

Inequalities: Ageing and disability in the post-2015 development agenda

This paper provides background to the event, “How should inequality feature in a post-2015 development agenda?”, by the Overseas Development Institute, 18 April 2013, with participation from Alzheimer’s Disease International, ADD International, HelpAge International and Sightsavers.

The Millennium Development Goals (MDGs) have enabled important progress in human development through highlighting poverty, hunger, children, HIV and AIDS, education and aid disbursement. Nevertheless, age and disability are two areas linked to inequalities, poverty, disadvantage and discrimination that the MDGs have not addressed adequately. This oversight was recognised by the UN System Task Team on the Post-2015 UN Development Agenda when it remarked that, “the poorest and those most discriminated against on the basis of gender, age, disability, ethnicity or otherwise have often been the most disadvantaged.”¹

Alzheimer’s Disease International, ADD International, HelpAge International and Sightsavers are international networks and non-governmental organisations that focus either on ageing or disability. They have come together with the Overseas Development Institute and the Institute of Development Studies to highlight why tackling inequalities and poverty – through a focus on ageing, disability and non-discrimination – is urgently needed for development progress to be equitable and sustainable.

Global action on inequalities is core to the post-2015 development agenda

The 2012-13 global consultation on addressing inequalities² has identified that it is the obligation of Member States to address inequalities because of the principles and standards of international human rights treaties and because of human values shared across continents and cultures.³ Striving for equality was identified as fundamental in the 2000 Millennium Declaration, and is a key driver for the post-2015 development framework.

The consultation’s key messages affirm that inequalities are a persistent global challenge which have deep and harmful consequences for all people in all countries. Many types of inequalities – such as discrimination on the basis of age and disability, and access to income, health and employment – have worsened even when human development progress has been rapid. They are often closely associated with and reinforced by specific forms of social, legal and cultural discrimination.

The consultation further pointed out that, “Inequalities are commonly ‘legitimised’ by powerful groups using stereotypes and prejudice that justify discrimination and maintain exclusion. For example, poor people are still widely supposed to be lazy or responsible for their own poverty... the rights of persons with disabilities are dismissed as the expensive demands of unproductive people. Old people are seen as a burden on society and public funds”.⁴



Alzheimer’s Disease
International



Tackling inequalities through policy, practice and monitoring is crucial to sustaining development progress and improving the wellbeing and capabilities of both today's and all future generations. A sustainable and prosperous world is one where people of all ages and abilities are supported throughout their lives.

Inequalities and older age, disability and mental health

Older age, disability and mental health issues each represents a “cross-cutting factor” in its own right, and there is often convergence between them across the life course as they combine to intensify inequality. The world is ageing rapidly and will continue to do so over the coming century. Today, in 2013, more people are over the age of 60 than children under 5; by 2030, people aged over 60 will outnumber children under the age of 10.⁵ The fastest demographic transition is happening in developing countries with profound implications for older people, households, community infrastructure, and social policy.⁶ Widespread toleration of age discrimination leads to human rights abuse and difficulties of access to essential services in older age.⁷

Between 15 and 20 per cent of the population worldwide live with some form of disability,⁸ with 2 to 4 per cent of the global population living with a severe disability.⁹ Eighty per cent of people with disabilities live in developing countries and face a greater risk of living in poverty.¹⁰ The UN Convention on the Rights of Persons with Disabilities has been signed by 155 countries so far. However, environmental and attitudinal barriers within communities and institutions mean that people with disabilities of all ages are still excluded from participating in social and political processes. They are all too often ignored in development programmes and face barriers to access funds, education, employment, healthcare, communication and transportation services.

Ageing is also associated with a higher probability of living with a disability. Worldwide, more than 46 per cent of people aged 60 years and over live with disabilities,¹¹ and more than 250 million older people experience moderate to severe disability.¹²

The cost of Alzheimer's and other dementias has, in 2010, been calculated at 1 per cent of global GDP.¹³ According to the 2012 report by the World Health Organization and Alzheimer's Disease International,¹⁴ there is a new case of dementia every four seconds somewhere in the world. Global population ageing will result in a possible 24 million new cases by 2050. In fact, the number of people living with dementia worldwide is currently estimated at 35.6 million, with a twofold rise estimated by 2030 and numbers more than tripling by 2050.

