

Disability and the Millennium Development Goals

A Review of the MDG Process and Strategies for
Inclusion of Disability Issues in Millennium
Development Goal Efforts

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¹ UN/WHO Expert Meeting 6 April 14-16, 2009 6 Geneva http://www.un.org/disabilities/documents/reports/egm/mdgs_09_summary.doc

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Table of Contents

Executive Summary	4
Introduction: Disability and the MDGs	9
Chapter 1: What are the MDGs and why are they important for persons with disabilities	11
Chapter 2: MDGs and Disability ó matching Goals, Targets and Indicators to disability concerns	20
Chapter 3: Integrating Disability into the MDG process - Entry Points for Disability Issues	36
Conclusion and Next Steps ó 2010/ 2015 and beyond	56
Bibliography.....	59
Appendixes	63

Executive Summary: Disability and the Millennium Development Goals

The Millennium Development Goals (MDGs) represent a concerted effort to address global poverty. Yet there is a striking gap in the current MDGs: persons with disabilities, that is the estimated 650 million people worldwide who live with one or more physical, sensory (blindness/deafness), intellectual or mental health impairments, are not mentioned in any of the 8 Goals or the attendant 21 Targets or 60 Indicators, nor in the Millennium Declaration.

This absence is of particular concern because a growing consensus of disability advocates, experts and researchers find that the most pressing issue faced globally by persons with disabilities is not their specific disability, but rather their lack of equitable access to resources such as education, employment, health care and the social and legal support systems, resulting in persons with disabilities having disproportionately high rates of poverty. According to one often cited World Bank publication, while people with disabilities make up one in ten people worldwide, they may constitute up to one in every five of the world's poorest people.² While the links between disability and poverty are complex and nuanced, there is a strong consensus that people with disabilities, and households with disabled members, are often significantly poorer, with fewer resources and more brittle support networks than non-disabled individuals and households with no disabled members.³ Certainly, if one goes into the poorest urban slum or the most marginalized rural village and asks "who is the poorest person in your community?" one will almost invariably be directed to the household of a person with a disability.⁴

Not only are the links between disability and poverty of note in themselves, but the size of the global disabled population makes these links of particular concern to all working on poverty issues. While emerging research will allow further clarification of the numbers, currently the United Nations estimates that 1 in every 10 people worldwide or some 650 million individuals live with one or more disabling conditions.⁵ One household in every four contains a disabled member – which means that an estimated 2 billion people live with disability on a daily basis.⁶

The fact that persons with disabilities are not included in any of the MDGs – Goals, Targets or Indicators represents a lost opportunity to address the pressing social, educational, health and economic concerns of millions of the world's most marginalized citizens. Indeed this lack of inclusion is more than a lost opportunity – a growing body of opinion and data argues that unless persons with disabilities are included, none of the MDGs will be met.⁷

This clear link between disability and poverty means that **all MDGs are relevant to persons with disabilities and persons with disabilities must be included in all MDG efforts.**

² Elwan 1999

³ Braithwaite and Mont 2009; Mont 2007; Eide et al 2003a

⁴ Naraya and Petesch 2002

⁵ Enable <http://www.un.org/esa/socdev/enable/dissre00.htm>

⁶ UN Office of High Commission for Human Rights 2007

⁷ Wolfenson J 2002

The MDGs and the UN Convention on the Rights of Persons with Disabilities

Historically, persons with disabilities have been overlooked in international development and global health circles because they were incorrectly seen as people whose lives are defined by medical and rehabilitative needs (the medical model) or as individuals who were considered to be appropriate recipients of social and economic support (the charity model).⁸ A newer social model of disability has arisen in response to the growing global Disability Rights Movement,⁹ which has fostered a clearer understanding of the fact that the constraints faced by persons with disabilities reflect social, cultural and economic barriers, and are not inherently part of living with a disability. This social model has broadened in recent years to include a human rights component, which includes the right to health care, education and social participation.¹⁰ The culmination of this new approach has been the landmark UN Convention on the Rights of Persons with Disabilities (CRPD), which came into force in 2008.¹¹

Importantly in the CRPD disability is not defined on an individual basis, but rather through an ecological model in which disability is seen as an evolving concept reflecting the interaction between the individual and social attitudes and the physical, economic and political environment that hinders the full and equal participation of persons with disability in society.¹²

This is of immediate relevance to the MDGs, which specifically call for the need to change and improve attitudinal and environmental barriers found in areas such as education, access to health care, food, clean water, basic sanitation and economic empowerment to improve the lives of the world's poor.

Recognition of the need for inclusion in the MDGs is reflected in a growing tide of calls and declarations by local, regional and national disabled peoples organizations (DPOs) and NGOs that work on disability issues. The right to demand inclusion for persons with disabilities was the basis of the recent UN Resolution "Realizing the Millennium Development Goals for Persons with Disability" (A/C.3/64/L.5/Rev.1) adopted by the Third Committee of the United Nations General Assembly.¹³

Outline of this Report

This publication, building on the earlier DESA Quinquennial Report,¹⁴ is intended to provide a roadmap for why and how disability can and should be included in the planning, monitoring

⁸ An extensive literature exists about the medical versus social model. For a good overview see: Driedger 1989; Barton 1983; Pfeiffer 2001; Shakespeare 2008;

⁹ Oliver M. 1990; Barton 1993; World Health Organization 2001.

¹⁰ Stein et al 2009;

¹¹ <http://www.un.org/disabilities/default.asp?id=150>

¹² CRPD, Preamble e: <http://www.un.org/disabilities/default.asp?id=150>

¹³ <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N08/479/79/PDF/NO847070.pdf?OpenElement>

¹⁴ UN Enable <<http://www.un.org/disabilities/>

and evaluation of MDG related programmes and policies. The publication is intended for two audiences:

- Those working in disability advocacy, programming and outreach efforts who seek to better understand the MDGs in order to ensure that disability issues are effectively integrated into current and future MDG efforts;
- Those working on MDG-related efforts who need to understand the links between disability and poverty in order to work with the disability community to ensure that disability issues are better integrated into all current and future MDG work.

The reason for the preparation of this report is that although it has been argued by some that the commitment of the United Nations to the rights of persons with disability and their inclusion in all MDG activities are *implied* in the MDGs, this implicit inclusion seems to rarely lead to their inclusion in either general or targeted MDG efforts.¹⁵ This significant oversight is evident in all components of the MDG effort: in the lack of the systematic inclusion of persons with disabilities in programmes and policies intended to foster action around the MDG; in the absence of mention of disability in the Millennium Campaign intended to build awareness and participation for the MDGs within civil society; and most notably in the lack of the systematic collection and monitoring of disability-related statistics and analysis of this data which are the primary tools for tracking MDG efforts and allocating further funding and resources at the local, regional and global levels.

With these issues in mind, this publication is organized as follows:

Chapter 1 provides an overview of the MDGs and a discussion of why it is critical that persons with disabilities and disabled populations be included in all MDG efforts;

Chapter 2 provides an overview of MDGs in relation to disability issues. The 8 MDGs, translated into 21 Targets and 60 Indicators, form the framework to generate and guide action of UN agencies, governments and civil society, in conjunction with an attendant matrix of monitoring and evaluation tools intended to bring about unified action and systematic assessment of progress and gaps in progress. In this chapter, these Goals, Targets and Indicators are presented with linked disability indicators and amplified by currently available global data on the situation of persons with disabilities.¹⁶ There is a growing literature on disability and poverty, thus the citations provided in this matrix are intended not to be exhaustive, but rather to illustrate

¹⁵ Groce and Trani 2009

¹⁶ the continually updated information found on a series of UN websites. For example: DESA <http://www.un.org/disabilities/>; World Bank <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,menuPK:282704~pagePK:149018~piPK:149093~theSitePK:282699,00.html>>, International Labour Organizations http://www.ilo.org/Search3/search.do?searchWhat=disability+program&locale=en_US and WHO <http://www.searo.who.int/en/Section1174/Section1461.htm>

why and how current and future work related to the MDGs can integrate persons with disabilities and disabled populations.

Finally, Chapter 3 discusses the specific mechanism and entry points through which disability issues can be introduced into the current and future MDG process.

In this chapter, it is noted that the MDGs are two-thirds of the way through their live span, and will conclude in 2015. Realistically, there will be no significant changes made in the overarching Goals, nor in the current Targets or Indicators at this point. However, there remain a significant number of entry points and pressure points that can be used to ensure inclusion of disability issues between now and 2015, even if disability is not explicitly cited in the Goals themselves.

To understand where these entry points and pressure points are, the implementation of the MDGs can most profitably be thought of as a *process* ó a linked series of activities at the country, regional and global level that promote the targeting of key poverty issues, policies and programmes, and the careful monitoring and evaluation of these efforts to identify whether and to what extent such efforts are successful.

These efforts are to be carried out by UN agencies, governments and civil society, overseen by the UN Inter-Agency and Expert Group (IAEG) on MDG Indicators. This group was created in response to the Millennium Declaration, and charged with the development of a set of an MDG framework, including a set of unifying Goals and their translation into operational targets monitored by measurable indicators. To clarify and harmonize the role of the UN organization in helping countries find their own solutions to meet the MDGs, there is a UN Development Group (UNDG), which has established a *core strategy* identifying four related key activity areas that are essential to UN MDG work at the global, regional and country levels in support of government and civil society efforts to achieve the MDGs.¹⁷

These four related key activity areas are:

- 1) Operational activities;
- 2) Campaigns and mobilization efforts;
- 3) Monitoring and evaluation of efforts;
- 4) Analysis of results.

The process can be envisioned as a feedback loop, with *operational activities* to address MDG issues undertaken by UN agencies, governments and civil society in response to active campaigns and mobilization efforts. Such campaigns and mobilization efforts create a demand for action from civil society, which presses governments to act. Governments are the key drivers of UN agencies, so requests for action from governments drive policy and programming within the UN system itself. These policies and programs in turn, are overseen by a linked system of

¹⁷ See: Core Concepts of the Millennium Development Goals <<http://unethiopia.org/MDG's/Index.html#>>

monitoring, evaluation and analysis at national, regional and global levels that, through a series of reports, committees and links between UN agencies, governments and civil society, in turn, generate the next round of operational activities.

As is discussed in this publication, at every stage in this feedback loop opportunities exist for disability advocates and policy makers to demand action, accountability and to work in collaboration with UN agencies, governments and civil society. The process of how this feedback loop works and where interventions can be made by organizations working from the grassroots to the global level are discussed and specific strategic points of entry reviewed.

An important component of all this efforts is that groups representing disabled people themselves (DPOs) should be at the table for discussions in all phases of planning, programming and assessment of MDG related efforts. Such participation should be part of any and all planning from the outset. The Disability Rights Movement's call for "Nothing about Us without Us" is nowhere more relevant than here.

Conclusion and into the Future

All MDGs are relevant to persons with disabilities and all MDG efforts must include persons with disabilities and monitor and evaluate this inclusion to ensure that it is equitable and effective. To overlook the millions of people who live with a disability is not only a lost opportunity, but also significantly lessens the possibility of success for all.

In September 2010, a series of high level meetings was held at the United Nations to review the progress and identify the continuing gaps in the global MDG efforts. This was a critical juncture that will set the course for the remaining 5 years of activities for the existing MDGs.

But there is a need to look further. In 2015, the MDGs will reach the end of their intended lifespan. At that point, it is anticipated that they will be replaced by another global effort to address poverty through UN, government and civil society sources. However, the exact nature of whatever will replace the MDGs is only now beginning to be discussed within and beyond the walls of the UN. It is unclear what these new guidelines for addressing global poverty will look like, but it is clear that these discussions are now beginning to get underway, and the frequency and seriousness with which such talks are held will only increase as we move closer to 2015. Disability organizations and issues must be at the table in these discussions from the outset as the global community begins to consider what will replace the MDGs in 2015 and beyond.

Introduction: Disability and the Millennium Development Goals

The Millennium Development Goals (MDGs) represent a concerted effort to address global poverty. Yet there is a striking gap in the current MDGs: persons with disabilities, that is the estimated 650 million people worldwide who live with one or more physical, sensory (blindness/deafness), intellectual or mental health impairment are not mentioned in any of the 8 Goals or the attendant 21 Targets or 60 Indicators.

This absence of millions of persons with disabilities from the MDGs is of particular concern because a growing consensus of disability advocates, experts and researchers find that the most pressing issue faced globally by persons with disabilities is not their specific disability, but rather their lack of equitable access to resources such as education, employment, health care and the social and legal support systems which results in persons with disabilities having disproportionately high rates of poverty. According to one often cited World Bank publication, while people with disabilities make up one in ten people worldwide, they may constitute up to one in every five of the world's poorest people.¹⁸ While the links between disability and poverty are complex and nuanced, there is a strong consensus that people with disabilities and households with disabled members are often significantly poorer, with fewer resources and more brittle support networks than non-disabled individuals and households with no disabled members.¹⁹ Certainly, if one goes into the poorest urban slum or the more marginalized rural village and asks "who is the poorest person in your community?" one will almost invariably be directed to the household of a person with a disability.²⁰

The fact that persons with disabilities are not included in any of the MDGs and attendant Targets or Indicators represents a lost opportunity to address the pressing social, educational, health and economic concerns of millions of the world's most marginalized citizens. Indeed this lack of inclusion is more than a lost opportunity - a growing body of opinion and data argues that unless persons with disabilities are included, none of the MDGs will be met.²¹

This clear link between disability and poverty means that **all MDGs are relevant to persons with disabilities and persons with disabilities must be included in all MDG efforts.**

The following guidelines are designed to identify clear links between the MDGs and the goals and principles of the three key instruments of the new disability architecture: the UN World Programme of Action Concerning Persons with Disabilities,²² and the Standard Rule on

¹⁸ Elwan 1999

¹⁹ Braithwaite and Mont 2009; Mont 2007; Eide et al 2003a

²⁰ Naraya and Petesch 2002

²¹ Wolfenson J 2002;

²² <<http://www.un.org/disabilities/default.asp?id=23>>

Equalization of Opportunities for Persons with Disabilities²³ and the UN Convention on the Rights of Persons with Disabilities.²⁴

This publication is an expansion of the discussion on the MDGs and disability initially presented in the Fifth Quinquennial Review and Appraisal of the World Program of Action Concerning Disabled Persons,²⁵ and reflects comments from participants in the Experts Group Meeting on Mainstreaming Disability into MDG Policies, Process and Mechanisms: Development for All co-organized by DESA and WHO in 2009,²⁶ as well as ideas and insights generated by a growing number of disability advocates and organizations that have begun to concentrate on the MDGs and the MDG process. It is intended to provide a framework through which to approach the MDGs from the disability perspective, with particular attention to entry points where disability can be integrated into current Targets and Indicators. Additionally, it provides proposals for how disability issues can be linked into the overarching system of monitoring, evaluation and analysis that drives the MDG process.

Thus, this report is intended to be an initial roadmap for how disability can be included in the planning, monitoring and evaluation of MDG related programs, and policies. The publication is intended for two audiences:

- Those working in disability advocacy, programming and outreach efforts who seek to understand the MDGs in order to ensure that disability issues are effectively integrated into current and future MDG efforts, and
- Those working on MDG-related efforts who need to understand the links between disability and poverty, health and well-being in order to work with the disability community and persons with disabilities to ensure that disability issues are better integrated into all current and future MDG work.

