



# Inclusive Sustainable Development

Joint Position Paper of Disabled People's International & CBR Global Network

## 1. Sustainable Development Goals & Disability

On 13<sup>th</sup> December 2006, the Convention on the Rights of Persons with Disabilities [CRPD] was adopted by the United Nations Assembly (1). The Convention has been ratified by more than 158 states, the number increasing year by year. The Convention gave force and focus to the struggle of the one billion people with disabilities worldwide who are frequently denied even their most basic human rights.

Now, once again, there is an opportunity for the UN Member States to make a dramatic difference to the lives of people with disabilities and their families, by including them explicitly, at key points, in the global goals to eradicate poverty through sustainable development. In particular, goal 1: 'End poverty in all its forms everywhere'.

This difference to the lives of people with disabilities could be achieved 'at the stroke of a pen'. The Sustainable Development Goals [SDGs] are critical to the global efforts to eradicate poverty in and to turn the CRPD into reality. But experience tells us forcefully that if people with disabilities are not mentioned explicitly in these goals, they will not be part of the equation. Such a disproportionate number of the poor are people with disabilities that the success of the whole SDG project is jeopardized if they are not properly included. And 'properly included' means explicitly mentioned in both SDGs 1 and 3.

The two amendments below could change the lives of millions of people and make a world of difference to the success or failure of the SDGs:

### **SDG 1: End poverty in all its forms everywhere**

(1.4) By 2030, ensure that all men and women, particularly the poor, the vulnerable, and **people with disabilities** have equal rights to economic resources, as well as access to basic services, ownership, and control over land and other forms of property, inheritance, natural resources, appropriate new technology, and financial services, including microfinance.

### **SDG 3: Ensure healthy lives and promote well-being for all at all ages**

(3.8) Achieve universal health coverage, including financial risk protection, access to high quality essential health care services, and access to safe, effective, and affordable essential vaccines, medicines and **health products** for all.

(By 'health products' we mean the assistive technologies which are essential for the inclusion of many people with disabilities and older people in everyday life.)



## Why specifically mention people with disabilities in the SDGs?

Historically, people with disabilities have been overlooked in development. The Millennium Development Goals (MDGs) were one of the most significant missed opportunities. 'The MDGs were specifically designed to address the needs of the world's poorest citizens. Yet, extraordinarily, there is no mention of disability in any of the eight goals, 21 targets or 60 indicators. Not surprisingly, this has resulted in people with disability being largely absent from any anti-poverty programme' (2).

Experience shows us that 'not mentioned' means not included and not counted. The specific mention of people with disabilities will shape the development initiatives, which are realised in the SDGs. By definition, initiatives that are sustainable are also inclusive. But inclusive initiatives require additional awareness and particular advocacy. They need a specific methodology and a different form of engagement. And most significantly, they need the central involvement of those concerned. These are not cosmetic differences. They result in programmes that look and feel different, and which produce different outcomes.

Without explicit inclusion in the SDGs, people with disabilities will again become invisible and be of no account. Lessons from the MDGs will not have been learnt and we will not have advanced at all in our eradication of poverty.

**We call on you today, the UN representatives of Member States, to mandate these two simple amendments to SDGs 1 and 3 at the 69<sup>th</sup> session of the General Assembly.**

## **2. Poverty and people with disabilities**

According to the World Health Organisation, more than 1 billion people worldwide (15% of the world's population) have a disability (3).

An estimated 80% of people with disabilities live in developing countries, often representing 15-20% of the most vulnerable and marginalised poor in such countries (4). 20% of the world's poorest are people with disabilities or have a family member with disability. People with disabilities are often the poorest of the poor. The number of people with disabilities continues to increase along with the global population. Natural disasters and conflicts have a disproportionate impact on poor people and an even worse impact on poor people with disabilities. The United Nations estimates that South Asia is home to nearly 44 percent of the world's poor people, and official estimates state that 1-5% of the population are people with disabilities and families with members who have disabilities, and are at significantly greater risk of being poor.

**Success of the SDGs is dependent on the explicit inclusion of people with disabilities.**



## **Disability and the impact of exclusion**

A majority of people with disabilities live in rural areas in the South with no access to health services or assistive devices, and are excluded by society's physical and social barriers which hamper their participation in society (5). They have to confront difficulties not faced by people without disabilities even those who are poor. They are less likely to attend school, receive an adequate education, find sustainable employment or have the right to decide when, where and with whom to live. Many struggle to make their voice heard as citizens in the social, economic and cultural lives of their communities (6). And living with a disability generates its own costs. Children not in school are not employable later in life because they lack even the most basic skills. A family member with a disability may well not contribute to the family income so the problem becomes more acute and leads to greater poverty in the family.

