



Briefing Paper

Neglected Tropical Diseases, Disability and the Millennium Development Goals

1. Purpose

1.1 The purpose of this paper is to raise awareness of the issues associated with Neglected Tropical Diseases and Disability, and the importance of addressing this if the Millennium Development Goals are to be realised. The Leprosy Mission England, Wales the Channel Islands and the Isle of Man (TLM) is committed to achieving inclusive development for people affected by leprosy and disability. We therefore urge Members of Parliament and DFID staff to ensure these issues are addressed in the outcomes document of the MDG Summit in September, to ensure inclusive development which benefits the most vulnerable.

1. Background

2.1 More than **1 billion people are still affected by the chronic disabling infections of Neglected Tropical Diseases**, particularly those living in remote rural areas, urban slums or conflict zones. Although leprosy statistics have reduced worldwide, there were 249,007 reported new cases in 2008, with millions of people still suffering the physical, social and economic consequences of the disease. **Disability and stigma mean many people affected by leprosy are socially excluded**, and fail to benefit from mainstream development programmes.

2.2 It is estimated that more than 10% of the world's population is disabled. The UN has recognised that "there is an urgent need to **address the absence of more than 10 per cent of the world's population** in the implementation, review and evaluation of the Goals and their targets, evaluation mechanisms and indicators" (*Report of the Secretary-General 63/183, 4*).

2.3 **One in five** of the world's poor are also disabled. 80% of this group (around 500 million people) live in the poorest countries of the world (UN). Less than 2% of disabled children go to school in developing countries (UNESCO). 70% to 80% of disabled adults are unemployed and live in extreme poverty (UN, ILO). It is clear then that unless disability issues are stated clearly in development plans, disabled people will not benefit because of social, political and environmental exclusion.

2.4 Since the MDG were adopted in 2000, the United Nations General Assembly has also adopted the Convention on the Rights of Persons with Disabilities (UNCRPD). The Convention came into force on 3rd May 2008. The UNCRPD "provides an **opportunity to invigorate this overlooked issue** and aspect of development" (Report of the Secretary-General 64/180, 56). Indeed, in February 2010, the UN General Assembly urged Member States "to promote the realization of Millennium Development Goals for persons with disabilities inter alia through

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explicitly including persons with disabilities in national plans and tools designed to **contribute to the full realization of the Millennium Development Goals**" (Realizing the MDGs for Persons with Disabilities, RES/64/131, 2)

2.5 The Leprosy Mission agrees with the statement of Mark Lowcock, Director General for Country Programmes, on DFID's 'How to Note – Working on Disability in Country Programmes'.

"Disability is a key threat to reaching the Millennium Development Goals, and DFID's policy on tackling social exclusion provides a clear home for work on disability. Real opportunities to improve our engagement with Disabled People's Organisations and improve our work on disability lie at the country level."

2.6 The Leprosy Mission also agrees with DFID's paper, 'DFID Support to Control Neglected Tropical Diseases (NTDs)', (DFID Health Resource Centre, 2009) which states:

"Reduction in the health burden related to NTDs should accelerate progress towards MDG 1 (improved nutrition), MDGs 2 and 3 (increased likelihood for school attendance especially for girls who are often more adversely affected by NTDs), as well as the health related MDGs (4, 5 and 6)."

2.7 However, The Leprosy Mission is concerned that the lack of a disability perspective is undermining the objectives of the Millennium Development Goals. Likewise, the lack of emphasis given to the health burden associated with Neglected Tropical Diseases is slowing progress towards achieving these Goals.

2.8 The MDG Summit in September 2010 provides an ideal opportunity to ensure that disability and Neglected Tropical Diseases are addressed specifically when working towards the Millennium Development Goals. For inclusive development to become a reality the Outcomes Document of the MDG Summit needs to contain explicit reference to inclusion of disabled people, and address the chronic disabling infections known as Neglected Tropical Diseases. We therefore request that DFID take a strong stance to ensure disabled people are included in plans for attaining the Millennium Development Goals and Neglected Tropical Diseases are not ignored.

3. Recommendations

3.1 TLM proposes the following changes to the "Keeping the Promise – United to achieve the Millennium Development Goals" document, and request that these are included in the British Government's suggestions for the finalisation of the MDG Summit Outcomes Document.

Proposed Language – including changes developed in association with the International Disability and Development Consortium (IDDC):

Paragraphs:

18. We also acknowledge that progress has been uneven and, without additional efforts, several of the Millennium Development Goals are likely to be missed in many countries. There is a lack of progress in reaching full and productive employment. We

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are especially concerned that progress has been slow in improving maternal health and reducing maternal mortality. There has also been insufficient progress on gender equality and empowerment of women. There is also limited progress on environmental sustainability. In particular, with almost half of the population of the developing world without access to basic sanitation the sanitation target is out of reach. **More than 1 billion people are still affected by the chronic disabling infections of Neglected Tropical Diseases, particularly those living in remote rural areas, urban slums or conflict zones.**

31. We stress the need for international rules to allow policy space and policy flexibility for developing countries as they are directly related to the development strategies of national governments. We further emphasize the need for policy space including to formulate development strategies that take into account national interests and differing needs of countries. **We also emphasize the need to ensure that civil society, including persons with disabilities and disabled people's organisations are included in planning and implementing development policies and programmes at the international and national levels.**

34. We recognize that promoting sustained, equitable, **accessible** and inclusive growth is necessary for accelerating progress towards the Millennium Development Goals. We affirm that while economic growth is necessary to reduce poverty and accelerate progress toward the development goals it is not sufficient: growth should lead to rapid job creation, be equitable, **accessible** and inclusive and be accompanied by effective social policies.