This study provides an overview of, and a rationale for, the inclusion of persons with disabilities in the MDGs. With the intention of identifying a common ground upon which an expanding dialogue on poverty and disability can be fostered within and beyond the international development community.

²³ <<http://www.un.org/esa/socdev/enable/dissre00.htm> >

²⁴ <http://www.un.org/disabilities/default.asp?id=150>

²⁵ <http://www.undp.org/mdg/goallist.shtml>

²⁶ http://www.un.org/disabilities/documents/reports/egm/mdgs_09_summary.doc

Chapter 1: What are the MDGs and why are they important for persons with disabilities?

Background

In September 2000, the United Nations brought together 189 UN Member States, including 147 Heads of State or Government, in New York for the United Nations Millennium Summit. The purpose of the Summit was to discuss the pressing issue of global poverty, in order to build a consensus and identify a unifying set of objectives for action by the global community. After extensive discussion and debate, the Summit closed with the adoption of the Millennium Declaration,²⁷ which identified a series of key global development issues to reduce poverty, improve health, meet educational and environmental concerns, and achieve gender equality ó issues that would have to be addressed if progress was to be made in eliminating global poverty. The Millennium Declaration was a clarion call for collaborative action by United Nations agencies, governments, the international aid community and civil society.

Declarations alone however, do not produce action. Therefore, a resolution from the Member States followed the Declaration, which called upon the Secretary-General to issue a òroad mapö describing in detail how the key objectives identified during the Millennium Summit would be fulfilled.

In response, the United Nations Secretariat convened the Inter-Agency and Experts Group on MDG Indicators (IAEG) to develop and then maintain operational oversight over a comprehensive set of unifying objectives for the global community.²⁸ The IAEG in turn, identified 8 key unifying Goals.

These Goals are:

- Goal 1. Eradicate extreme poverty and hunger
- Goal 2. Achieve universal primary education
- Goal 3. Promote gender equality and empower women
- Goal 4. Reduce child mortality
- Goal 5. Improve maternal health
- Goal 6. Combat HIV/AIDS, malaria and other diseases
- Goal 7. Ensure environmental sustainability
- Goal 8. Develop a global partnership for development

Importantly, these 8 Goals were accompanied by an initial set of 18 Targets and 48 Indicators to provide a set of measurable objectives towards meeting the Goals themselves. The resulting set of Goals, Targets and Indicators were entitled the Millennium Development Goals. In January

²⁷ <http://www.un.org/millennium/summit.htm>

²⁸ <http://mdgs.un.org/unsd/mdg/Default.aspx>

2007, 4 new Targets were added and 12 additional Indicators or alternative Indicators on employment, universal access to reproductive health and universal access to treatment for HIV/AIDS and addressing environmental concerns were included following the 2005 World Summit held by the UN to review progress towards meeting the MDGs. The resulted in a current list of 8 Goals, 21 Targets and 60 Indicators to be reached by the year 2015.²⁹

None of the Millennium Development Goals, Targets or Indicators were new, but what was new was the attempt to group development issues together to provide a greater global focus and sense of urgency to address these age-old, poverty-related concerns. What was also new was the establishment of a monitoring and evaluation process for the MDGs to provide measurable outcomes and a structure through which to assess progress and identify gaps in meeting these Goals within a set time frame.

Disability and Poverty

The global focus on poverty highlighted by the MDGs is of particular concern to persons with disabilities. A growing body of research now shows that the most pressing issue faced by millions of persons with disabilities worldwide is not their disability but rather poverty.³⁰ Much of this poverty is the direct and indirect result of exclusion and marginalization of persons with disabilities due to stigma and prejudice about disability.

This stigma and prejudice, in turn, is often the result of a lack of knowledge of and awareness about people with disability which exists at all levels ó from the family to the community to decision makers at the highest levels ó those who simply have not understood that persons with disabilities need the same opportunities and rights available to all other members of society.

Such stigma and prejudice leads to social marginalization, lack of equal access to education, employment and social support mechanisms that result in profound poverty for millions of persons with disabilities. The interconnection between disability and poverty has been described by many as a -feedback loopøwith òdisability being both a cause and a consequence of poverty.ö³¹

While not all individuals who are born or become disabled are poor, the poor are more likely to become disabled due to poor nutrition, lack of medical care, dangerous housing conditions, injuries on the job and violence. And once disabled, such individuals are significantly less likely to receive the education or training needed to find employment, or have equal access to the social networks, community resources or economic and legal support systems that would buffer the impacts of poverty.

²⁹ <http://www.un.org/millenniumgoals>

³⁰ Yeo 2001, World Bank 2004a, Coleridge 2007.; Mont 2007

³¹ DIFD 2000

A growing body of studies show that the links between disability and poverty, while still poorly understood, are more complex and nuanced than previously thought.³² Nevertheless there is a strong consensus that people with disabilities and households with disabled members are disproportionately poorer, with fewer resources and more brittle support networks.³³ The statistics on persons with disabilities and established risk factors for poverty are striking: it is estimated that persons with disabilities make up roughly 10% of the world's population, but possibly 20% of the world's poorest citizens.^{34, 35} One household in every four contains a disabled member which means that 2 billion people live with disability on a daily basis.³⁶ After a decade of concerted efforts, 90% of all disabled children in developing countries still do not attend school and the literacy rate for disabled adults may be as low as 1%.³⁷ One out of every three street children are children with a disability.³⁸ Unemployment rates for persons with disabilities in many countries routinely reach two-thirds of all those with disabilities or more, and many of those who are employed are able to find only part-time positions.³⁹ Moreover, when persons with disabilities do find work they are likely to be the last ones hired and the first ones fired. They also find it far more difficult to advance to more skilled or more highly paid positions. The ability to find and retain a job is of even greater concern in times of economic downturns.⁴⁰ Not only are the links between disability and poverty of note in themselves, but the size of the global disabled population makes these links of particular concern to all those in international development working on poverty issues.

Moreover, disability is a cross-cutting issue. The MDGs address poverty through tackling problems such as improving education, health, employment, gender equity and access to food, water and sanitation, trade and technology. These issues are no less relevant to persons with disabilities than to all other members of society. In fact, in some instances, persons with disabilities may be at increased risk of becoming and remaining poor. For example, in the face of climate change, and in times of environmental or humanitarian disaster, the relative poverty of persons with disabilities, combined with problems of inaccessibility of relief services and low prioritization of disabled populations, may place persons with disabilities at greater likelihood of facing hardship, illness and death.⁴¹ Lack of access to information and resources, social marginalization and increased risk of violence places persons with disabilities at increased risk of exposure to HIV/AIDS and decreases the likelihood that they will receive treatment or social or economic support should they become infected.⁴²

³² Braithwaite J, Mont D. 2009 ; The Lancet 2009;

³³ DFID 2000

³⁴ Elwan 1999.

³⁵ Enable <http://www.un.org/esa/socdev/enable/dissre00.htm> >

³⁶ UN Office of High Commission for Human Rights 2007.

³⁷ UNESCO http://portal.unesco.org/education/en/ev.php-URL_ID=34371&URL_DO=DO_TOPIC&URL_SECTION=201.html

³⁸ UNICEF 2006

³⁹ ILO http://www.ilocarib.org.tt/portal/index.php?option=com_content&task=view&id=1064&Itemid=917

⁴⁰ Lang et al. 2009

⁴¹ Costello et al 2009; Kett et al. 2009

⁴² World Bank 2004.

Thus, all the MDGs have relevance to persons with disabilities and there is great need to ensure that all MDG Targets and Indicators identify, monitor and evaluate policies and programming for persons with disabilities, both as members of the general population and as a distinct vulnerable population.

Lack of a Disability Component in the MDGs

Regrettably however, nowhere in the MDGs are persons with disabilities or disabled populations mentioned. Although it has been argued by some that the commitment of the United Nations to the rights of persons with disability and their inclusion in all MDG activities are *implied* in the MDGs, this implicit inclusion seems to rarely lead to their inclusion in either general or targeted MDG efforts.⁴³

This significant oversight is evident in all components of the MDG effort ó in the lack of the systematic inclusion of persons with disabilities in programmes and policies intended to foster action around the MDG, in the absence of mention of disability in the Millennium Campaign intended to build awareness and participation for the MDGs within civil society and, most notably, in the lack of the systematic collection and monitoring of disability-related statistics and analysis of this data, which are the primary tools for tracking MDG efforts and allocating further funding and resources at the local, regional and global levels.

Seen in this light, the absence of disability as an issue in the MDGs represents a substantial missed opportunity. Unless the cycle of poverty and associated lack of equal access to food and shelter, education, health care, employment and social integration are addressed, broader development goals will simply not be met.⁴⁴

Of additional concern, conceivably should persons with disabilities not be included in MDG efforts, they and their families may fall increasingly further behind their fellow citizens who are benefiting from policies and programs linked to the MDGs. The result could be a widening gulf between those who live with a disability and their families and those who do not.

One of the reasons why persons with disabilities have been overlooked has been that in the past, all too often, persons with disabilities have either been incorrectly seen as people whose lives are defined by their medical and rehabilitative needs (the medical model) or as individuals who are considered to be appropriate recipients of social and economic supports (the charity model).⁴⁵ The "social model" ó a newer approach to disability, which has arisen as a response to the growing global Disability Rights Movement⁴⁶ ó has fostered a rethinking of these earlier

⁴³ Groce and Trani 2009

⁴⁴ Wolfenshon J. 2002

⁴⁵ An extensive literature exists about the medical verses to social model. For a good overview see: Driedger 1989; Barton 1983;Pfeiffer 2001; Shakespeare 2008;

⁴⁶ Oliver M. 1990; Barton 1993; World Health Organization 2001.

models, through an increasing understanding that the constraints faced by persons with disabilities reflect social, cultural and economic barriers, and are not inherently part of living with a disability. This social model has broadened in recent years to include the concept of a Human Rights model ó which includes the right to health care, education and social participation.⁴⁷ The culmination of this new approach led in 2006 to the landmark UN Convention on the Rights of Persons with Disabilities⁴⁸ which in turn, has significant implications for the implementation and revision of the MDGs.

The UN Convention on the Rights of Persons with Disabilities

In 2006, the UN General Assembly passed the UN Convention on the Rights of Persons with Disabilities (CRPD), which was ratified barely 18 months later in May 2008. The CRPD is not the first human rights instrument to address disabilities ó The World Programme of Action Concerning Persons with Disabilities in 1982⁴⁹ and The Standard Rule on Equalization of Opportunities for Persons with Disabilities in 1993⁵⁰ laid the groundwork for the Convention, but the Convention offers persons with disabilities an unprecedented level of protection, detailing the rights they are entitled to and the obligations of States and other actors in ensuring these rights are respected. Together these three instruments now frame the issues and operationalize the goals and principles of new global disability architecture.⁵¹

Importantly, within the Convention, disability is not defined on an individual basis, but rather through an ecological model in which disability is seen as an evolving concept reflecting the interaction between the individual and social attitudes and physical, economic and political environment in which he or she lives:

Disability results from the interaction between persons with impairments and the attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.⁵²

This is of immediate relevance to the MDGs which specifically address the need to change and improve attitudinal and environmental barriers found in areas such as education, access to health care, food, clean water and basic sanitation and economic empowerment to improve the lives of the world's poor.

Moreover, within this new global disability architecture, and explicitly within the CRPD, attention is directed to the inclusion of persons with disabilities and disability issues in international development efforts. For example, Article 32 (1) of the CRPD speaks specifically

⁴⁷ Stein et al 2009;

⁴⁸ <http://www.un.org/disabilities/default.asp?id=150>

⁴⁹ <http://www.un.org/disabilities/default.asp?id=23>

⁵⁰ <http://www.un.org/esa/socdev/enable/dissre00.htm>

⁵¹ <http://www.un.org/disabilities/>

⁵² CRPD, Preamble e: <http://www.un.org/disabilities/default.asp?id=150>

to the need for international development programs to be inclusive of, and accessible to, persons with disabilities, an approach known as 'inclusive development'. The need to include persons with disabilities in poverty reduction programs is addressed in Article 28 (2) and Article 11 speaks to the situation of persons with disabilities in times of risk and humanitarian emergencies.

Already adopted by more than 80 governments, a significant restructuring of both national law and civil society is underway in dozens of countries as nations move to realign their laws and policies in order to ensure they fall in line with the CRPD. This means, at least on paper, many countries that are shifting laws, policies and programmes to align with the CRPD are at the same time, also working towards the MDGs.

The potential synergy between efforts underway in response to the CRPD and the MDGs thus presents an outstanding opportunity which could enable the CRPD to act as a catalyst to national governments and civil society to insure inclusion of persons with disabilities in MDG-related efforts.

This is nowhere more evident than in the growing tide of calls by UN agencies, national governments, NGOs and disabled peoples organizations (DPOs) to ensure the inclusion of persons with disabilities both in current MDGs efforts, in planning now underway for revision of the MDGs in 2010 and in discussions now beginning to determine what will follow after the MDGs finish in 2015.⁵³

This was further highlighted in December 3, 2009 when the resolution entitled 'Realising the Millennium Development Goals for Persons with Disability' (A/C.3/64/L.5/Rev.1) was adopted by consensus and without amendment by the Third Committee of the United Nations General Assembly. The Resolution makes specific reference to the need to make development work inclusive of, and accessible to, persons with disabilities.⁵⁴

To mainstream disability in global policies, processes and mechanisms, it is necessary to approach and work with as many entry points in the MDG process as possible. Given the length of time needed and the complexities involved in reworking the existing Targets and Indicators, realistically, none of the MDG Targets and Indicators will be rewritten again before 2015. For this reason, it is widely believed that the most effective mechanism for including persons with disabilities in the MDG process is to work within the existing framework of Goals, Targets and

⁵³ At its sixty-third session, the General Assembly considered the report of the Secretary-General containing the 'Fifth quinquennial review and appraisal of the World Programme of Action concerning Disabled Persons'. The report concluded that there was an urgent need to reinforce the disability perspective in reviews of progress and challenges encountered in implementing the MDGs, and provided examples of guidelines for mainstreaming disability in monitoring and evaluation of the MDGs. The report also indicated that the upcoming periodic review of the MDGs in 2010 would provide a crucial entry point to include the concerns of persons with disabilities in the implementation of the Goals by 2015. During that same session, the United Nations General Assembly reiterated the commitment of the international community to mainstream disability in the MDGs and other internationally agreed development goals for persons with disabilities. (General Assembly resolution 63/150 of 18 December 2008). <<http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N08/479/79/PDF/N0847070.pdf?OpenElement>>

⁵⁴ The resolution introduced by the Republic of Tanzania, with 105 sponsors and co-sponsors, calls upon the implementation of the MDGs to be accessible to all, and highlights the importance of data and statistics on persons with disabilities in regard to MDG implementation. <http://www.un.org/disabilities/document/gadocs/a_res_64-131.doc>

Indicators to press for inclusion of persons with disabilities in any and all activities and programs, monitoring, evaluation and analytical efforts undertaken by UN agencies, governments and components of civil society over the coming five years.

This inclusion of persons with disabilities in all UN efforts, government programmes and policies, and civil society efforts means that persons with disabilities can no longer be placed at the bottom of a long list of pressing social concerns with the assumption that their needs can be addressed after other development problems are solved.

