mortality

- Mortality of children with disabilities can be as high as 80% even in countries where overall under-five mortality is below 20%¹².
- 1 in 10 children are born with, or acquire, a disability¹³.
- For every child killed by armed conflict, three are injured or permanently disabled. Over 10 million children are psychologically traumatised by armed conflict¹⁴.

Goal 5: Improve maternal health

- As many as 20 million women a year suffer disability & long term complications as a result of pregnancy & childbirth, hence approximately every minute 30 women are injured or disabled from childbirth¹⁵.
- A major cause of disability in children includes abnormal pre-natal or peri-natal events¹⁶. A large number of perinatal disabilities in children can be prevented or ameliorated by skilled birth attendants.

Goal 6: Combat HIV/AIDS, malaria and other diseases

- HIV/AIDS, Malaria and Tuberculosis are the 1st, 6th and 9th leading causes of losses in disability-adjusted life years (DALYs) in high mortality countries respectively¹⁷. DALYs are the number of healthy years of life lost due to premature death and disability.
- Forty-two million people are estimated to be living with HIV/AIDS¹⁸. UNAIDS believes that HIV/AIDS should be considered a disability in terms of the discrimination that occurs due to HIV/AIDS, and in terms of the legal protection needed to guard against that discrimination¹⁹.

⁷ DFID, op. cit.

⁸ UNESCO 2000, *The Dakar Framework for Action, Education for All: Meeting our Collective Commitments*.

⁹ UNESCO 1994, *The Salamanca Statement and Framework for Action on Special Needs Education*.

¹⁰ DFID, op. cit.

¹¹ DFID, op. cit.

¹² DFID, op. cit.

¹³ UNICEF, *Child protection, child disabilities: Global Magnitude and basic facts*. Available:

<http://www.unicef.org/programme/cprotection/focus/disabilities/facts.htm> Accessed 13 June 2003.

¹⁴ UNICEF, op. cit.

¹⁵ UN Population Fund (UNFPA), *UNFPA Promotes Safe Motherhood*. Available:

<http://www.unfpa.org/rh/mothers/index.htm> Accessed 28 April 2003.

¹⁶ UNICEF 1980, *Childhood Disability: Its Prevention and Rehabilitation*, UNICEF Document E/ICEF/L/1410.

¹⁷ WHO 2002a, *World Health Report 2002: Reducing Risks, Promoting Healthy Life*, Geneva.

¹⁸ United Nations Development Programme (UNDP) 2003, *Human Development Report 2003*, New York.

¹⁹ UNAIDS 1996, Statement by the Joint United Nations Programme on HIV/AIDS at the United Nations Commission on Human Rights, Sub-Commission on Prevention of Discrimination and Protection of Minorities,

- The estimated annual global burden of malaria is 1.1 million deaths, 300-500 million cases, and 44 million DALYs²⁰. About 1 in 10 children suffer from neurological impairment after cerebral malaria, including epilepsy, learning disabilities and loss of coordination²¹.
- Each year, 1% of the global population is infected with Tuberculosis, and 5-10% of those infected become sick or infectious, and can develop disabilities (eg. epilepsy). The global burden of disease is over 36 million DALYs. The combination of Tuberculosis and HIV accelerates progress of the other disease^{22 23}.
- Globally, about 450 million people suffer from mental or neurological disorders. Major depression is the leading cause of disability, and five of the 13 leading causes of years lived with a disability are mental disorders. Poverty is a powerful determinant of mental disorders, and without support sufferers, and their families, are likely to fall into the vicious circle of poverty and mental disorder²⁴.

Goal 7: Ensure environmental sustainability

Indicator: Proportion of population with access to improved water and sanitation

- Trachoma is a main cause of preventable blindness, with four million sufferers worldwide, and six million permanently blinded. Trachoma can be prevented with access to safe water for washing of face and hands²⁵.

Goal 8: Develop a global partnership for development

- The active cooperation and participation of all members in the community is important for achieving sustainable development. National and international organisations in the world community, including Disabled Person's Organisations (DPOs), have an important role to play in the awareness-raising of disability issues, and the empowerment of persons with disabilities and their carers to participate in development. The strengthening of national DPOs and their alliances with relevant organisations in their own country, and in donor countries, should promote good governance with more accountable governments in relation to disabilities in developing countries.
- The inclusion of persons with disabilities into mainstream services are important, along with specialised interventions where necessary, and would constitute a twin track approach to disability in all development activities.

For further information on ACFID www.acfid.asn.au

Forty-eighth Session, Item 16 of the Agenda, HIV/AIDS and Disability. Available:

<http://www.unaids.org/publications/documents/human/law/disabsc.html> Accessed 25 September 2002.

²⁰ WHO 2002b, *Malaria - Strategic direction for research*.

Available: <http://www.who.int/tdr/diseases/malaria/direction.htm> Accessed 29 July 2003.

²¹ Wellcome Trust, *Malaria and people*.

Available: http://www.wellcome.ac.uk/en/malaria/MalariaAndPeople/mp_neurd1.html. Accessed 28 July 2003.

²² World Health Organisation (WHO) 2001, *Fact Sheet No 165 – Epilepsy: Epidemiology, Etiology and Prognosis*, Revised February 2001. Available: <http://www.who.int/inf-fs/en/fact165.html>

²³ WHO 2003, *Tuberculosis Disease Information*. Available: <http://www.who.int/tdr/diseases/tb/diseaseinfo.htm> Accessed 29 July 2003.

²⁴ WHO 2002c, *Mental health: responding to the call for action, Report by the Secretariat*, 55th World Health Assembly A55/18, 11 April 2002.

²⁵ WaterAid 2003, *Issue Sheet 3: Water and sanitation related diseases*, WaterAid, UK.