

Millennium Development Goals and people with disabilities

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The purpose of the Millennium Development Goals (MDGs) is to establish a unifying set of objectives for the global community. Bringing together UN agencies, governments, and civil society around eight key development issues, the MDGs encourage collaborative action to address pressing development issues that affect the lives of poor and marginalised individuals in society. Regrettably, however, nowhere in the MDGs are individuals with disabilities explicitly mentioned.¹ This oversight is striking, particularly in view of the World Bank's report that, although people with disabilities make up 10% of the global population, they make up 20% of the world's poor people.² A growing body of research shows the inter-relation between individuals with disabilities and poverty.³⁻⁵

Why have people with disabilities been overlooked in the MDGs? Part of the problem is that development experts and organisations often think the needs of people with disabilities will be taken care of by some disability-specific group or programme. Yet disability-specific programmes are rare. Furthermore, it is now clear that including people with disabilities in mainstream programmes from the outset is generally the most efficient, cost effective, and least stigmatising way to address their needs.⁶ Although technical assistance will be needed in some specific cases, development programmes providing services and support, such as vocational training, water and sanitation, economic

assistance, and microcredit can include most people with disabilities with very little adaption. The recent inclusion of these individuals in efforts to combat HIV/AIDS is a case in point.⁷

But perhaps the greatest barrier to inclusion of people with disabilities is stigma and prejudice.^{8,9} Long-established negative beliefs about what causes disability and the limitations of people with disabilities are often firmly held and difficult to dispel, even among those who work in international development or health circles. On the one hand, such stigma often means that individuals without disabilities in a community are reluctant to participate in the same development programmes as those with disabilities. On the other hand, people with disabilities are often reluctant to participate because they fear being bullied and rejected. Many development workers who do not have sufficient understanding of how to achieve inclusion of people with disabilities are reluctant to include them in the various programmes.

Systematic identification of the factors that block the inclusion of people with disabilities in MDG-related programmes and policies is essential to ensure that these individuals benefit from the MDGs. The health implications for social and economic marginalisation are profound, as noted by WHO's Commission on the Social Determinants of Health.¹⁰ A basic starting point is simply to find out the number of people with disabilities who are in need of programmes and services. With the recent efforts of the UN's Washington City Group, governments around the world are now starting to identify how many people with disabilities live in their communities.¹¹ An example of the benefits of such basic data gathering is the growing inclusive education movement in which, with the identification of millions of children with disabilities who are not in schools, educators have been able to start bringing these children into the community classroom.¹²

At a meeting held jointly by the UN Department of Social and Economic Affairs and WHO, calls were made for the inclusion of people with disabilities, disability-rights advocates, and organisations that support people with disabilities in the formulation of current and future adaptations of the MDGs. The resulting list of recommendations for inclusion in monitoring and



Boy with disability in school, Kenya, 2005

assessment of ongoing MDGs will be followed with great anticipation by the global disability community.¹³

People with disabilities can no longer be placed at the bottom of a long list of significant social concerns with the assumption that their needs can be addressed after other development problems are solved. The new Convention on the Rights of Persons with Disabilities has reframed the health and wellbeing of individuals with disabilities as a human right, a point that must now be taken note of within the MDGs and the related MDG targets and indicators.⁹ Moreover, unless we address the needs of the world's estimated 650 million people with disabilities, none of the MDGs will be successfully met. Inclusion of people with disabilities in any and all development efforts is therefore an act of enlightened self-interest on the part of all who work on global, national, and community development projects and health efforts.

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Disability, conflict, and emergencies

The UN Convention on the Rights of Persons with Disabilities (UNCPRD) outlines the obligation of States to protect and ensure the safety of people with disabilities in situations of risk, including armed conflict. In practice, disability is rarely considered in humanitarian programmes, even when a growing body of evidence shows that people with disabilities in such situations are at particular risk.^{1–3}

Although some guidelines and manuals support the specific inclusion of people with disabilities in emergencies,⁴ most programmes focus on disability as a crosscutting issue, or on protecting people with disabilities as a vulnerable group, rather than on the specifics of inclusion and overcoming barriers. There is little evidence that these guidelines are used to any effect with people with disabilities, in part because of a lack of standards and indicators to monitor inclusion; but also because of the lack of awareness and training at field level. Local disabled people's organisations are

rarely included in planning and coordination meetings, particularly in crises. Thus the opportunity is missed to improve coordination and inclusion of people with disabilities in humanitarian aid.

Many staff working in humanitarian agencies share common misperceptions about individuals with disabilities: that they either require expensive specialist care or their needs will be covered by general aid distributions; that they are unable to help others; and that they are unable to participate in most education, work, or community activities. In situations such as earthquakes or flooding, there is too often the perception that people with disabilities will simply not survive. Many current delivery structures for humanitarian aid perpetuate these assumptions. Many programmes allocate separate funding to victim assistance programmes⁵ whereby only those injured or impaired by conflict are given priority funding, medical care, or assistive devices, while those disabled before the conflict are overlooked.

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