Calls for the inclusion of persons with disabilities in development efforts have also been met by a growing body of policy, programming and research that is underway at the local, national and global level to ensure that persons with disabilities are included in any and all international development efforts with much of the work coming from the disability community itself.⁵⁵

Furthermore, over the past few years, there has been growing recognition internationally of the importance of disability in reducing poverty. For example both the Department for International Development (DFID), UK and the European Union have published Guidance Notes on disability, providing a practical guide for their country offices and delegations to address disability within development work with the explicit recognition that the MDGs cannot be achieved without addressing disability.⁵⁶ The African Union and European Union have developed action points on disability under the MDG areas of health and education in their Joint EU Africa Strategy and Action Plan, 2008-2009,⁵⁷ and the WHO Director-General recently stated that the CRPD will change the way the WHO operates and has set up a Taskforce on Disability to lead WHO efforts in this area.⁵⁸ **However, little of this new awareness and few of these recommendations have yet been transferred back into the mainstream MDG arena or to the general MDG discourse.**

Disability and Development

As with many other marginalized populations, there are a variety of approaches ó both disability inclusive and disability specific ó that seek to incorporate persons with disabilities and disability issues into broader development work. The United Kingdom's Department for International Development (DFID) for example, has proposed a 'Twin Track' approach for disability inclusion that has gained considerable attention. This approach has an emphasis on supporting both inclusion of persons with disabilities in all development work and the fostering of targeted programs as needed for specific disabled populations in order to ensure inclusion in MDG

⁵⁵ <http://www.un.org/disabilities/>

⁵⁶ DFID How to Note on Disability, October 2007, and European Union Guidance Note on Disability and Development, July 2004

⁵⁷ http://www.eu2007.pt/NR/rdonlyres/D449546C-BF42-4CB3-B566-407591845C43/0/071206jsapenlogos_formatado.pdf

⁵⁸ <http://www.who.int/disabilities/media/news/taskforce/en/index.html#>

efforts.⁵⁹ A number of other organizations and agencies have also issued papers, guidelines and directives to insure increased inclusion of persons with disabilities.⁶⁰

We know that many current development programs can be made available to persons with disabilities with little or no modification. In others, simple, low-cost adaptations for certain programs can be incorporated into existing policies and programs to ensure that outreach efforts to eradicate poverty are inclusive of persons with disabilities. In some cases, certain subgroups of persons with disabilities may need disability-specific adaptations.

For example, ramps into schools, clinics and places of employment are an important consideration for persons with mobility impairments, but many deaf people will need sign language interpretation if they are to be reached by health and development outreach efforts. Individuals who are blind or have vision impairments will need materials in Braille and other adaptations, individuals with intellectual or mental health impairments may need instructions and explanations on health issues or educational outreach efforts that are clear and easy to follow. Even such disability-specific adaptations are relatively low-cost and can be anticipated, planned and budgeted for.⁶¹

Development efforts already are routinely targeted to certain subgroups. For example, where broad women's empowerment programs do not reach women in an ethnic community, specific outreach programs are often initiated. Reaching subgroups within the larger disabled population – for example, targeted HIV and reproductive health outreach programs in sign language for deaf adolescents – should be no different.

The CRPD and progressive legislation, as well as accessible and inclusive programming, are all important components in addressing poverty among persons with disabilities. But monitoring and evaluation is key to assessing how truly effective MDG policies and programs are in reaching persons with disabilities. Unless baseline data on the current status of persons with disabilities is developed and their status followed over time, it will be impossible to identify how and to what extent MDG efforts are reaching persons with disabilities and their families.

This will be addressed in far greater detail in Chapter 3, but here it is important to note that there is a profound need for evidence-driven policy and programs for persons with disabilities in international development. This is of particular concern because low priority, lack of attention to disability issues in preceding years and severely restricted funding for research and data collections from the international development and global health fields, has meant that currently

⁵⁹ DFID 2000 <www.dfid.gov.uk>

⁶⁰ UN Enable <<http://www.un.org/disabilities/>>

⁶¹ DFID 2002, ILO 2002, Thomas 2004, Groce and Trani 2009.

there is a significant lack of data available for persons with disabilities around issues such as poverty, health, education and employment.⁶²

The international community needs to act urgently to mainstream disability in the MDG process. This requires policy makers and technical experts specifically tasked with programming, monitoring and evaluating of MDG efforts to rethink current programs, and to adapt and expand future plans to ensure the inclusion of persons with disabilities.

In this, disability should be regarded as a cross-cutting issue comparable to gender. No program should be initiated without consideration for how persons with disabilities will be served, just as consistent and comprehensive attention as to how women will be affected and included is now expected for all programs. If persons with disabilities are not currently in existing programs then those who monitor and evaluate such programs must ask why persons with disabilities ó some 10% of the general population ó are not represented, and what can be done to ensure that they are reached.

Cooperation between MDG Efforts and Global Disability Organizations

Finally, it is critically important to note that United Nations agencies, governments and civil society group working on MDG issues do not have to (and indeed, should not) tackle disability issues alone. A strong and growing global Disability Rights movement has given rise to a number of local, national and international DPOs run for and by persons with disabilities, as well as an established body of NGOs that work on behalf of persons with disabilities.

These groups have followed the MDG process with growing interest and expertise since its inception and have already developed a body of resources and guidelines on the inclusion of persons with disabilities on global development issues, including in relation to the MDGs (see Appendix B). These groups are both resources for, and potential partners of, UN agencies, governments and civil society groups involved with broader MDG efforts. Such disability focused organizations, experts and advocates can provide guidance for, and serve as collaborative partners with, development experts at all levels. Rather than reinvent the wheel, a global network of disability advocates, experts and organizations with established expertise from the grassroots level up to and through the UN system can and should be partners throughout all aspects of MDG policies and programming.

⁶² Altman B, Barnatt S. 2000; Braithwaite J, Mont D 2009; Hoogeveen 2005. Train JF, Loeb 2010.

Chapter 2: MDGs and Disability ó Matching Goals, Targets and Indicators to Disability Concerns

The 8 MDGs with their attendant 21 Targets and 60 Indicators form the framework to generate and guide action of UN agencies, governments and civil society, in conjunction with an attendant matrix of monitoring and evaluation tools intended to bring about unified action and systematic assessment of progress and gaps in progress.

In this chapter, the MDGs are presented with their Targets and Indicators, but two additional columns of information are added to the familiar framework. In these columns the MDGs are presented with linked disability indicators and amplified by currently available global data on the situation of persons with disabilities in relation to the Targets and Indicators raised in the MDGs.⁶³

⁶³There is a growing literature on disability and poverty. Citations provided in this matrix are intended to illustrate points raised in response to the Indicators, however for a more in depth discussion of disability and poverty, see the continually updated information found on a series of UN websites. For example: DESA <http://www.un.org/disabilities/>; World Bank <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,menuPK:282704~pagePK:149018~piPK:149093~theSitePK:282699,00.html>>, International Labour Organizations http://www.ilo.org/Search3/search.do?searchWhat=disability+program&locale=en_US and WHO <http://www.searo.who.int/en/Section1174/Section1461.htm>

**Millennium Development Goals:
Situation of persons with disabilities based on available global data⁶⁴**

Goal 1. Eradicate extreme poverty and hunger

<i>Goals and targets</i>	<i>Indicators for monitoring progress</i>	<i>Disability indicators⁶⁵</i>	<i>Available global data on the situation of persons with disabilities and the MDGs⁶⁶</i>
Target 1.A. Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1. Proportion of population below \$1 per day 1.2. Poverty gap ratio	1.1. Proportion of population with disabilities below \$1 per day 1.2. Poverty gap ratio for persons with disabilities	<ul style="list-style-type: none"> ▪ An estimated 80 per cent of all people with disabilities in the world live in developing countries. Of these, some 426 million live below the poverty line and often represent the 15- to-20 per cent most vulnerable and marginalized poor in such countries.⁶⁷
	1.3. Share of poorest quintile in national consumption	1.3. Proportion of persons with disabilities within the poorest quintile in national consumption	

64. This matrix is based on the Appendix, entitled "Millennium Development Goals: mainstreaming disability", to the report of the Secretary-General on the Fifth Quinquennial review and appraisal of the World Programme of Action concerning Disabled Persons, A/63/183, available at: <http://www.un.org/disabilities/images/A-63-183.DOC>

⁶⁵ To the extent possible the sources used are from United Nations entities, but may include the work of experts commissioned by the United Nations. An attempt was made to find information produced/published after the year 2000. Some of the sources cited in the text, however, may have been produced before the year 2000. When this is the case, to the extent possible, the citation to the other source is also included in the footnote.

⁶⁶ It is important to note that in those cases where nothing appears in the "Available Global Data" column, data on the issue does not yet exist. For example, under "Goal 6" Combat HIV/AIDS, Malaria and TB, Indicator 7 asks the proportion of children under five sleeping under insecticide treated bed nets. It can be anticipated, based on knowledge of the low priority given to disabled children in many countries, that in poor families where there are not enough bed nets for all children, priority for bed nets will be given to the non-disabled child over the disabled sibling. However, as in many other areas related to global disability issues, currently little research exists to permit qualitative or quantitative documentation of how persons with disability are affected in relation to this particular Indicator.

⁶⁷ Facts on Disability in the World of Work (Geneva, International Labour Organization, Nov 2007), available at: http://www.ilo.org/global/About_the_ILO/Media_and_public_information/Press_releases/lang-en/WCMS_088028/index.htm

<i>Goals and targets</i>	<i>Indicators for monitoring progress</i>	<i>Disability indicators⁶⁵</i>	<i>Available global data on the situation of persons with disabilities and the MDGs⁶⁶</i>
Target 1.B. Achieve full and productive employment and decent work for all, including women and young people	1.4. Growth rate of gross domestic product (GDP) per person employed	1.4. Growth rate of GDP per person with disabilities employed	<ul style="list-style-type: none"> There is ample evidence that people with disabilities are more likely than non-disabled persons to experience disadvantage, exclusion and discrimination in the labour market and elsewhere. As a result of these experiences, people with disabilities are disproportionately affected by unemployment. When they work, they can often be found outside the formal labour market, performing low-paid and low-skilled jobs, offering little or no opportunities for job promotion or other forms of career progression. Employees with disabilities are often under-employed.⁶⁸
	1.5. Employment-to-population ratio	1.5. Employment-to-population ratio for persons with disabilities	<ul style="list-style-type: none"> The most common form of discrimination is the denial of opportunities to persons with disability either to work altogether or to build on their abilities and potential. The unemployment rates of persons with disabilities reach an estimated 80 per cent or more in many developing countries.⁶⁹
	1.6. Proportion of employed people living below \$1 per day	1.6. Proportion of employed persons with disabilities living below \$1 per day	<ul style="list-style-type: none"> People with disabilities are often given low-paid, unskilled and menial tasks or belong to the "last hired ó first fired" group of workers who are more vulnerable to the effects of recession.⁷⁰
	1.7. Proportion of own-account and contributing family	1.7. Proportion of own-account and contributing family	

⁶⁸ *Achieving equal employment opportunities for people with disabilities through legislation Guidelines* (Geneva, International Labour Organization, 2007), p. 8. Available at: <http://www.ilocarib.org.tt/portal/images/stories/contenido/pdf/Disability/achieving-emp-through-legislation.pdf>.

⁶⁹ *Time for Equality at Work, Global Report under the Follow-up to the ILO Declaration on Fundamental Principles and Rights at Work*, International Labour Conference 91st Session 2003, Report I (B), (International labour Office Geneva, first published in 2003) , p. 48 ,available at: http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_publ_9221128717_en.pdf.

⁷⁰ *Ibid.*, p. 49.

<i>Goals and targets</i>	<i>Indicators for monitoring progress</i>	<i>Disability indicators⁶⁵</i>	<i>Available global data on the situation of persons with disabilities and the MDGs⁶⁶</i>
	workers in total employment	workers with disability in total employment of persons with disabilities	
Target 1.C.	Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8. Prevalence of underweight children under five years of age	1.8. Prevalence of underweight in children with disability under five years of age
		1.9. Proportion of population below minimum level of dietary energy consumption	1.9. Proportion of population with disabilities below minimum level of dietary energy consumption
			* Persons with disabilities, even in households where food is available are often denied equal access to sufficient amounts of food or nutritious food available to others. ⁷¹

Goal 2. Achieve universal primary education

<i>Goals and targets</i>	<i>Indicators for monitoring progress</i>	<i>Disability indicators</i>	<i>Available global data on the situation of persons with disabilities and the MDGs</i>
Target 2. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1. Net enrolment ratio in primary education	2.1. Net enrolment ratio of children with disabilities in primary education	<ul style="list-style-type: none"> ▪ Of the 75 million children of primary school age who are out of school, one third are children with disabilities.⁷² ▪ Over 90 per cent of children with disabilities in developing countries do not attend school.⁷³
	2.2. Proportion of pupils starting grade 1 who reach the last grade	2.2. Proportion of pupils with disabilities starting grade 1 who reach the last grade	<ul style="list-style-type: none"> ▪ Based on data from seven countries, on average a child with a physical disability is half as likely to be in school as a child without disability.⁷⁴

⁷¹ World Bank 2003.

⁷² Children with Disabilities, available at UNESCO's webpage: <http://www.unesco.org/en/inclusive-education/children-with-disabilities/>.

⁷³ Ibid.

⁷⁴ UNESCO *Education for All by 2015 Will we make it?*, Education for All Global Monitoring Report 2008, Chapter 2, 'The six goals: how far have we come?', Independent Publication (UNESCO Publishing, and Oxford University Press, 2007), pp. 48-49. Table 2.6: Percentages of children with and without disabilities not attending school in seven countries (various years); The difference between children with physical disabilities and those without physical disabilities attending school varies from 15 percent to 59 percent. 'Education for All Monitoring Report 2008', Chapter 2, 'The six goals: how far have we come?' pp. 48-49.; UNESCO: In a set of three more recent studies, for Malawi, Zambia and Zimbabwe, the chances of a children with disabilities not being in school are two to three times greater than for a child who do not have a disability (Eide and Loeb, 2006; Eide et al., 2003; Loeb and Eide, 2004).