Considering the demographical changes, rehabilitation and assistive technology are becoming as important as vaccines and medicines for the whole population in general, and people with disabilities and the ageing population in particular. Lack of access to rehabilitation services and assistive technology creates additional burdens – even small amounts of money spent on basic healthcare, rehabilitation and assistive technology can put an intolerable strain on already meagre family resources or lead to loans repayable at extortionate rates. [See SDG 3].

Social class and caste, race, ethnicity and tribal membership, religion and belief, age, and sexual and gender identity can, and do, exacerbate the exclusion of women and men with disabilities.

### **Disability - women and girls**

The lives of women and girls with disabilities are particularly at risk of exclusion, violence and human rights abuses as they live with the double discrimination of being persons with disabilities and female.

Studies and anecdotal evidence suggest that women with disabilities experience more exclusion than men. The needs of women and girls are often considered secondary to those of men, and not a priority. Girls with disabilities are doubly disabled, being female and having an impairment. Often kept at home and out of sight, they are not schooled, brought up with the barest minimum for survival, and receive fewer assistive devices and less rehabilitation than boys.

Women and girls are also at higher risk of abuse because of their greater social isolation and dependence which makes them easy targets for sexual abuse in the family circle and by carers. Women and girls are more likely to be providing care to family members with disabilities. They are forced to give up school and work opportunities because of their ascribed role as caregivers and from lack of community support systems.

Household spending power is often lower, as someone must stay back to care for family members with disability. With a 38% incidence of disability among those aged 60 and above (7), the burden of women as caregivers increases.



**Poverty in relation to people with disabilities is complex and more intractable so requires specific attention.**

### **3. The costs of disability**

Economic, social and environmental barriers result in a cycle of poverty and exclusion. Poverty increases the risk of disability through malnutrition, inadequate access to education and health care, unsafe working conditions, and polluted environments. Disability increases the risk of poverty through lack of employment and education opportunities, lower wages, and the increased cost of living with a disability (8).

People with disabilities and households with persons with disabilities earn less and have to spend more. They experience higher rates of deprivation – including food insecurity, poor housing, lack of access to safe drinking-water and basic sanitation, and inadequate access to health care - and have fewer assets than people without disabilities and households without members with disabilities.

People with disabilities in low-income countries are 50% more likely to experience catastrophic health expenditure than people without disabilities (9). Living with a disability may involve costly interventions and these in turn drain scarce household resources. Because of these factors, people with disabilities and their households are likely to be poorer than those without disability with similar income.

Armed conflicts and natural disasters are leading to more people acquiring disability than before (10). Besides leaving women and children more vulnerable, these situations plunge families into vulnerability and poverty. The tipping of people with disabilities towards poverty is also seen in the lack of facilities and opportunities (invisible barriers) which prevent them from accessing education, training and employment. ‘Fears of increased costs, inflexibility in considering necessary accommodations, and outright prejudice, all contribute to an artificially small job market for people with disabilities. Even when included, people with disabilities often work fewer hours and in lower-paying or lower-skilled positions’ (11).

**To end poverty without the explicit inclusion of people with disability in the SDGs would be a seriously flawed enterprise.**

### **4. The economic and social costs of exclusion**

Poverty and the exclusion of people with disabilities damage economies and restrict economic and social development. People with disability have low participation in both education and the labour force in the countries of the South, leading to loss of productive and earning potential. Caregivers, an unquantified and invisible group, give up income-earning work to care for family members with disability, which results in loss of productive labour to the economy.



## **Examples of the economic and social effects of poverty and exclusion (12)**

### **Education**

In Bangladesh, reductions in wage earnings attributed to lower levels of education among people with disabilities and their child caregivers were estimated to cost the economy US\$54 million per year.

Promoting inclusion can lead to substantial gains.

In Nepal, the inclusion of people with sensory or physical impairments in schools was estimated to generate wage returns of 20%.

### **Work/Employment**

In Morocco, lost income due to exclusion from work was estimated to result in national level losses of 9.2 billion dirhams (approximately US\$1.1 billion).

Inclusion could lead to substantial gains.

In Pakistan, it was estimated that rehabilitating people with incurable blindness would lead to gross aggregate gains in household earnings of US\$71.8 million per year.

### **Health**

In China, a randomized control trial involving individuals with schizophrenia found that those who received individualised family-based interventions (consisting of counselling and drug supervision) worked 2.6 months more per year than those who did not receive the treatment.

In Bangladesh, children who were provided with assistive devices (hearing aids or wheelchairs) were more likely to have completed primary school than to those who did not receive any supports.

## **Water, sanitation and hygiene [WASH] (13)**

Improvements to water, sanitation and hygiene represent good economics. Some countries lose as much as 7% GDP because of inadequate sanitation. Globally, 2.5 billion people [36% of the world's population] lack sanitation and 884 million people do not have access to safe drinking water despite the fact that WASH are among the most basic human needs. Assuming this group is the poorest of the poor, at least 177 million are likely to be persons with disabilities (20% of the poorest).