35. We recognize the importance of a society for all that is stable, safe, harmonious, peaceful and just in order to create an enabling environment for development and strengthen national capacities for mitigating the impact of economic crises and preventing and recovering from conflict. We call on Member States to take effective measures for promoting social inclusion and integration and incorporate these into their national development strategies, **in particular by focusing on the most excluded and marginalized groups, including persons with disabilities.**

39. We are determined to advance and support the crucial role of governance, and building institutional implementation capacities at the country level in the achievement of the MDGs. Integrity, accountability and transparency are crucial for managing resources and combating abuse, corruption and organized crime that adversely affect society, particularly the poor and vulnerable, **including persons with disabilities.** Good governance goals should be pursued in conjunction with development.

40. We resolve to mobilize adequate, consistent and predictable financial support, at both the national and international levels, which are crucial for the achievement of the Millennium Development Goals. Increased public investments in education, health, water, sanitation, infrastructure and access to energy are essential for significant progress **and it is vital to ensure that these investments are made in such a way that they will benefit all members of society, including persons with disabilities.** There is an

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urgent need to broaden and strengthen partnerships to ensure a supportive international framework for sufficient, predictable and well-coordinated financing for development.

41. We call for better monitoring and adequate and reliable data, **including building national capacities for data collection and monitoring of the inclusion of people with disabilities in development**, for all countries, which are vital for designing better programmes and policies and for ensuring accountability by development partners and stakeholders. We urge countries to increase public expenditure for national statistical systems, **providing global comparative data** to effectively monitor progress towards the Millennium Development Goals. Such policies should be supported by development partners.

MDG # 1

42. d) Increasing access to decent and productive employment for all, both in the formal and informal sector, especially for women, youth, **persons with disabilities** and rural populations and promoting small and medium-sized enterprises through initiatives such as skills enhancement and technical training programmes, vocational training and entrepreneurial skills development

42 dbis) Identifying and overcoming barriers that prevent access for and inclusion of persons with disabilities

42. m) Addressing inequities in access to food, with a focus on hunger hotspots and vulnerable populations, especially very young children **and children with disabilities**, as well as targeted support of children and providing school-based meals to children.

MDG # 2

43. a) Removing barriers, outside and within education systems to provide equitable educational and learning opportunities for all – **regardless of ethnicity, gender, disability, health or language** – by promoting, with the support of the international community, appropriate targeted evidence-based measures, such as abolishing school fees, providing school meals, providing subsidies for other costs such as communication and energy to make primary education more available, accessible and affordable, especially for the most marginalized children, **including children with disabilities and especially those children** living in remote areas.

43. b) Addressing the root causes of the disparities and diverse forms of exclusion and discrimination affecting out-of-school children, **including children with disabilities**, by developing and operationalizing intersectoral approaches **and strategies to promote accessibility and inclusion** through enhanced inter-ministerial collaboration.

43. *b bis*) **Providing information to families of persons with disabilities on the right to access primary education and developing recommendations to make school environments and curricula accessible.**

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43. c bis) **Strengthening efforts aimed at ensuring that aid supports education systems that are inclusive of and accessible to persons with disabilities.**

MDG # 3

44. a) Removing barriers to girls' education, including by providing scholarships, cash transfers and eliminating user fees; **increase accessibility for and inclusion of girls with disabilities**, expanding the support for girls, especially at the secondary level; and improving the equality of education.

44. f bis) **Supporting participation of women and girls with disabilities.**

45. a) Strengthening the capacity of national health systems to deliver equitable health services and promoting the widest possible access to health services at the point of use, especially to those at risk and the most vulnerable, **particularly persons with disabilities**, through public policies that reduce the barriers to uptake of health services, **including by increasing accessibility.**

45. b) Providing comprehensive community based primary health-care services, which are **accessible and inclusive for all**, and ensure a continuum from prevention to care and rehabilitation.

MDG # 4

46. e bis) **Ensuring early identification of children with impairments and referral of children to appropriate medical and rehabilitation services where required**

MDG # 5

47. b) Taking action at all levels to address the interlinked root causes of maternal mortality and morbidity such as poverty, malnutrition, lack of accessible and appropriate health services and gender inequality, **particularly for women and girls with disabilities**;

47. d bis) **Supporting women and girls with disabilities in accessing maternal health services.**

MDG #6

48. a) Significantly intensify prevention efforts by scaling up strategically aligned programmes, targeting the vulnerable and most at risk, **including persons with disabilities**, that combine biomedical, behavioural and social, and structural interventions, such as empowerment of women **and persons with disabilities**, stigma reduction, and protection of human rights.

e) Renewing efforts to prevent and treat neglected tropical diseases **and address issues of stigma and social exclusion, including collection of data on prevalence, incidence and those treated**; prevention and treatment services for malaria and tuberculosis, including by accelerating further research and development, developing innovative medicines and adopting comprehensive prevention strategies.

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MDG #7

49. d) Continuing to increase sustainable access **for all members of the community, including older persons and persons with disabilities**, to safe drinking water by linking water management and water efficiency plans to national planning, budgeting and priority setting, **including access requirements for persons with disabilities**.

49. d *bis*) **Supporting involvement of persons with disabilities in designing safe water and sanitation facilities.**

MDG #8

50. p) Enhancing international cooperation to ensure access to affordable, high quality and effective medicines for all, **including persons with disabilities**, and strongly encouraging multinational drug companies to lower pharmaceutical prices for developing countries through dual pricing policies.

50. t *bis*) **Ensure continued and coordinated support for drug administration and stigma reduction programmes for Neglected Tropical Diseases.**

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The Leprosy Mission has worked in partnership with DFID on a number of projects in India addressing leprosy, disability and human rights issues. 'Empowering Tribal Communities of Karwar' and 'Challenging Anti-Leprosy Legislation' are presently being funded by the Civil Society Challenge Fund.

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