<i>Goals and targets</i>	<i>Indicators for monitoring progress</i>	<i>Disability indicators</i>	<i>Available global data on the situation of persons with disabilities and the MDGs</i>
	in primary school	in primary school	
	2.3. Literacy rate of 15- to 24-year-olds, women and men	2.3. Literacy rate of 15- to 24-year-olds with disabilities, women and men	<ul style="list-style-type: none"> ▪ Literacy rate for adults with disabilities is as low as three per cent ⁶ and, in some countries, as low as one per cent for women with disabilities.⁷⁵

Goal 3. Promote gender equality and empower women

<i>Goals and targets</i>	<i>Indicators for monitoring progress</i>	<i>Disability indicators</i>	<i>Available global data on the situation of persons with disabilities and the MDGs</i>
Target 3. Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1. Ratio of girls to boys in primary, secondary and tertiary education	3.1. Ratio of girls with disabilities to boys with disabilities in primary, secondary and tertiary education; ratio of girls with disabilities to boys without disabilities in primary, secondary and tertiary education	<ul style="list-style-type: none"> ▪ A general trend worldwide is that women with disabilities are less likely to be referred to vocational training; have a harder time gaining access to rehabilitation programmes; are less likely to obtain equality in training.⁷⁶
	3.2. Share of women in wage employment in the non-agricultural sector	3.2. Share of women with disabilities in wage employment among persons with disabilities in the non-agricultural	<ul style="list-style-type: none"> ▪ Among persons with disabilities, men are almost twice as likely to have jobs as women.⁷⁷ ▪ When women with disabilities work, they often experience unequal hiring and promotion

⁷⁵ UNESCO: Children with Disabilities, UNESCO's webpage: <http://www.unesco.org/en/inclusive-education/children-with-disabilities/>; Also see: Groce N, Bahkshi P. 2010. Illiteracy among Adults with Disabilities: An unexplored area of concern. <http://www.ucl.ac.uk/lc-ccur/centrepublishations/workingpapers/date>

⁷⁶ *The rights to decent work of persons with disabilities* (Geneva, Switzerland, international Labour organization, November 2007). pp. 49-50. Available at: http://www.ilo.org/public/english/region/ampro/cinterfor/news/right_07.pdf. Source cited in the document above: Mudrick, N. Disabled women and public policies for income support (a study on the influence of income support on the lives of women with disabilities), in M. Fine and A. Asch (eds): *Women with disabilities: Essays in psychology, culture and politics* (Philadelphia, Temple University Press, 1988).

⁷⁷ "Facts on Disability in the World of Work" (Geneva, International Labour Organization, Nov 2007), available at: http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_087707.pdf.

<i>Goals and targets</i>	<i>Indicators for monitoring progress</i>	<i>Disability indicators</i>	<i>Available global data on the situation of persons with disabilities and the MDGs</i>
	<p data-bbox="619 1167 879 1301">3.3. Proportion of seats held by women in the national parliament</p>	<p data-bbox="922 360 1038 389">sector</p> <p data-bbox="922 1167 1193 1473">3.3. Proportion of seats held by women with disabilities in the national parliament, in comparison to all members of parliament with disabilities in the national parliament</p>	<p data-bbox="1241 360 1592 600">standards, unequal access to training and retraining, unequal access to credit and other productive resources, unequal pay for equal work and occupational segregation, and they rarely participate in economic decision-making.⁷⁸</p> <ul style="list-style-type: none"> <li data-bbox="1204 600 1592 1106">▪ Studies have found that, even in rich countries, major programmes designed to assist people with disabilities, such as supplemental security income, disability insurance, workers' compensation and vocational rehabilitation, disadvantage women because of their relationship to labour market participation. Not only do women receive fewer benefits than men, they also draw lower benefits. Moreover, despite their greater need, disabled women receive less from public income support programmes.⁷⁹

⁷⁸ *The rights to decent work of persons with disabilities* (Geneva, Switzerland, International Labour organization, November 2007), p. 49. Available at: http://www.ilo.org/public/english/region/ampro/cinterfor/news/right_07.pdf.; Source cited in the document above: "Women swell ranks of working poor" (*World work*, No. 17, International Labour Organization, 1996 Sep- Oct).

⁷⁹ *Ibid.* Source cited in the document above: Mudrick, N. Disabled women and public policies for income support (a study on the influence of income support on the lives of women with disabilities), in M. Fine and A. Asch (eds): *Women with disabilities: Essays in psychology, culture and politics* (Philadelphia, Temple University Press, 1988).

Goal 4. Reduce child mortality

<i>Goals and targets</i>	<i>Indicators for monitoring progress</i>	<i>Disability indicators</i>	<i>Available global data on the situation of persons with disabilities and the MDGs</i>
Target 4. Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	4.1. Under-five mortality rate	4.1. Under-five mortality rate for all children with disabilities	<ul style="list-style-type: none"> ▪ ðThere is a moderate correlation between the percentage of children screening positive to the Disability Module and country-level U5 mortality.ð⁸⁰
	4.2. Infant mortality rate	4.2. Infant mortality rate for all infants with disabilities	
	4.3. Proportion of one-year-old children immunized against measles	4.3. Proportion of one-year-old children with disabilities immunized against measles	<ul style="list-style-type: none"> ▪ ðOf the 200 million children reported living with disabilities, few of those living in developing countries have effective access to health and rehabilitation or support services. For example, they may miss out on vaccinations, or treatment for simple fever or diarrhea, easily curable illnesses which can become life-threatening if left untreated.ð⁸¹

Goal 5. Improve maternal health

<i>Goals and targets</i>	<i>Indicators for monitoring progress</i>	<i>Disability indicators</i>	<i>Available global data on the situation of persons with disabilities and the MDGs</i>
Target 5.A. Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	5.1. Maternal mortality rate	5.1. Maternal mortality rate for women with disabilities	<ul style="list-style-type: none"> ▪ ðFertility rates have been examined in only few types of
	5.2. Proportion of births attended by skilled	5.2. Proportion of births among women with	

⁸⁰ *Monitoring Child Disability in Developing Countries Results from the Multiple Indicator Cluster Surveys* (New York, United States, The United Nations Children's Fund and University of Wisconsin School of Medicine and Public Health), p 25. Available at: http://www.childinfo.org/files/Monitoring_Child_Disability_in_Developing_Countries.pdf.

Note: The moderate correlation between under-five mortality and percentage children of screening positive could reflect the competing impact of survival on these two measures. For example, it might be the case that, as development progresses, children who would not have previously survived are doing so, but these children are living with disabilities. It is likely that the relationship between measures of development and child disability differs in participating countries. Some countries with high under-five mortality rates reported a larger percent of children screening positive to the Disability Module; in others, a low under-five mortality rate was paired with a small percentage of children screening positive to the Disability Module. Also see: Gottlieb et al. 2010.

⁸¹ *Promoting the Rights of Children with Disabilities*, (Florence, Italy, The United Nations Children's Fund, Innocenti Digest No. 13. ISBN: 978-88-89129-60-9. October 2007), p. 15. Available at: www.un.org/esa/socdev/unyin/documents/children_disability_rights.pdf.

<i>Goals and targets</i>		<i>Indicators for monitoring progress</i>	<i>Disability indicators</i>	<i>Available global data on the situation of persons with disabilities and the MDGs</i>
		health personnel	disabilities attended by skilled health personnel	disabilities, but where such evidence exists, the results indicate that these rates are similar to rates for women without disabilities. ⁸²
Target 5.B.	Achieve, by 2015, universal access to reproductive health	5.3. Contraceptive prevalence rate	5.3. Contraceptive prevalence rate among women with disabilities	
		5.4. Adolescent birth rate	5.4. Adolescent birth rate among young women with disabilities	
		5.5. Antenatal care coverage (at least one visit and at least four visits)	5.5. Antenatal care coverage (at least one visit and at least four visits) for all women with disabilities who are pregnant	<ul style="list-style-type: none"> ▪ Many persons with disabilities often lack access to sexual and reproductive health information and services.⁸³ ▪ People who are blind, deaf, or have intellectual or cognitive impairments find that information on sexual and reproductive health is often inaccessible to them. Moreover, because of the lack of physical access, the lack of disability-related technical and human supports, stigma and discrimination, sexual and reproductive health services are often inaccessible as well.⁸⁴
		5.6. Unmet need for family planning	5.6. Unmet need for family planning among women with disabilities	<ul style="list-style-type: none"> ▪ Persons with disabilities often experience forced sterilization, forced abortion and forced marriage.⁸⁵

⁸² Reproductive health and disability, available at the World Bank's website: <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/EXTPRH/0..contentMDK:20286128~menuPK:632615~pagePK:148956~piPK:216618~theSitePK:376855,00.html>.

⁸³ *Sexual and reproductive health of persons with disabilities* (New York, United Nations Population Fund, 2009), p. 3. Available at: http://www.unfpa.org/upload/lib_pub_file/741_filename_UNFPA_DisFact_web_sp-1.pdf.

⁸⁴ *Ibid.*, p. 2.

⁸⁵ *Ibid.*, p. 7.

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

<i>Goals and targets</i>	<i>Indicators for monitoring progress</i>	<i>Disability indicators</i>	<i>Available global data on the situation of persons with disabilities and the MDGs</i>
Target 6.A. Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1. HIV prevalence among pregnant women aged 15 to 24	6.1. HIV prevalence among pregnant women with disabilities aged 15 to 24	<ul style="list-style-type: none"> ▪ ðA growing literature indicates that individuals with disability are at equal or increased risk of exposure to all known risk factors.ð⁸⁶ ▪ ðA large percentage of persons with disabilities will experience sexual assault or abuse during their lifetime, with women and girls, persons with intellectual impairments and those in specialized institutions, schools or hospitals being at particularly high risk.ð⁸⁷ ▪ ðDue to a number of reasons, including insufficient access to appropriate HIV prevention and support services, many persons with disabilities engage in behaviors which place them at risk of HIV infection, such as unprotected heterosexual or male-to-male sex (including in the context of sex work) and injecting drug use.ð⁸⁸
	6.2. Contraceptive use at last high-risk behaviour	6.2. Contraceptive use at last high-risk behaviour among women and men with disabilities	<ul style="list-style-type: none"> ▪ ðServices offered at clinics, hospitals and in other locations may be physically inaccessible, lack sign language facilities or fail to provide information in alternative formats such as Braille, audio or plain language.ð⁸⁹
	6.3. Percentage of population aged 15 to 24 with comprehensive correct knowledge of HIV/AIDS	6.3. Percentage of population with disabilities aged 15 to 24 with comprehensive correct knowledge of HIV/AIDS	<ul style="list-style-type: none"> ▪ Persons with disabilities may be turned away from HIV education forums or not be invited by outreach workers, because of assumptions that they are not sexually active, or do not engage in other risk behaviors such as injecting drugs.⁹⁰

⁸⁶ World Bank. *HIV/AIDS & Disability: Capturing Hidden Voices: The World Bank/Yale University Global Survey on HIV/AIDS and Disability* (Washington, D.C, World Bank, 2004). p. 3. Note: Research paper prepared as part of the World Bank's Global HIV/AIDS Program, in collaboration with the Office of the Advisor on Disability and Development.

⁸⁷ ðDisability and HIV Policy Brief: Disability and HIVð (World Health Organization, United Nations Human Rights, and the Joint United Nations Programme on HIV/AIDS. April 2009), p. 2. Available at: http://www.who.int/disabilities/jc1632_policy_brief_disability_en.pdf;

⁸⁸ Ibid., p. 2.

⁸⁹ Ibid., p. 3.

⁹⁰ Ibid., p. 4.

<i>Goals and targets</i>	<i>Indicators for monitoring progress</i>	<i>Disability indicators</i>	<i>Available global data on the situation of persons with disabilities and the MDGs</i>
	6.4. Ratio of school attendance of orphans to school attendance on non-orphans aged 10 to 14	6.4. Ratio of school attendance of orphans with disabilities to school attendance of non-orphans with disabilities aged 10-14	
Target 6.B. Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5. Proportion of population with advanced HIV infection with access to antiretroviral drugs	6.5. Proportion of population with disabilities with advanced HIV infection with access to antiretroviral drugs	
Target 6.C. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6. Incidence and death rates associated with malaria	6.6. Incidence and death rates associated with malaria among individuals with disabilities	
	6.7. Proportion of children under five sleeping under insecticide-treated bed nets	6.7. Proportion of children with disabilities under five sleeping under insecticide-treated bed nets	
	6.8. Proportion of children under five with fever who are treated with appropriate anti-malarial drugs	6.8. Proportion of children with disabilities under five with fever who are treated with appropriate anti-malarial drugs	
	6.9. Incidence, prevalence and death rates associated with tuberculosis	6.9. Incidence, prevalence and death rates associated with tuberculosis among individuals with disabilities	
	6.10. Proportion of tuberculosis cases detected and cured under directly observed treatment short course	6.10. Proportion of tuberculosis cases among persons with disabilities detected and cured under directly observed treatment short course	

Goal 7. Ensure environmental sustainability

<i>Goals and targets</i>	<i>Indicators for monitoring progress</i>	<i>Disability indicators</i>	<i>Available global data on the situation of persons with disabilities and the MDGs</i>
Target 7.A. Integrate the principals of sustainable development into country policies and programmes and reverse the loss of environmental resources	7.1. Proportion of land area covered by forest 7.2. Carbon dioxide emissions, total, per capita and per \$1 GDP 7.3. Consumption of ozone-depleting substances 7.4. Proportion of fish stocks within safe biological limits 7.5. Proportion of total water resources used	7	<ul style="list-style-type: none"> ▪ Persons with disabilities are among the "most vulnerable to natural and human-made hazards"⁹¹ and are disproportionately represented among "victims of disasters."⁹²
Target 7.B. Reduce biodiversity loss, achieving by 2010 a significant reduction in the rate of loss	7.6. Proportion of terrestrial and marine areas protected 7.7. Proportion of species threatened with extinction		
Target 7.C. Halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8. Proportion of population using an improved drinking water source 7.9. Proportion of population using an improved	7.8. Proportion of population with disabilities using an improved drinking water source 7.9. Proportion of population with disabilities using an	<ul style="list-style-type: none"> ▪ "An estimated 80 per cent of all people with disabilities in the world live in rural areas of developing countries and have limited or no access to services they need."⁹³ * Persons with disabilities face both technical and social barriers that mitigate against their ability to regularly access clear water.⁹⁴ * Persons with disabilities face significant impediments in

⁹¹ *Global Report on Human Settlements 2007, Enhancing Urban Safety and Security* (published by Earthscan in the UK and US, 2007), United Nations Human Settlements Programme (UN-HABITAT), p 181. Available at: http://www.preventionweb.net/files/2585_2432alt1.pdf.

⁹² Ibid., p18.

⁹³ "Facts on Disability in the World of Work" (International Labour Organization, Geneva, Nov 2007). Available at: http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_087707.pdf

⁹⁴ Jones H. Reed R. 2005. <<http://wedc.lboro.ac.uk/index.html>>

<i>Goals and targets</i>	<i>Indicators for monitoring progress</i>	<i>Disability indicators</i>	<i>Available global data on the situation of persons with disabilities and the MDGs</i>
	sanitation system	improved sanitation	accessing basic sanitation, at great cost to their health, well-being and autonomy, despite the fact that most sanitation facilities could be made more accessible to persons with disabilities with only minor, low cost, sustainable adaptations of current facilities and practices.
Target 7.D. By 2020 to have achieved a significant improvement in the lives of at least 100 million slum-dwellers	7.10. Proportion of urban population living in slums	7.10. Decrease in proportion of urban population with disabilities living in slums	<ul style="list-style-type: none"> ▪ Persons with disabilities are among those most affected by some of the consequences of urban poverty, including: limited access to assets, thus limiting their ability to respond to risky events or to manage risk (e.g. through insurance); it is also unlikely that they will receive the necessary social services following disasters or other risky events. In addition, the urban poor are more vulnerable to the undesirable outcomes of risky events because they are already closer to or below the threshold levels of these outcomes, whether they are income poverty or tenure insecurity.⁹⁵

⁹⁵ Global Report on Human Settlements 2007, Enhancing Urban Safety and Security (published by Earthscan in the UK and US , 2007), United Nations Human Settlements Programme (UN-HABITAT), p. 24. Available at: http://www.preventionweb.net/files/2585_2432alt1.pdf.