Access to water and sanitation facilities greatly benefits people with disabilities and their families by improving health and nutrition, reducing poverty, saving labour, reducing hazards, and increasing dignity, self-reliance and independence. These figures give an indication of the scale of loss incurred by ignoring the education, training,



rehabilitation and employment of people with disabilities. With timely treatment, rehabilitation and assistive technology, they could become taxpayers, wealth creators and productive members of society.

Lack of state-sponsored support for a person with disability can result in family members dropping out of the workforce to care for her / him, and hence a drop in the GDP of the country.

## **5. Including people with disabilities in SDGs 1 and 3**

The United Nations is founded on the principles of equality, social justice, dignity and worth of all human beings. Through the CRPD, the UN has asserted the fundamental rights of people with disabilities, and encouraged nations, governments and agencies of international cooperation to uphold, protect and promote these rights.

There has been a significant reduction in extreme poverty and illiteracy as a result of the impetus provided by the MDGs but people with disabilities remain excluded in most places from getting the benefit.

The UN Summit on Sustainable Development Rio+20 in 2012 promised to strive for a world that is just, equitable and inclusive. One of the main outcomes with Member States was to launch a process to develop a set of SDGs, coherent with and integrated into, the UN development agenda beyond 2015. Experience has shown that when not specifically mentioned people with disabilities are missed out and the prevailing outlook continues to dominate implementation strategies. It is positive that people with disabilities are already explicitly mentioned in nine places of the Proposal for SDGs.

But they are omitted from two critical goals and this could easily be rectified by:

### **A simple amendment to SDG 1 - 'to end poverty in all its forms everywhere'**

Because this is the overarching goal, and the first and most relevant goal for people with disabilities.

### **A simple amendment to SDG 3 - 'to ensure healthy lives and well-being for all'**

Because the cost of health care for people with disabilities is significant - to survive day-to-day can mean an expenditure way beyond the means of a poor household - the costs of medication, rehabilitation and assistive technology.

## **Conclusion**

This position paper of the Disabled People's International and the CBR Global Network aims to increase awareness globally, specifically within UN agencies, agencies of bilateral cooperation, regional policy-making bodies and among national leaders and policymakers who support the need for inclusion of people with disabilities.

The paper also seeks support for these two amendments from the leaders of the disability movement, networks and local organizations to further the rights of people



with disabilities, in particular those who are poor and marginalized such as women, children, indigenous peoples and ethnic minorities.

Above all, it aims to enable the exchange of ideas and experiences at international and regional levels so that learning can be extrapolated to other contexts and incorporated into policy and practice to increase acceptance, access, dignity and power for people with disabilities.

DPI and CGN invites all Member States to create an enabling and inclusive environment for public, private and civil society partnerships to strengthen community-based interventions to end poverty, ensure healthy lives and promote well-being for all people with disabilities - wherever they are in the world.

### Reference:

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### **Disabled People's International (DPI):**

Established in 1981, the International Year of Disabled Persons, Disabled People's International (DPI) was the world's first successful cross-disability endeavour to convert the talk about full and equal participation of persons with disabilities into action. Till today, 30 years after it was formed, DPI continues to be the world's ONLY cross-disability Global Disabled People's Organization (DPO).

DPI is headquartered in Ottawa, Canada and has a presence in more than 150 countries through its Member National Assemblies (MNAs) spanning across 7 regions: Africa, Arab, Asia-Pacific, CIS, Europe, Latin America and North America & Caribbean. The MNAs are focused on capacity building, and empowerment of people with disabilities in their countries and over half of them are based in the developing world.

DPI's goal is to achieve full participation of ALL persons with disabilities in the mainstream of life, through promotion and protection of their human rights. DPI's focus is particularly on those in developing countries who form 80 percent of the world's one billion people with disabilities and 20 percent of the world's poorest and most disadvantaged people.

Website: <http://www.dpi.org>

### **Global Network (CGN):**

CGN is a global umbrella organization (mostly owned and managed by people of the South) founded in 2012 at the 1<sup>st</sup> CBR World Congress, made up of representatives from CBR Africa Network, CBR Americas Network, CBR Asia-Pacific, Network, International Disability Alliance (IDA), Disabled Peoples' International (DPI), International Disability and Development Consortium (IDDC), World Health Organisation (WHO) and Asia Pacific Development Centre on Disability (APCD).

### **Objectives:**

- To promote human rights, the UN-CRPD and the principles of CBR
- To influence and support the implementation of global policies on disability rights and development by bringing the voice of local community to bear at the Global level.
- To ensure the inclusion of Disabled People's Organisations in partnerships with United Nations agencies, international organizations and other networks
- To support the organization of regional and global events related to CBR, disability and inclusive development
- To act as an information exchange forum and to promote research
- To support and strengthen CBR regional networks

Website: [www.cbrglobal.org](http://www.cbrglobal.org)

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