Dementia is overwhelming economically and socially, not only for the people who have it, but also for their caregivers and families. And, whether living with a

disability or not, between 15-30 per cent of older people live alone or with no adult of working age.¹⁵ They also face higher levels of poverty.¹⁶

Action on ageing and disability requires inclusive policy responses

Tackling inequalities and poverty eradication requires inclusive policy responses, which governments must commit to in the post-2015 development framework. This includes:

Secure livelihoods

Currently, about 340 million older people live without secure incomes; this number may rise to 1.2 billion by 2050.¹⁷ Disability is linked to a higher probability of being poor,¹⁸ and people with disabilities of all ages often have higher healthcare costs, do not have secure incomes, and frequently face social and political marginalisation which restrict access to services.¹⁹

Quality healthcare

Maintaining good health is a challenge for all people as they age. With an increasingly ageing global population and increases in the burden of mental health disorders and non-communicable diseases (NCDs) – such as diabetes, heart disease and cancer – disability prevalence is rising. Three quarters of NCDs, occur in the over 60 age group, and 71 per cent of total deaths from NCDs occur in people over 70.²⁰ Access to responsive, safe, quality health services is critical for people affected by NCDs, including disabled and older people who frequently face barriers to accessible healthcare. The onset of many conditions can have a devastating impact on individuals, families and communities. In many countries, older people are main breadwinners, and where children have been orphaned by HIV and AIDS, older people are primary carers.²¹



Paul Ong / HelpAge International

Untreated chronic illness and “catastrophic” health expenses impoverish families through the generations. At national level, governments need to take action to ensure the development of social protection systems which can realistically address these challenges.²²

Supportive environments

Across the life course, disabled people’s experience of disability not only depends on the functional limitations relating to impairment, but also on the institutional and physical environment. For instance, negative attitudes can deny women and men equitable access to resources, services and opportunities for personal development, including employment.²³ In Bangladesh, the cost of foregone income from lack of schooling and employment of people with disabilities and their caregivers is estimated at US\$1.2 billion annually, or 1.7 per cent of GDP.²⁴ Environmental barriers include those in the built environment, such as inaccessible public buildings, and those relating to communication, including lack of information in accessible formats.

Policy responses that can help to achieve this and which should be included in the successor framework to the MDGs, therefore, include: universalising basic incomes; ensuring employment is opened up and accessible to older people and people with disabilities; ensuring health services are responsive to age and disability; and removing the attitudinal, institutional and environmental barriers that limit access to essential services.

To monitor development and hold governments accountable to their commitments, data disaggregated by age, gender, ethnicity and disability must be an overarching aim of the post-2015 framework. Without access to this data, sustainable development for all is simply not possible.²⁵



Marion Steff / Sightsavers

The real impact of inequalities: The *Voices of the Marginalised* research study

Evidence in the above sections points to a growing recognition of the inequalities which arise as a result of the marginalisation experienced by people with disabilities, older people and people living with mental health issues. However, understanding is limited by the lack of relevant data, and the absence of the voice of individuals who experience these aspects of marginalisation. In response, ADD International, HelpAge International, and Sightsavers, in collaboration with the Institute of Development Studies are conducting a pilot research project in Bangladesh entitled *Voices of the Marginalised*. The goal is to bring the perspectives of those who live in poverty or who are highly marginalised, including people with disabilities, older people and people living with mental health issues, into post-2015 policymaking.

Peer researchers drawn from national organisations working on issues of older people and people with disabilities are working with community-action researchers in Bhasantek slum and Cox Bazar in Bangladesh. They have collected stories from equal numbers of men and women including those with visual, hearing and physical impairments; people with mental health and learning difficulties; and those over 60 years of age. Community and peer researchers are now engaged in analysing the results of their work. The results will form the basis of a research report that will be used to contribute to a series of High-Level meetings and to the UN General Assembly in New York in September 2013. It will also inform on-going advocacy work to ensure the inclusion of older people and people with disabilities in the post-2015 process. A full report will soon be available on the websites of each participating organisation.

Conclusions and call for action

The process of ageing and the experience of disability are linked to unacceptable levels of inequalities of access to income, health and employment in many countries. Alzheimer’s Disease International, ADD International, HelpAge International and Sightsavers are calling for action to recognise this and put an end to the indignity and suffering it causes.

We are calling for better data and monitoring mechanisms on ageing and disability as the data gaps are contributing to the invisibility of older people and people with disabilities in development policy.²⁶

The sustainability of post-2015 actions will require political will, investment and policy innovation. International and national efforts are required to mobilise resources to support vulnerable citizens of all abilities to tackle poverty across the life course.²⁷ An inclusive, rights-based focus on the poorest and most marginalised

groups, which include older people and those with disabilities, and is based on existing human rights frameworks is necessary.

Our call is for Member States and all stakeholders to agree and deliver an equitable and sustainable post-2015 development framework, based on transparent data disaggregated by age, gender, ethnicity and disability, and which has clear and transparent outcomes for people across all age groups and abilities.

Priorities for action are the following:

1. The framework must be rights-based with equality and non-discrimination as priority themes. Comprehensive human rights legislation, including a convention on the rights of older people, is necessary to clearly articulate these rights.
2. There must be a cross-cutting goal on equality and non-discrimination. This echoes the inequalities consultation recommendation for a “self-standing goal on inequalities (...) to be (...) complemented, across all goal areas of the framework, by targets and indicators that focus on the situation of the most disadvantaged groups.”^{28,29}
3. Data disaggregated by disability, gender, ethnicity and age group should be included in all targets established under the new framework to ensure that older people and people with disabilities benefit equally from future development progress.
4. Any action within a post-2015 framework must also be rooted in a solid quantitative as well as qualitative evidence base. Better data gathering will allow improved monitoring of the distributional impact of policies and budget allocations on different populations. Additional investments are required to support countries to put in place appropriate data-gathering systems.
5. Health-related goals must apply to people at all stages of their life and whatever their health status. A goal on healthy life expectancy with targets to measure life expectancy from birth (already a core component of the Human Development Index); and healthy life expectancy at 60 will lead to more effective health interventions for all age groups and all people with disabilities.³⁰
6. There must be a goal on delivering the universal adoption of social protection floors for all people.