Goal 8. Develop a goal partnership for development

<i>Goals and targets</i>	<i>Indicators for monitoring progress</i>	<i>Disability indicators</i>	<i>Available global data on the situation of persons with disabilities and the MDGs</i>
Official development assistance			
Target 8.A. Develop further an open, rule-based, predictable, non-discriminatory trading and financial system (includes a commitment to good governance, development and poverty-reduction both nationally and internationally)	8.1. Net ODA total and to the least developed countries, as a percentage of Organization for Economic Cooperation and Development/Development Assistance Committee (OECD/DAC) donors' gross national income 8.2. Proportion of bilateral, sector-allocable ODA of OECD/DAC donors for basic social services (basic education, primary health care, nutrition, safe water and sanitation) 8.3. Proportion of bilateral ODA of OECD/DAC donors that is untied 8.4. ODA received in landlocked countries as a proportion of their gross national incomes 8.5. ODA received in small island developing States as a proportion of their gross national incomes	8.1.-8.12	Proportion of bilateral sector-allocable ODA of OECD/DAC donors for programmes promoting the inclusion and participation of persons with disabilities.
Market access			
Target 8.B. Address the special needs of the least developed countries (includes tariff- and quota-free access for exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official	8.6. Proportion of total developed country imports (by value and excluding arms) from developing countries and from least developed countries admitted free of duty 8.7. Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries		

<i>Goals and targets</i>	<i>Indicators for monitoring progress</i>	<i>Disability indicators</i>	<i>Available global data on the situation of persons with disabilities and the MDGs</i>
<p>bilateral debt; and more generous ODA for countries committed to poverty reduction</p> <p>Target 8.C. Address the special needs of landlocked countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)</p> <p>Target 8.D. Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</p> <p>Target 8.E. In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</p>	<p>8.8. Agriculture support estimated for OECD countries as a percentage of their gross domestic product</p> <p>8.9. Proportion of ODA provided to help build trade capacity</p> <p>8.10. Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)</p> <p>8.11. Debt relief committed under the HIPC Initiative and the Multilateral Debt Relief Initiative</p> <p>8.12. Debt service as a percentage of exports of goods and services</p> <p>8.13. Proportion of population with access to affordable essential drugs on a sustainable basis</p>	<p>8.13. Proportion of persons with disabilities with access to affordable essential drugs on a sustainable basis</p>	<ul style="list-style-type: none"> ▪ Persons with physical disabilities often have difficulties accessing health care, especially in rural areas, slums and suburban settings; persons with psychosocial disabilities may not have access to affordable treatment through the public health system; women with disabilities may not receive gender-sensitive health services. Medical practitioners sometimes

Goals and targets	Indicators for monitoring progress	Disability indicators	Available global data on the situation of persons with disabilities and the MDGs
Target 8.F. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14. Telephone lines per 100 population	8.14. Proportion of persons with disabilities with access to a telephone line	treat persons with disabilities as objects of treatment rather than rights-holders and do not always seek their free and informed consent when it comes to treatments. ⁹⁶ Only in few countries have solutions been implemented for persons with disabilities which have made possible or improved access to telecommunication services. ⁹⁷
	8.15. Mobile telephone subscribers per 100 population	8.15. Proportion of persons with disabilities with a mobile telephone subscription	While equipment and software is now available that provides amazing breakthroughs for people with disabilities, there are many barriers to finding the most appropriate equipment, particularly at a price that is affordable. ⁹⁸
	8.16. Internet users per 100 population	8.16. Proportion of persons with disabilities using the internet	A snap shot of the current ICT accessibility for persons with disabilities challenges and initiatives in various regional blocks include lack of fully developed infrastructure and absence of policies. ⁹⁹ In the Africa region the challenges is unaffordable

⁹⁶ Office of the United Nations High Commissioner for Human Rights (after 2007), World Health Organization "The right to health", available at: http://www.who.int/hhr/activities/Right_to_Health_factsheet31.pdf . P. 16.; Stein et al. 2009.

⁹⁷ Question 20/1: Access to telecommunication services for people with disabilities (International Telecommunication Union). Available at: http://www.itu.int/ITU-D/study_groups/SGP_2006-2010/documents/Questions/Q20-1.pdf p. 1.

⁹⁸ ITU and accessibility. Available at: International Telecommunication Union webpage <http://www.itu.int/themes/accessibility>

⁹⁹ "ITU Regional Workshop on ICT Accessibility for Persons With Disabilities for Africa Region" (International Telecommunication Union, July 2008) . p. 2. Available at: <http://www.itu.int/ITU-D/sis/PwDs/Seminars/Zambia/Documents/Meeting%20Report.pdf>.

Goals and targets

Indicators for monitoring progress

Disability indicators

Available global data on the situation of persons with disabilities and the MDGs

access (31 countries in Africa are LDCs) and the multiplicity of languages within one country (ICT for persons with disabilities initiatives such as the South Africa National Accessibility portal project in 11 official languages).¹⁰⁰

- In the Arab region, the lack of statistics on persons with disabilities continues to be a challenge.¹⁰¹
- Initiatives include: in the Asia Pacific region, standards setting such as in the tsunami preparedness project; in the Americas, strides have been made in training (50% of countries trained); in Europe the i2010 initiative is monitored by the European Disability Forum.¹⁰²

¹⁰⁰ Ibid.

¹⁰¹ Ibid.

¹⁰² Ibid.

Chapter 3: Integrating Disability into the MDG process - Entry Points for Disability Issues

Implementation of the MDGs is a *process* of a linked series of activities at the country, regional and global level that promote the targeting of key poverty issues, policies and programs and the careful monitoring and evaluation of these efforts to identify whether, and to what extent, such efforts are successful.

The MDGs are two-thirds of the way through their live span, and will conclude in 2015. Realistically, there will be no significant changes made in the overarching Goals, nor in the current Targets or Indicators at this point. However, there remain a significant number of entry points and pressure points that can be used to ensure inclusion of disability issues between now and 2015, even if disability is not explicitly cited in the Goals themselves.

Because the MDG process is complex and involves the work of a number of UN agencies in conjunction with governments and civil society, policies, programs and the evaluation of these efforts often take place on several different levels. While those working on MDG efforts are familiar with this system and its components, for many others working in international development, including experts and advocates who work on disability issues, although the overarching goals of the MDGs are clear, the actual mechanisms by which the MDGs are planned, carried out and assessed are a -black box-

In this chapter, we review how the system works for the benefit of experts and advocates from the disability community, with particular attention to where key entry points exist for the introduction or promulgation of disability issues. Because a significant body of MDG guidelines, tools and resources already exist, this information will not be repeated here. Interested readers are encouraged to follow up with materials listed in Appendix A.

Implementing the MDGs

The Intern-Agency and Expert Group (IAEG) was created in response to the Millennium Declaration, and charged with development of a set of unifying Goals and then the translation of these Goals into operational targets and measurable indicators. Today, the MDG system is comprised of:

8 Goals - The Goals being the overarching objectives to be reached through the combined activities of UN, government and civil society, as identified in the action points detailed in the Targets. All goals are held to be equally important.

21 Targets - The Targets being measurable objectives for each of the Goals.

60 Indicators ó The Indicators being measures permitting monitoring of progress towards the Targets.

To clarify and harmonize the role of the UN organization in helping countries find their own solutions to meet the MDGs, the UN Development Group (UNDG) established a core strategy¹⁰³ identifying four related key activity areas that are essential to UN MDG work at the global, regional and country levels in support of government and civil society efforts to achieve the MDG.

These four related key activity areas are:

- 1) Operational activities,
- 2) Campaigns and mobilization efforts,
- 3) Monitoring and evaluation of efforts
- 4) Analysis of results.

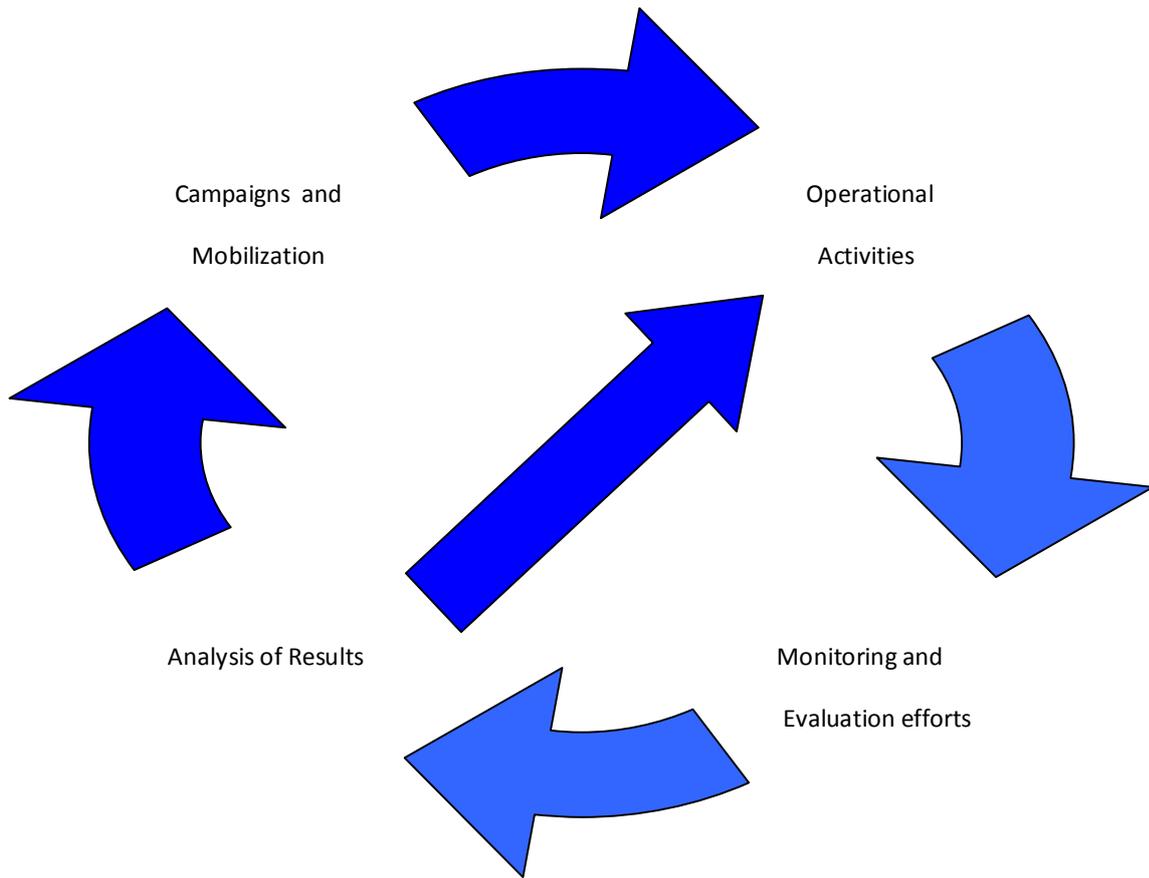
The process can be envisioned as a feedback loop with operational activities to address MDG issues undertaken by UN agencies, governments and civil society in response to active campaigns and mobilization efforts. Such campaigns and mobilization efforts create a demand for action from civil society, which presses governments to act. Governments are the key drivers of UN agencies, so requests for action from governments drive policy and programming within the UN system itself. The feedback loop of increased awareness and calls from action from civil society through governments and on to the UN level results in operational activities at all levels that address one or more of the MDGs.¹⁰⁴

Such operational activities are themselves followed closely through monitoring and evaluation efforts on the global, regional and national level, with the resulting information being analyzed to determine whether, how and to what extent MDG related policies, projects and programs are working. These findings are reported back to UN agencies, governments and civil society, both to improve on-going operational activities and to help drive MDG related campaigns and mobilization efforts in what is hoped, will be a positive feedback cycle of public demand and further development initiatives.

¹⁰³ See: Core Concepts of the Millennium Development Goals <<http://unethiopia.org/MDG's/Index.html#>>

¹⁰⁴ *ibid*

The process is envisioned in Figure 1:



CORE STRATEGIES RELATED TO IMPLEMENTATION OF THE MDGS

Below each of the 4 key components is described briefly, with specific reference to their relevance to the inclusion of persons with disabilities:¹⁰⁵

1) Operational Activities

Perhaps the largest body of work underway through the MDGs can be grouped broadly under the heading of operational activities. Within this realm fall the hundreds of programs, initiatives and campaigns run by UN agencies, governments, local, regional and global NGOs and other components of civil society that individually, and in combination, address one or more of the MDGs. Such efforts range from local improvements in maternal/child health services or programs that increase school attendance for the girl child, to global campaigns on HIV and malaria. While many such activities have long been promulgated by the international development community, the intention of the MDGs is to unite efforts to produce more focused, documentable results.

The role of the UN system with respect to the MDGs is not to undertake all activities related to the MDGs, but rather to support government and civil society to pursue the Goals at the country level. To increase the likelihood that activities related to the MDGs will be successful at the country level, the UN system has committed considerable attention and resources to fostering an environment at the regional and global level that will assist and support a full range of activities to enhance these national-level development efforts.

Ideally, the uniting of so many different streams of activities around a core objective – for example Goal 2 (Achieve Universal Primary Education) – will ensure that real progress will be made. Moreover, such focused interventions, it is hoped, will allow experts and advocates to better identify gaps in the system or points where there is a lack of progress or backsliding.

Translation of the MDGs into policy and actions requires that the Goals and their linked Targets and Indicators be integrated into established national medium and long-term goals and policies for each country. Because of this, countries have different sets of strategies and policies related to achieving the MDGs, reflecting different histories, resources, social structures, development needs and priorities, as well as differing capacity and governance structures. This range of goals, strategies and policies is known as the National Policy Framework. To track activities at the national level, the UN funds MDG national Country Teams which annually collect and compile data on progress towards the MDGs at the national level. UN Country Teams produce national MDG reports. The frequency of these reports depends on the country. The UN Statistical Division (UNSD), issues annual reports evaluating global and regional progress towards the MDGs.

¹⁰⁵ It should be noted that while entry points for disability groups are identified for each of the four core strategy areas below, it is anticipated that most disability organizations will want to participate in more than one of these core strategy areas, depending on the interests, expertise and resources of the DPOs and NGOs involved. The strategy areas have been separated here to provide better clarity in regards to the overall MDG process.

Disability Component of Operational Activities:

All activities undertaken in conjunction the MDGs should include persons with disabilities. So, for example, Goal 3, Target 3.1 promotes the elimination of gender disparity and specifically seeks to identify the ratio of girls to boys in primary, secondary and tertiary education. This issue is no less important for disabled girls than for non-disabled girls, as gender disparity for disabled children continues to be a significant issue in a number of countries.

The right to demand inclusion for persons with disabilities is based on the CRPD as well as on the new UN Resolution "Realising the Millennium Development Goals for Persons with Disability" (A/C.3/64/L.5/Rev.1) adopted by the Third Committee of the United Nations General.¹⁰⁶

Disability groups at the local and national level can and should review all operational activities related to the MDGs. Disability issues should be a component of each of these operational activities, and disability DPOs and disability NGOs should participate in all components of the process. How and to what extent participation occurs will depend on the interests of, and resources available to, specific organizations. No individual disability DPO or NGO will have the expertise or resources to be involved in every component of the MDG process, but coalitions of NGOs and DPOs at local and national levels, as well as those at regional and global levels, must be involved in this process. In many countries and for many subjects, DPOs and disability NGOs might concentrate on specific MDG Targets or Indicators. For example, one organization might address MDG related concerns of disabled women, while another might concentrate on the impact of the AIDS epidemic on the disability community, and still others might have the capacity to address a much wider array of issues. The potential range of operational activities is broad and there is need for involvement of many disability groups to work with UN agencies, governments and civil society.

Because of the size and scope of the operational activities underway through MDGs, collaborations of disability DPOs and NGOs could be established as standing committees, with an on-going commitment to work together to provide a clear point of contact with MDG-related UN, government and civil society at all levels.

Also many international DPOs and NGOs already have established relationships with local and national government ministries as well as having a voice in civil society. These established links can be built upon and expanded to demand action and accountability in the MDG operational activities underway.

Finally, it is important to note that activities directed towards inclusion of persons with disabilities in the MDGs should be on-going at two levels. Emphasis must be placed not only on generating policies and programs that provide disability-specific efforts, but they should also ensure the consistent inclusion of persons with disabilities in all MDG related policies, programs or campaigns intended for the general population.

¹⁰⁶ <<http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N08/479/79/PDF/NO847070.pdf?OpenElement>>

The DFID ‘twin track’ approach is a useful conceptual framework here. This approach provides for programs that are both ‘disability inclusive’ where persons with disabilities are included as part of the general population outreach efforts and ‘disability specific’ where programs are targeted at groups within the disability community which may need specialized outreach efforts or services in order to be part of overall MDG efforts. The twin track approach is particularly important to emphasize because disability is a cross-cutting issue and therefore should be a component of all MDG programs. For example, in an economic development program for rural women, presumably 10% of all the women to be reached will be women with disabilities; in a government project to ensure inclusion of children from a hard to reach ethnic or minority population, it can be anticipated that roughly 10% of all the children from this community will also be disabled.

It can not be emphasized strongly enough that **all** MDGs are relevant to persons with disabilities and that therefore disability groups should be at the table for discussions in all phases of planning, programming and assessment of MDG related efforts. It is particularly important to emphasize that disability groups should participate in discussions and planning for MDG-related activities from the outset, and not simply be brought in at the end of a process or presented with a completed program and asked to give approval. The Disability Rights Movement call for ‘Nothing about Us without Us’ is no where more relevant than here.

Finally, advocacy for the inclusion of persons with disabilities in operational activities does not have to be done on a program-by-program basis. Disability groups and coalitions should proactively work with government ministries, NGOs, media and other segments of government and civil society to stress the importance of the systematic inclusion of persons with disabilities in any and all MDG related activities, establishing and maintaining an on-going dialogue throughout.

2. Campaigns/ Mobilization

The UN sponsored Campaigns/Mobilization component of the MDGs is a mechanism through which to mobilize civil society. The Campaign/ Mobilization efforts is intended to motivate members of civil society to become involved directly in the MDG campaign and also to build grassroots constituencies in civil society which can pressure their governments to adopt policies and commit resources to furthering the MDG effort. As UN action is based heavily on requests from governments, such demands from civil society including the disability community move governments to push UN agencies for action.

A major component to mobilize such demands for action is the **Millennium Campaign**.¹⁰⁷ The Millennium Campaign is dedicated to furthering advocacy and engagement efforts with civil society both by identifying arenas for action, and by disseminating MDG data and the analysis of this data to foster further action.

¹⁰⁷ <<http://www.un.org/millenniumgoals/>>

The Millennium Campaign, in essence, is the global public face of the MDGs and its website plays an important role in disseminating information and identifying points for action. Such mobilization and campaigns are framed both as 'top down' exercise by UN organizations which identifies need and initiates calls for action, and as a 'bottom up' or 'grassroots' effort by civil society.

Often MDG campaigning and mobilization has worked best when both 'top down' and 'bottom up' initiatives join forces to ensure that their reach is as broad as possible. Thus, the Millennium Campaign works at both national and international levels to support advocacy efforts of civil society to hold their governments accountable for achieving the MDGs.

The Millennium Campaign further accompanies the MDG process by organizing workshops, launching awareness campaigns, holding publicity events, sensitizing politicians, conducting research, and documenting and disseminating good practices. In some countries, the Campaign also creates and links coalitions of people to encourage governments to take their commitments to the MDG poverty reduction strategies seriously.

Disability Component of the Campaigns/Mobilization Efforts

A striking gap currently exists in including disability in the MDG Campaign and Mobilization efforts. The Millennium Campaign website had nothing on disability issues, nor is there any history of disability having been included in any of the Millennium Campaign efforts or publications. Indeed, searching for 'disability' or any other common set of disability-related terms on the Millennium Campaign website produces no results whatsoever.

This is particularly unfortunate because in the disability arena there is considerable attention to the MDGs. Indeed the IDDC (International Disability and Development Consortium) is a collaboration of 20 international disability organizations and even has an established website¹⁰⁸ that is specifically dedicated to providing information, sharing examples and promoting ideas on how disability can be included in the MDGs and Inclusive Development efforts.

Regrettably, despite significant efforts by the IDDC and others, the link to the Millennium Campaign website on the Include Everybody site is not reciprocal. There is no link from the Millennium Campaign website back to the Include Everybody website or any other prominent global disability resources or websites.

This means that while experts and advocates from the disability community can learn about the MDGs, the development community cannot easily learn about disability and even be made aware that people with disabilities are part of MDG efforts. What could be an important bridge

¹⁰⁸ International Disability and Development Consortium (IDDC) Include Everybody Campaign: Disability and the MDGs. <http://www.includeeverybody.org/>

between global disability efforts and the thousand of groups, professionals, advocates and policy makers working on MDG activities is instead a lost opportunity.

Clearly, the Millennium Campaign must be pressed to include disability and create a link back to the Include Everybody website, as well linking to other key sources of information on disability, such as the UN Secretariat DESA's Enable website.¹⁰⁹

At the same time, local and national DPOs and NGOs should become engaged in local Campaigns and Mobilization efforts. As with all components of inclusive development, inclusion of disability in the Millennium Campaigns not just an issue of having resources dedicated to a handful of disability-specific efforts. Emphasis must be placed on ensuring that all components of the Millennium Campaign are inclusive of persons with disabilities.

3. Monitoring and Evaluation

Accompanying the operational activities and Millennium Campaign components of the core strategy are two other closely linked activities: Monitoring and Evaluation, and Analysis.

A key component of the MDG framework is the emphasis placed on creating a strong evidence base and capacity for analysis to inform policy makers and ensure that activities and resources are allocated based on demonstrable need and accurate assessment of progress.

Importantly, MDG operational activities and campaigns are marked by the fact that they should have ó ideally, must have ó a strong, measurable component, beginning with an established baseline upon which actual progress (or in some cases, lack of progress) can be measured. This is no less true in relation to disability issues than for all other concerns. Take, for example, Goal 4, Target 1: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate. This two-thirds reduction in under-five mortality rates must be the goal for all children, including children with disabilities.

The IAEG on MDG Indicators ensures cooperation across the UN system and is ultimately responsible for the accumulations and preparation of data on the MDGs. Importantly, the IAEG has created a system whereby MDG related data is routinely collected and passed from the national to the global level in a manner that increasingly allows for evidence-based analysis and cross-country comparison. This means that the IAEG is responsible both for reviewing the methodologies and technical issues in relation to the indicators, and in supporting countries in data collection, analysis and reporting.

The IAEG is now composed of over 25 international agencies, UN Regional Commissions and national statistical offices, including the United Nations Secretariat, Representatives from UN specialized agencies, UN regional commissions, national statistical offices, bilateral and multilateral donors, specialists and experts on specific topics. It is charged with data collection

¹⁰⁹ See: Appendix B

and analysis to show trends and assess progress in specific areas for both general and specific populations.

A crucial role is played by the UNSD which, in collaboration with the IAEG, is responsible for the global and regional monitoring. Working in collaboration with the UN-sponsored MDG Country Teams, the UNSD provides technical assistance, training and capacity building for national statistical offices and line ministries to collect data at the national level.

Analysis builds on data obtained through monitoring and evaluation in order to define and evaluate the policy dimensions of achieving the MDGs. This analysis is intended to inform and impact the policy dialogue at the global level, and reverberates through the regional and national levels as well. It provides a practical dimension of the aspirational framework of the MDGs.

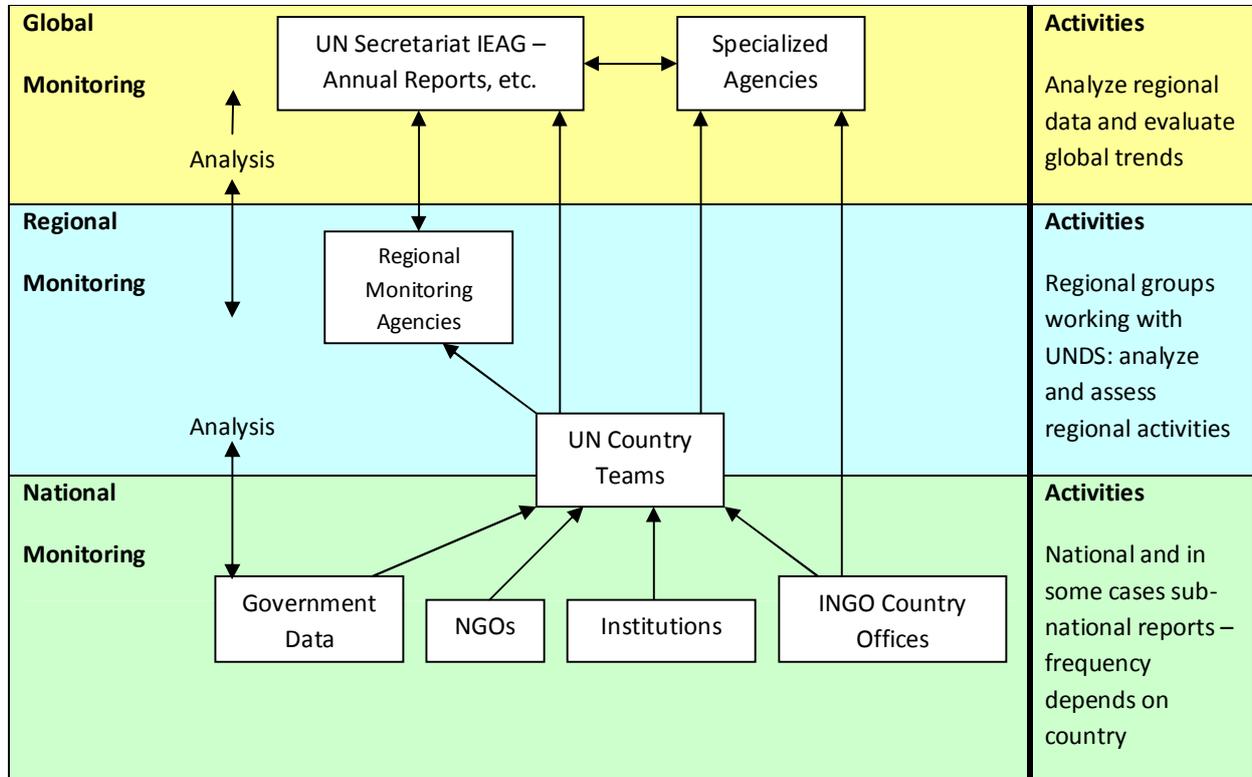
4. Analysis

Data collected through the monitoring and evaluation process of the MDGs is analyzed at the national, regional and global level. On the basis of the monitoring and evaluation efforts and analysis of the data collected through this, a set of reports, working groups and structures have been established that actualize the MDGs, track progress of activities undertaken through the MDGs, as well as identify setbacks and next steps.

Monitoring, evaluation and analysis activities provide a ladder, up which data is transmitted from the grassroots to the global level, with stops at every rung where data is collated, analyzed and reports are written. This data is also the basis upon which a number of specialized agency reports are issued (either annually or from time-to-time as specially themed reports). These efforts are used to follow the progress towards achieving the MDGs.

The data collection and analysis process can be envisioned as follows:

Data Collection and Analysis Process for MDGs



The Disability Component of Monitoring and Evaluation and Analysis

The Monitoring, Evaluation and Analysis components of the MDG process are probably the most effective and efficient way to get disability issues and concerns into the current MDG process. Almost every publication, summary and plan for operational activities coming out of the UN system, as well as a wealth of work and publications issued by governments, NGOs and other members of civil society working on MDG issues, speaks directly or indirectly to data generated through the monitoring, evaluation and analysis activities of the IAEG.

Currently almost none of these efforts include disability components, despite the fact that the recent Resolution on Realizing the Millennium Development Goals for Persons with Disabilities ó adopted by the Third Committee of the General Assembly (November 2009) ó calls specifically on governments to build a knowledge base of data and gather information about the situation of persons with disabilities and encourage Member States to make use of statistics to

integrate a disability perspective in reviewing their progress towards realizing the Millennium Development Goals.¹¹⁰

Realistically, there will be no rewriting of the MDGs between now and 2015, and the possibility of rewording of the Targets and Indicators are highly unlikely. Avenues still exist however for integrating disability into current MDG efforts, *particularly* through the monitoring, evaluation and analysis of MGD efforts.

A review of any MDG-related document has the potential to be a crucial entry point for disability into the MDGs. If disability is not a component of a report, website or presentation, disability DPOs and NGOs can and should be in contact with the agency, organization or government ministry issuing the reports asking why disability is missing and what they can do to help the reporting body ensure that disability is included in future. Disability DPOs and NGOs and researchers working on disability issues, can further help the monitoring, evaluation and analysis process by identifying what disability data is available (or missing), how data can be collected from disabled members of the population, and how disability data can be disaggregated and analyzed to provide insights into improving MDG-related operational activities.

Most notably, disability DPOs and NGOs should band together to work with and pressure UN Country Teams to include data on disability and comparable attention to disability issues should be demanded of all UN agencies, governments and NGOs producing local, regional and global reports, tools and guidelines, and reviews of human rights treaties. Thus each and any - report that does not address disability, can be a potential starting point for awareness raising, collaborations and true inclusion that would result in systematic changes.

Among the other entry points, the following publications, reports and websites are particularly important points of entry for disability NGOs and DPOs into the MDG process. Inclusion in Tools and Guidelines and finally attention to Human Rights Treat Bodies are additional avenues through which disability can be introduced into the MDG process, even if there is no rewording of the Targets and Indicators between now and 2015.

Country Level Activities

At the national level, the UN Country Teams issue Country Reports, (frequency depends on country). This national data comes from local censuses, surveys and reports, and information compiled by government ministries as well as NGOs, university based researchers and other in-country sources.

These Country Reports provide both statistics and initial analyses of the MDG progress at the national level over the preceding year and are used to monitor and evaluate what is taking place in order to measure progress, identify problems and serve as the basis upon which future policy

¹¹⁰ <<http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N08/479/79/PDF/NO847070.pdf?OpenElement>>

and programming can be planned, as well as to provide information for larger regional and global MDG efforts. Global monitoring relies on national official statistics transmitted to international specialized agencies (such as UNICEF, UNESCO, WHO and so forth).