For further information:

Marc Wortmann, Alzheimer’s Disease International, m.wortmann@alz.co.uk

Sylvie Cordier, ADD International, sylvie.cordier@add.org.uk

Sylvia Beales, HelpAge International sbeales@helpage.org

Marion Steff, Sightsavers, msteff@sightsavers.org

Notes

1 UN System Task Team, *Realizing the future we want for all: Report to the Secretary-General*, New York, 2012, p.5

2 See www.worldwewant2015.org/node/308651

3 Synthesis Report of Global Public Consultation on Addressing Inequalities, UNICEF and UN Women, 2013, p.7

4 Overview and key messages of the inequalities consultation, paragraph 12, 2013

5 Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, *World Population Prospects: The 2010 Revision*, <http://esa.un.org/unpd/wpp/index.htm>

6 UNFPA/HelpAge International, *Ageing in the Twenty-First Century: A Celebration and A Challenge*, New York/London, UNFPA/HelpAge International, 2012, pp.9,12

7 Ibid, p.160

8 Including those resulting from mental health impairments.

9 World Health Organization, *Global Burden of Disease*, Geneva, World Health Organization, 2008

10 A/RES/66/124 High-Level Meeting of the General Assembly on the Realizations of the Millennium Development Goals and other Internationally Agreed Development Goals for Persons with Disabilities

11 World Health Organization, *World Report on Disability*, Geneva, World Health Organization, 2011, p.30

12 UNFPA/HelpAge International, *Ageing in the Twenty-First Century: A Celebration and A Challenge*, New York/London, UNFPA/HelpAge International, 2012, p.61

13 Alzheimer’s Disease International, *World Alzheimer Report*, London, 2010

14 World Health Organization and Alzheimer’s Disease International, *Dementia: A Public Health Priority*, London, 2012

15 Masset E and White H, “Are chronically poor people being left out of progress towards the Millennium Development Goals? A quantitative analysis of older people, disabled people and orphans”, *Journal of Human Development*, 5(2), 2004, pp.279-297

16 UNFPA/HelpAge International, *Ageing in the Twenty-First Century: A Celebration and A Challenge*, New York/London, UNFPA/HelpAge International, 2012, see Chapter 4

17 Meissner M, “Ways out of old-age poverty”, 2010, www.dandc.eu/en/article/societies-are-ageing-many-countries

18 A recent meta review identified seven studies that found a positive link between disability and economic poverty and five that did not. See Groce N, et al, “Poverty and disability – a critical review of the literature in low and middle income countries”, Working Paper Series No. 16, London, UCL Leonard Cheshire Disability and Inclusive Development Centre, 2011. Cited in Samman E and Rodriguez-Takeuchi L, “Inequalities relating to health and the life course: disability, mental illness and older age”, Paper submitted by the Overseas Development Institute to the Post-2015 Global Thematic Consultation on Addressing Inequalities, 2012

19 Ibid

20 World Health Organization, *Global Status Report on Noncommunicable Diseases 2010*, Geneva, World Health Organization, 2011

21 Subbarao K and Coury D, “The supply side: Caregivers and their strengths and weaknesses”. In Subbarao K and Coury D, *Reaching out to African orphans. A framework for public action*, Washington, World Bank, 2004, pp.25-44

22 Sightsavers, “Losing sight: Eye health and non-communicable diseases”, Briefing paper, London, Sightsavers, 2012

23 See Cain E, “Voices of the marginalized: Persons with disabilities, older people, people with mental health issues, Paper submitted to the Post-2015 Global Thematic Consultation on Addressing Inequalities, 2012

24 World Health Organization, *World Report on Disability*, Geneva, World Health Organization, 2011, p.208

25 Samman E and Rodriguez-Takeuchi L, “Inequalities relating to health and the life course: disability, mental illness and older age”, Paper submitted by the Overseas Development Institute to the Post-2015 Global Thematic Consultation on Addressing Inequalities, 2012

26 Samman E and Rodriguez-Takeuchi L, “Inequalities relating to health and the life course: disability, mental illness and older age”, Paper submitted by the Overseas Development Institute to the Post-2015 Global Thematic Consultation on Addressing Inequalities, 2012, p.18

27 International Trade Union Confederation, “Social protection in the post-2015 development agenda”, 2012

28 Overview and key messages of the inequalities consultation, paragraph 19, 2013

29 ADD International, “Practical suggestions for including disability in the post-2015 framework”, 2012

30 Knox C and Voelcker I et al, “Building a future for all ages”, Discussion paper, London, HelpAge International, 2012