Pressure by local disability groups at the national level can be particularly effective here. Meeting not only with UN Country Teams but also with local government officials and ministries, researchers based at local universities and disability advocates working with local and nationally based NGOs that work on an array of development issues, would be effective entry points to advocate for the inclusion of a disability component in the broad body of MDG related data collection efforts.

This is all the more relevant should these development organizations and entities currently not be collecting information on disability as part of their MDG related work. Local disability groups can offer to help and work with these organizations to ensure inclusion of disability in their work and in the monitoring, evaluation and analysis of their outputs. Collaboration *between* DPOs and NGOs, perhaps to form national consortiums or MDG task teams to approach UN Countries Teams might be particular effective.

Working with such UN Country Teams could be potentially valuable for several reasons. For one thing, Country Teams may be much more easily approachable for national DPOs and NGOs than UN regional offices or Headquarters. UN Country Teams are the foundation upon which the data collection system for the MDGs is based. They can be envisioned as the capillaries or roots through which data is pulled in and sent up the larger "trunk" into the main MDG "tree". The more data on disability pulled in at the root level, the more there will be in the system ó it is where the growing demand for disability data begins.

These Teams often gather much of their own information from local and national government and civil society organizations ó so the sharing of any documentation or data compiled by local disability organizations, would be helpful to UN Country Teams that are often overworked and understaffed. Working with Country Teams to ensure there is a disability component in any of the data gathering they do themselves could be equally helpful.

Progress is already underway in this area. For example, some countries have started to recognize the importance of including persons with disabilities in their Country Reports. In 2009, a desk review was undertaken by DESA of 80 Millennium Development Goals country reports to identify when and how data on persons with disabilities was undertaken.¹¹¹ Of these 80 Country

¹¹¹ The desk review was conducted by the Secretariat for the Convention on the Rights for Persons with Disabilities in preparation for the expert group meeting. The review included country reports from all regions, from in the years 2003 to 2009 available in English, French, Spanish, at <http://www.undg.org/index.cfm?P=87&f=L> or http://www.mdgmonitor.org/country_reports.cfm?c and that were searchable electronically.

Reports, only 48 reports make reference to any disability issues.¹¹² Unfortunately, these references are largely cursory in nature. For example, of these 48 reports, 28 only make brief reference to persons with disabilities in the context of other vulnerable/marginalized/in need of special attention groups, but offer no more specific information on the numbers of persons with disabilities reached by current MDG related efforts, nor how persons with disabilities or disabled organizations can more effectively benefit from MDG programs or policies. Often “disability” or “persons with disabilities” are only listed as one of several “vulnerable populations” in a sentence or less, usually towards the end of the report.

For example, two Country Reports contained references to women with disabilities, one noting the importance of understanding how gender equality is affected by different factors such as disability, and the other reporting an initiative where disability was considered (MDG 3); one report mentioned the vulnerability of persons with disabilities to effects of HIV/AIDS (MDG 6); one to the impact of environmental degradation on persons with disabilities, and one to difficult access to health care for persons with “mental” disabilities (MDG 7). While some references to disability is made in the context of MDGs 4 and 5, this is limited in most of these Country Reports to brief mention of how the lack of access to adequate health services may cause disability, but no references were made to access to services for women and children with disabilities. Several reports, such as that from Vietnam, were much more inclusive and can serve as a model for how disability can be better integrated into MDG Country Reports.

Country Reports are intended to keep a focus on agreed country development priorities, to inform civil society on progress, and to trigger action and involvement on the part of national stakeholders. Such reports therefore can be used to call attention to needs, lobby for action, stimulate debate and foster greater participation, dialogue and accountability. UN Country Reports also provide the platform for improving donor coordination around nationally defined priorities.

For all these reasons, disability DPOs and NGOs at the national level should consistently review and target UN Country Reports. It is an important entry point for disability into the MDGs, and as an avenue for inclusion that can be developed even by smaller scale DPOs and NGOs at the community and national levels.

¹¹² The MDG country reports of the following states mentioned disability or persons with disabilities: Afghanistan (2005); Algeria (2005); Azerbaijan (2005); Bahrain (2007); Bhutan (2008); Bosnia and Herzegovina (2004); Botswana (2004); Brazil (2007); Burkina Faso (2003); Chad (2005); Chile (2005); China (2008); Colombia (2005); Comoros (2006); Congo (Democratic Republic of the) (2004); Congo (Republic of the) (2008); Croatia (2005); Cuba (2005); Egypt (2008); Ghana (2003); Fiji (2004); Georgia (2005); Indonesia (2004); Iran (Islamic Republic of) (2004); Kazakhstan (2005); Kenya (2003); Korea (Republic of) (2005); Kyrgyzstan (2009); Latvia (2005); Lebanon (2003); Liberia (2004); Lithuania (2004); Maldives (2007); Russian Federation (2004); Saudi Arabia (2005); Serbia (2005); Sierra Leone (2005); Somalia (2007); Sudan (2004); Tanzania (United Republic of) (2006); Thailand (2008); and Turkey (2005).

The MDG country reports of the following states do not mention disability or persons with disabilities: Albania (2007); Angola (2005); Antigua and Barbuda (2004); Argentina (2007); Armenia (2005); Bangladesh (2007); Belarus (2005); Belize (2004); Benin (2003); Bolivia (2008); Bulgaria (2008); Burundi (2004); Cambodia (2005); Cameroon (2003); Cape Verde (2004); Central African Republic (2004); Côte d'Ivoire (2003); Djibouti (2005); El Salvador (2007); Equatorial Guinea (2004); Eritrea (2005); Ethiopia (2004); Gambia (2005); Guatemala (2002); Guinea (2008); Guyana (2007); Haiti (after 2006); India (2007); Jamaica (2004); Jordan (2004); Kuwait (2005); Lao People's Democratic Republic (2004); Lesotho (2006); Moldova (Republic of) (2005); Nepal (2005); Nicaragua (2003); Nigeria (2006); and Mozambique (2008).

Regional Level

Country and global MDG trend analysis is complemented and made more specific by regional analysis conducted by the Regional Commissions of the United Nations, in collaboration with regional partners including, but not limited to, UN specialized agencies.

This is another arena of monitoring, evaluation and analysis where disability is missing and where pressure by disability organizations can be brought for inclusion of disability issues and for partnerships between the disability groups and regional organizations to help foster this inclusion.

Regional reports are published periodically under the leadership of various UN organizations with regional expertise, drawing on UN agencies and regional partners from within and beyond the UN system, such as regional development banks. Examples of regional level efforts include reports such as:

- Survey of Economic and Social Developments in the ESCWA Region,¹¹³
- The Economic Report on Africa (ERA)¹¹⁴
- The Arab Human Development Report 2005.¹¹⁵

International Specialized Agency Reports

Within the United Nations system there are different lead agencies for the indicators related to each MDG.¹¹⁶ Additionally, many UN organizations publish annual global reports that compile data and provide thematic and often agenda-setting policy analysis based on progress towards the MDGs. These annual reports often also concentrate on a theme which represents a specific challenge in international development, such as mental health or water and sanitation, and contain policy recommendations that make them important forums for public information, advocacy and engagement. As such, the inclusion of disability issues as a routine area of attention in these reports would go a long way to ensuring inclusion of person with disabilities in the MDG. These lead agencies should be approached to promote the inclusion of persons with disabilities and disability data in their reports and in the programming, policies, data collection and analysis upon which these reports are based.

¹¹³ <http://www.arab-hdr.org/publications/other/escwa/eco-socialdeve-07e.pdf>

¹¹⁴ <http://www.uneca.org/era2008/>

¹¹⁵ <http://arabstates.undp.org/subpage.php?spid=14>

¹¹⁶ For a list of targets, indicators and lead United Nations agencies see: www.unmillenniumproject.org/goals/gti.htm

Examples; of such flagship reports include:

- **Human Development Report** (UNDP) which seeks to provide comprehensive data on economic, social, political and cultural development. Of particular note is the Human Development Index, which tracks progress in human development by every country.¹¹⁷
- **The State of the World's Children** report and database (UNICEF) produces statistics on children globally and by country and includes economic and social data from 195 countries and territories;¹¹⁸
- **World Development Indicators** (WDI) is the World Bank's premier annual compilation of data about development. The Indicators are divided into six sections: World View, People, Environment, Economy, States and Markets, and Global Links.¹¹⁹

Other UN agencies that issue annual reports and/or maintain significant data bases related to the MDGs where disability issues should be included or given far greater attention are:

- Food and Agriculture Organization of the United Nations (FAO);
- International Labour Office (ILO);
- UNFPA's State of World Population
- UN-Habitat;
- United Nations Educational, Scientific and Cultural Organization (UNESCO);
- United Nations Environment Programme (UNEP)
- * World Health Organization (WHO)

It should be noted that several of these UN agencies already include data disaggregated by disability for some of their projects and programs. Also, notably, several of these organizations (ILO, UNESCO, WHO) have programmes dedicated specifically to disability issues, which pursue significant research and provide important documentation and policy development around disability and development issues. However, much of this work is confined to smaller programs with limited resources within these large organizations, and disability remains absent from central discussions, key decision making and coordinated efforts of the larger organizations. In this, disability is distinct from gender, ethnicity or AIDS, which have emerged as cross-cutting issues with significant dedication of resources in many of these larger UN organizations.

Global Level Reports

UNSD, in collaboration with the IAEG, is responsible for the compilation and analysis of the country, regional and global data received from the international specialized agencies, (e.g. ILO,

¹¹⁷ <<http://hdr.undp.org/en/statistics/>>

¹¹⁸ <<http://www.unicef.org/sowc08/statistics/statistics.php>>

¹¹⁹ http://www.esds.ac.uk/international/support/user_guides/wb/wdi.asp

UNICEF, UNESCO, WHO etc.) in order to provide a global overview of the progress towards the MDGs on an annual basis.

This work is also undertaken through thematic subgroups established within IAEG and through other inter-agency mechanisms bringing together specialized agencies in the various fields covered by the MDGs. Subgroups have been formed for the following areas: gender, poverty and hunger, environment, slums, employment, education health and recently, disability. UNSD maintains the official database of country and regional data on the MDG indicators, as well as other supplementary indicator series intended for more in-depth analysis. The MDG database draws from sources provided by 17 international agencies, and this data is presented by the UN Secretariat through a series of reports and presentations, including:

The Millennium Development Goals Report¹²⁰, published by the United Nations Statistical Division, Department of Economic and Social Affairs (DESA) in the United Nations Secretariat, the report serves as an accountability framework on the progress made in achieving the MDGs.

Report of the Secretary-General on the Work of the Organization.¹²¹ A comprehensive annual report by the Secretary-General that helps inform and frame the debate of the General Assembly

The MDG Report Statistical Annex, presented annually to the General Assembly as part of the Secretary-General's annual report on the work of the UN.¹²²

Such reports do not routinely mention disability issues. However, the inclusion of disability issues and statistics in such reports would provide an outstanding opportunity to mainstream disability quickly into the entire MDG process. It will take time to collect a body of data on disability comparable to that which now exists for women or for refugee populations, but attention must be drawn to building an evidence base for disability at the global level. Some inclusion can be done immediately in the global reporting mechanism, even without a large body of data. For example, the Millennium Development Goals Report contains boxes in chapters that could provide information, as well as charts on disability issues related to specific MDGs, and could also identify disability as a cross-cutting issue relevant to other MDG concerns and other at-risk populations ó i.e. compelling stories on women and children with disabilities could be presented when discussing MDG 3.

¹²⁰ UN. Millennium Development Goals Report 2009. New York: United Nations.
http://mdgs.un.org/unsd/mdg/Resources/Static/Products/Progress2009/MDG_Report_2009_En.pdf

¹²¹ Report of the Secretary-General. Report from the Secretary General on the work of the Organization. General Assembly Official Records Sixty-fourth Session. http://mdgs.un.org/unsd/mdg/Resources/Static/Products/SGReports/64_1/a-64-1_e.pdf

¹²² MDG Report Statistical Annex 2006 <http://MDGs.un.org/unsd/mdg/Resources/Static/Data/unsd%20mdg%20report%202006%20statistical%20annex%20r15.pdf>

Inclusion of Disability in Tools and Guidelines

The country, regional and global MDG reporting process is itself guided by a series of tools and guidelines have been developed by IAEG and the UNSD, and these are regularly updated and refined. These tools and guidelines do not currently have a disability component, but they would also be effective entry points to mainstream disability in monitoring of MDG processes. Disability groups should contact and work with those components of the IAEG and UNSD responsible for writing these tools and guidelines. These agencies also are responsible for holding on-going trainings and workshops around the MDGs, as well as providing technical advice and assistance. If they can be reached and convinced to include a disability component in their work, this would be another productive entry point for disability into the MDG process.

The initial point of departure for MDGs is the MDG website.¹²³ The following toolkits and guidelines provide additional helpful information:

- **Core Concepts of the Millennium Development Goals: Self-Paced Online Course Supplement.** UN Development Group on MDGs. A comprehensive introduction to the MDGs, with focus on lines which organizations are responsible for what components of MDG data collection, analysis and programming within the UN system.¹²⁴
- **UNDG MDG Toolkit.**¹²⁵ A collection of training materials on the MDGs. It is designed to strengthen capacity within UN Country Teams and provide them with training tools on the MDGs that they can use both inside and outside their team. The different tools provided can be used to train UN staff and others.
- **UNDP How-to Guide to MDG-Based National Development Strategies**¹²⁶ The guide consolidates the efforts of UNCTs into a step-by-step approach to support MDG-based national development strategies.
- **UN Millennium Project Handbook on preparing MDG-Based National Development Strategies**¹²⁷ The Handbook is intended to assist countries initiating MDG-based strategies.
- **Toolkit for Localizing MDGs:**¹²⁸ This toolkit aims to help local governments and their communities become actively involved in meeting the MDGs.

¹²³ <http://endpoverty2015.org/about>

¹²⁴ <http://unethiopia.org/MDG's/Index.html>

¹²⁵ <http://mdgtoolkit.undg.org>

¹²⁶ <http://www.undp.org/mdg/strategy.shtml>

¹²⁷ <http://www.undp.org/poverty/docs/mdg-support/handbook/handbook/111605> frontmatterandcover.pdf

¹²⁸ <http://www.capacity.undp.org/indexAction.cfm?module=Library&action=GetFile&DocumentID=5669>

- **Millennium Village Project Gender Guidebook**¹²⁹ This Guidebook concentrates on how gender issues are a key component of implementing MDGs at the community level. While disability is not an area of concentration, many of the issues raised concerning inclusion of gender approaches are directly relevant to disability issues.
- **Handbook on Indicators for Monitoring the Millennium Development Goals: Definitions, Rationale, Concepts and Sources.** This Handbook provides technical guidance on indicators. Disability issues and disaggregated data on persons with disabilities could be included.¹³⁰
- **Guidance Notes on the Millennium Development Goals Country Reports.** This 2003 Guidance Note is currently under revision, and in this context, disability could be incorporated.¹³¹
- **The Sourcebook: Emerging Good Practices in Managing for Development Results** by the Development Assistance Committee (DAC) of OECD, which provides examples of how different groups applied the principles of management for results.¹³²

Human Rights Treaty Bodies

In addition to the entry points identified above, there are a series of Human Rights Treaty Bodies that regularly review progress towards meeting Human Rights Treaties in light of the MDGs. These also are potentially useful avenues through which to initiate a dialogue around inclusion of persons with disabilities. Such Treaty Bodies would include Committees such as:

- * Committee on the Rights of the Child;
- * Committee on the Convention on the Elimination of All Forms of Discrimination against Women.

Any number of other UN organizational efforts and initiatives, as well as related programs, policies and monitoring systems through bilateral agencies, NGOs and other components of civil society, are guided by efforts to reach the Millennium Development Goals and hence would be

¹²⁹ MDG Village Project Gender Handbook, <http://www.millenniumvillages.org/docs/MVP_Handbook_complete_18jun08.pdf>

¹³⁰ *Indicators for Monitoring the Millennium Development Goals--Definitions, Rationale, Concepts and sources* (United Nations Publication, Sales No. E.03.XVII.18).

¹³¹ *Country Reporting on the Millennium Development Goals: Second Guidance Note*, United Nations Development Group, October 2003. Available at: <http://www.undp.or.id/mdg/documents/Guidance%20for%20MDG%20Report.pdf>.

¹³² <http://www.impactalliance.org/>;

well worth reviewing for their disability content. For example, the World Bank's Poverty Reduction Strategy Papers (PRSR), which tracks national multiparty poverty reduction efforts, can and should include disability issues.

Problems with Disability Data

Data on disability are still a challenge for global monitoring because global figures on persons with disabilities are not very reliable and baseline data for many development issues are scarce or non-existent. Despite the progress made, paucity of data on disability, as well as a wide variance of definitions, standards and methodologies used to identify the conditions of persons with disabilities, remains an obstacle to the effective formulation of disability-inclusive policies and programmes as well as to the monitoring and evaluation of progress in MDGs.

These issues will be discussed in detail in a forthcoming DESA companion report by Dr. Mary Chamie, but these issues are raised here because this represents a serious concern within the disability community and must be addressed through greater attention and allocation of resources from UN agencies, governments and civil society, if progress is to be made.

Finally, in arena of monitoring, evaluation and analysis of disability related MDG data, it is important to keep in mind the following issues:

There is a need for data and evidence on double and triple discriminations. For example, women with disabilities may face gender based biases that compound the limitations they already face as persons with disabilities.

Progress towards the MDGs overall may mask lack of progress or even obscure worsening conditions for persons with disabilities. MDGs reported at the country level are aggregate figures that can mask local inequalities and the reported indicator for a particular goal can vary widely across various localities or between populations. Thus national progress towards the MDGs can be made without change in the situation of the poorest or most marginalized members of society.

Increasing the number of children in primary education or decreasing the rates of HIV or TB may not reflect progress in these arenas for disabled members of the community.¹³³ For these reasons, data disaggregated by disability must be an important object of all monitoring and evaluation efforts.

Finally, the absence of data also says something. If reliable data on persons with disabilities is not available, this provides an opportunity for disability advocates initiating a dialogue over the need for such data.

¹³³ Claiming the Millennium Development Goals: a Human Rights Approach. United Nations: New York and Geneva. * (Chronic Poverty Research Centre (2008) the Chronic Poverty Report 2008-2009: Escaping Poverty Traps. Manchester.

Summary

This chapter has presented a road map and identified important operational entry points for getting disability into the MDGs. DPOs and disability NGOs will want to identify key areas within the larger realm of MDG efforts on which to focus attention, and collaborations, consortiums or MDG task teams of disability advocates and organizations will want to work together to systematically review and target a series of MDG-related organizational reports and attendant operational activities and campaigns. By identifying where disability programming, evaluation, monitoring and analysis is missing, and contacting the responsible UN, government or civil organization to press for change and action, progress can be made.

Identifying where the gaps in these processes are is relatively straightforward. At their most basic, either there is mention of disability in organizations reports, publications and on their website, or there is not. If no policies or operational activities include persons with disabilities or if there is no attempt to monitor and evaluate what impact operational activities have on persons with disabilities, DPOs and NGOs must demand inclusion.

However, the presence of, or mention of persons with disabilities alone is not enough. A small disability-specific program, a handful of outreach efforts or the listing of persons with disabilities as one of several vulnerable groups at the end of a report is not sufficient - the issue of inclusion in the MDG process goes beyond simple presence or absence of persons with disabilities ó **persons with disabilities must be present and benefit from MDG-related programs at rates comparable to those of their fellow citizens.**

By pressing for the inclusion of disability in all MDG-related efforts, disability advocates can establish a platform from which to begin larger discussions related to the inclusion of persons with disability in all development related policies and programs, with the intention of repositioning disability issues from the historic charity/medical model, which still dominates the thinking of too many key decision makers in international development circles, to a model based on social inclusion and human rights, in keeping with the new Convention.

Conclusion and Next Steps ó 2010/ 2015 and beyond

This report has provided an overview of, and a rationale for, the inclusion of persons with disabilities in the MDGs process.

Until now, disability has been largely excluded in discourse around the MDGs, primarily because international agencies, donors, governments and other development actors have not recognized disability as a cross-cutting issue and have afforded a low priority to its role within international development. Recent progress reports on the MDGs, for example, fail to monitor inclusion of disabled adults and children in poverty reduction processes or in access to HIV/AIDS, malaria and TB services. This is in marked contrast to gender, another cross-cutting issue, which is now widely recognized as a prerequisite for meeting all MDGs.

In the preceding pages, the importance of including persons with disabilities in all components of the MDG process has been discussed. The individual MDGs have been reviewed from the perspective of the operational activities and Millennium Campaign goals, as well as the monitoring, evaluation and analysis process through which data is collected and reviewed in order to identify key entry points for inclusion of disability issues into the MDGs.

Because of limitations of time and space, presentation of data, facts and arguments have been kept to a minimum in order to make key points, but the discussion could be greatly expanded, the amount of data offered to back up the discussion significantly increased and the various recommendations and ideas for including disability in the process, lengthened. We invite those interested in working on including disabilities in the MDGs to also review the materials provided in the Appendix A and B to locate additional ideas, resources and action points for future activities.

We further encourage disability advocates, experts and organizations to come together to press for the inclusion of MDGs on all levels.

Finally, we strongly encourage UN agencies, governments, NGOs and civil society to review their own MDG efforts to ensure that people with disabilities are included in all their operational activities, monitoring and evaluation efforts and analysis. Furthermore, it is crucial for these to foster on-going relationships with disability organizations and experts who can help guide disability inclusion efforts. In this, DESA and its sister UN agencies can help identify, establish and maintain contacts between UN agencies, governments and civil society the local and the global disability community

The key points raised in this study include the following:

- Disability is a cross cutting issue within international development and must be systematically included in all MDG processes, in the same way as gender is now considered an essential component of all MDG efforts.

- MDG core strategies must include and support the collection of accurate and reliable data and comprehensive analysis on disability. Such awareness of and sensitivity towards disability must be a component of all operational activities, and in all Millennium Campaign efforts.
- It is essential to ensure participation and involvement of DPOs and other relevant disability NGOs in MDG-related policy and decision making processes.
- The IAEG should play a critical role in inclusion of disability issues by providing support and guidance to national statistics offices on the production of the data required to monitor progress towards the MDGs among persons with disabilities.
- Realistically, there will be no rewriting of the MDGs between now and 2015, and the possibility of rewording of the Targets and Indicators are highly unlikely. Avenues still exist however for integrating disability into current MDG efforts. Most notably, disability DPOs and NGOs should band together to work with and pressure UN Country Teams to include data on disability and comparable attention to disability issues should be demanded of all UN agencies, governments and NGOs producing local, regional and global reports, tools and guidelines, and reviews of human rights treaties. Thus each and any - report that does not address disability, can be a potential starting point for discussion, awareness raising, collaborations and true inclusion that would result in systematic changes.

In September 2010, a series of high-level meetings was held at the United Nations to review the progress and identify the continuing gaps in the global MDG efforts. This is a critical juncture that will set the course for the remaining 5 years of activities for the existing MDGs.

Plans should be developed for the inclusion of disability issues in the MDGs over the remaining five years (2010-2015) and in whatever will replace the MDGs in 2015. Planning for this should include short-, medium- and long-term strategies within UN organizations, governments and civil society in close consultation with disability advocacy and service organizations.

In 2015, the MDGs will reach the end of their intended lifespan. At that point, it is anticipated that they will be replaced by another global effort to address poverty through UN, government and civil society sources. However, the exact nature of whatever will replace the MDGs is only now beginning to be discussed within and beyond the walls of the UN. It is, as yet, unclear what these new guidelines for addressing global poverty will look like, but it is clear that these discussions are now beginning to get underway. And the frequency and seriousness with which such talks are held will only increase as we move closer to 2015.

Disability organizations must be at the table in these discussions from the outset. The lack of participation of such organizations in the years leading up to the Millennium Summit meant that a significant opportunity for inclusion of persons with disabilities over the past decade was lost. Another such unique opportunity must not go by the wayside.

Moreover, the potential for the global disability community to come together in a unified way to be part of these discussions is much more of a possibility today than it was in the late 1990s, during the discussions that preceded the current MDGs. In the years leading up to the Millennium Summit in 2000, while there had been significant work on health and development within the global Disability Rights movement, a consortium of disability advocates and organizations did not exist to the extent it now does. Today, through the process of drafting and ratifying the CRPD and the on-going efforts to implement, monitor and evaluation the CRPD, an increasingly vibrant and experienced global disability movement, plays a rapidly expanding role in international development and global health circles.

Groups that advocate on behalf of disabilities issues should *now* be considering what coordinated efforts will be needed and what additional disability groups, experts and advocates should to be brought to the table, as they begin to think about what will replace the MDGs in 2015 and beyond.

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Appendix A: Background Materials on the MDGs:

The MDG database as well as other relevant material on the monitoring of progress towards the MDGs available at the official UN website of the MDG indicators: <http://MDGs.un.org/unsd/mdg/Default.aspx>

All MDG reports produced so far are accessible at the official UN website of the MDG indicators at: <http://MDGs.un.org/unsd/mdg/Host.aspx?Content=Products/ProgressReports.htm>.

Also see:

Core Concepts of the Millennium Development Goals: Self-Paced Online Course Supplement. UN Development Group on MDGs. A comprehensive introduction to the MDGs, with focus on lines which organizations are responsible for what components of MDG data collection, analysis and programming within the UN system. <<http://unethiopia.org/MDG's/Index.html>>

UNDG MDG Toolkit. A collection of training materials on the MDGs. It is designed to strengthen capacity within UNCTs and provide them with training tools on the MDGs that they can use both inside and outside their team. The different tools provided can be used to train UN staff and others. <<http://mdgtoolkit.undg.org>>

UNDP How-to Guide to MDG-Based National Development Strategies The guide consolidates the efforts of UNCTs into a step-by-step approach to support MDG-based national development strategies. <<http://www.undp.org/mdg/strategy.shtml>>

UN Millennium Project Handbook on preparing MDG-Based National Development Strategies The Handbook is intended to assist countries initiating MDG-based strategies. <<http://www.undp.org/poverty/docs/mdg-support/handbook/handbook/111605>>

Toolkit for Localizing MDGs. The toolkit aims to help local governments and their communities become actively involved in meeting the MDGs. <<http://www.capacity.undp.org/indexAction.cfm?module=Library&action=GetFile&Do>>

Millennium Village Project Gender Guidebook

This guidebook addresses ways to mainstream gender equality into the overall process and culture of the project. <http://www.millenniumvillages.org/docs/MVP_Handbook_complete_18jun08.pdf>

Appendix B Activities related to MDGs undertaken by the Disability movement: Meetings, campaigns and calls for action.

A series of conferences on disability and the MDGs have been spearheaded by the disability community specifically to address disability and the MDGs, with a number issuing statements as calls for action. It should also be noted however, that the MDGs have been the focus of attention at a number of additional major conferences and meetings over the past decade:

For a good starting point, see:

Include Everybody Campaign: Disability and the MDGs by the International Disability and Development Consortium (IDDC) <http://www.includeeverybody.org/>

UN Department of Economic and Social Affairs: Enable Website <<http://www.un.org/disabilities/>>

Inclusion International resources on the MDGs: http://www.inclusion-international.org/en/ii_priority_areas/mdg/index.html

See also:

2004 **Federation of Disability Organization in Malawi (FEDOMA) and Healthlink Worldwide.** Disability Poverty and the Millennium Development Goals, Organized by FEDOMA and Healthlink Worldwide as part of a Disability Knowledge and Research roundtable programme. Malawi, 2-4 November 2004
http://www.disabilitykar.net/roundtables/malawi_rt.html

2007 **The European Conference on the Millennium Development Goals: Inclusion of People with Disabilities** (Bratislava - Senec, Slovakia, 14 -15 May 2007) in which participated more than 80 representatives of organizations of persons with disabilities and Governments from 24 countries participated. <<http://www.make-development-inclusive.org/docsen/recommendations-mdg.pdf>>

2007 **Expert Group Meeting on developing supplementary targets and indicators on social inclusion, population, gender equality and health promotion to strengthen the MDG process** (Bangkok, Thailand, 13 ó 15 November 2007), respectively. These meetings proposed regional disability-inclusive targets and indicators on disability. http://www.unescap.org/esid/hds/development_account/ConsolidatedDraft-finalVersion.pdf

2008. **Millennium Development Goals and Disability Regional Conference** (Nairobi, Kenya, 15-17 September 2008). Secretariat of the African Decade of Persons with Disabilities (SADPD), Ecumenical Disability Advocates (EDAN), African Community Development Foundation (ACDF), and United Nations Millennium Campaign Office. <http://wecando.wordpress.com/2008/07/21/conference-africa-regional-conference-on-mdgs-and-disability/>

2008. The **United Nations Economic Commission for Africa and United Nations Economic and Social Commission for Asia and the Pacific** organized the Ad Hoc Experts Group Meeting on Developing supplementary targets and indicators to strengthen social inclusion, gender equality and health promotion in the Millennium Development Goals in Africa (Addis Ababa, Ethiopia, 7-9 May 2008)
<http://www.un.org/disabilities/default.asp?id=1470>

2009. **DESA/ WHO Expert Group Meeting on Mainstreaming Disability in MDGs.** WHO Geneva (14-16 April 09) UN Enable website: <<http://www.un.org/disabilities/>>

2009 **Conference of States Parties to the CRPD.** 2-4 September. United Nations: New York.

2009 **Disabled Peoples International (DPI)** Disability Rights and the Millennium Development Goals: A Global Campaign for the ESCRS of Persons with Disabilities. May 4, 2009 <http://www.dpi.org/lang-en/resources/details.php?page=999>

Additional Resources

Disability India Network. Draft Petition for Appropriate Inclusion of Disability in the MDGs.
<http://disabilityindia.org/mdg.cfm>

2009. **World Bank. Disability and the Millennium Development Goals.**
<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,contentMDK:21162907~menuPK:3265756~pagePK:210058~piPK:210062~theSitePK:282699,00.html>

2009 **DESA . International Day of Persons with Disabilities** (December 3, 2009) -Realizing the Millennium Development Goals for All: Empowerment of Persons with Disabilities and their Communities Around the world.
<http://www.un.org/disabilities/default.asp?navid=9&pid=11>