

**Disability in a Majority World Context: A materialist account**

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### **Abstract**

*This paper argues that the spread of free market economics throughout the world has generated unprecedented inequalities within and between nation states, This has led to the systematic exclusion of people with perceived impairments from the mainstream of economic and community life in almost all societies, the generation of an international disabled people's movement, and their demand for legal frameworks with which to address the multiple deprivations encountered by people viewed as 'disabled'. It is argued that the poverty and exclusion encountered by disabled people and other oppressed groups in all societies will not be eliminated without fundamental structural change at the international level.*

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‘The politics of disablement is about far more than disabled people, it is about challenging oppression in all its forms. Like sexism, racism, heterosexist and all other forms of oppression it is a human creation. It is impossible, therefore, to confront one type of oppression without confronting them all and, of course, the cultural values that created and sustains them’ (Barnes 1990: ix).

### **Introduction**

Since the emergence of disability studies in the 1970s, most of the theorising produced by disability scholars has centred on the economic, political and cultural deprivations encountered by disabled people in wealthy states such as the USA, Europe and Australasia. With few notable exceptions, little attention has been paid to disability in the ‘poorer’ countries of what is generally referred to as the ‘developing’, ‘third’ or, more recently, ‘majority’ world; nations outside Europe, North America, Australia and New Zealand. This may be because applying western ideas about impairment and disability to non-western cultures is fraught with difficulty (Miles 2001). Yet it is increasingly evident that as globalisation intensifies all countries, whether rich or poor, are evermore economically, technologically and socially interdependent, and that the gap between high and low income countries has increased substantially. Also that the individualisation and medicalisation of disability that accompanied capitalist development in wealthy states is now commonplace across the world and that disabled

people are the 'poorest of the poor' in all societies (Hurst and Albert 2006: 24).

By employing a *social model* inspired analysis this paper offers a materialist exploration of the politics and production of impairment and disability in poorer countries. It argues that disablement is a socially created problem exacerbated by the escalating processes of globalisation. And that proposed solutions to the problems encountered by disabled people in the developing world are unlikely to achieve success without radical change in terms of ideology, policy and practice at both national and international levels.

### **Impairment in a global economy**

The social model of disability is a holistic, or sociological, approach to understanding the various forces: economic, political and cultural, that shape disabled people's lives (Barnes and Mercer 2003). A heuristic device rather than a social theory (Priestley 1998), the social model has found favour amongst disability scholars and activists throughout the world (Gleeson 1999; Hahn 2002; Katsui 2006; Hurst and Albert 2006). Based on a conceptual distinction between the biological, *impairment*, and the social, *disability*, it is generally associated with the materialist accounts of Finkelstein (1980) and Oliver (1990).

In common with official definitions such as those produced by the *World Health Organisation* (WHO 1980; 2001a), social model accounts recognise the social origins of perceptions of impairment (Abberley 1987; Gleason 1999). But the key distinction between impairment and disability remains problematic beyond English-speaking countries as explaining the former in

individualistic biomedical terms is peculiar to western philosophical and cultural traditions (Miles 2001). Additionally, there is considerable anthropological evidence demonstrating how social responses to the body and concepts of health and ability differ markedly over time and in different cultural contexts and locations (Hanks and Hanks 1948; Scheer and Groce 1988; Ingstad and Whyte 1995).

Religious teachings are often presented as the main determinant of what is socially acceptable in non-western contexts (Coleridge 1993); although the material foundations upon which religious pronouncements on impairment are rarely considered. Moreover, there is no consensus among major religions such as Hinduism, Islam and Buddhism about the *correct* way to regard impairment. Yet in societies where religions claim wide popular allegiance impairments are significant for people's life chances as they are generally perceived as 'misfortunes, sent by deity, fate, karma; often associated with parental sin' (Miles 1995: 52). These religions, like Christianity, also tend to emphasise ways of understanding and responding to misfortune through individual acceptance and spiritual salvation (Charlton 1998). But most studies in poorer countries have concentrated on responses to impairment in small, rural communities where religious beliefs are stronger than in urban environments (Scheer and Groce 1988; Ingstad and Whyte 1995).

Notably, infanticide for children with congenital impairments is not a universal feature of traditional societies, It is however common amongst some Asian and African communities (Charlton 1998). A combination of factors including extreme poverty, lack of support, cultural considerations and/or ignorance can result in families 'hiding' or abandoning their disabled offspring

(Ingstad 2001). But impairment does not necessarily lead to social exclusion. For example, among the Masai people of Kenya, individuals with physical impairments may marry, become parents and participate in all communal activities (Talle 1995). Such examples indicate the diversity of cultural responses to impairments in pre-capitalist and developing societies (Hanks and Hanks 1948).

Nonetheless, most people in western societies, and particularly professionals, presume that biomedical perceptions of impairment and 'able bodied' normality are universal concepts. They ignore or dismiss other cultural perceptions of impairment, causation and local or family responses. But although cross-national data on the prevalence of impairments must be treated with the utmost caution, as the research strategies and procedures used in different countries are often incomparable (Eide and Loebe 2006), UN guesstimates suggest that 80 percent of the world's 650 million disabled people live in developing societies (UN Enable 2008: unpagged). Also that the incidence of both reported impairment and disability is generally higher in wealthier nations (Eide and Loebe 2006).

There are several possible reasons for this. First, wealthy countries have better health and support systems. Hence there is a greater survival rate amongst people with congenital conditions and those who acquire impairments later in life. Second, life expectancy is substantially higher in wealthy states and the likelihood of acquiring impairment increases substantially with age. Third, there are some conditions such as dyslexia that are potentially disabling in technologically advanced societies, but present few problems to people living in rural environments and therefore would not be considered a disability (Barnes and Mercer 2003).

Moreover, much of the world's impairment is the result of extreme poverty, malnutrition, poor sanitation lack of drinking water and poor working conditions (WHO 2001b). Hence, the rising demand for public health and medical services. Estimates suggest that 90 percent of children with impairments in some poor countries die before they reach twenty years old and a similar percentage with cognitive impairments do not live beyond fifty (UNESCO 1995: 9-14). The incidence of diseases which cause long term impairment such as Polio, for instance, that were almost eradicated in wealthy nations are now on the increase in many poor countries (Stone 1999: BBC 2004: WHO 2005a). Other treatable conditions such as Tubular Sclerosis are common in low income states (WHO 2005b: unpagged).

Clearly the lion's share of impairment in poor nations is the direct outcome of skewed and exploitative economic and social development. The lack of funding to organise and deliver appropriate medical and 'disability related services' is exacerbated by the funding policies of international financial institutions such as the World Bank and *International Monetary Fund* (IMF) discussed later. For the overwhelming majority of the world's population access to medical treatments and services depends on the ability to pay. This poses major problems for the majority of disabled people who have barely enough to live on in both rich and poor countries alike (WHO 2001b; Hurst and Albert 2006). Furthermore, the lack of trained medical personnel including doctors and nurses is exacerbated by the recruitment of qualified staff from poor countries by richer ones. The loss is made worse because there is no financial compensation for poor states to cover the cost of retraining new health workers (WHO 2001).

Conversely, in rich nations a disproportionate amount of resources, both financial and human are frequently channelled into expensive medical innovations that will benefit only a 'minority of the world's population' (WHO 2001b: 15). For instance, wealthy countries have witnessed unprecedented investment in cosmetic surgery and allied treatments to improve an individual's appearance over recent years. 'Between 1992 and 2005, annual US cosmetic surgery volume increased by 725 percent, with over \$10 billion spent in 2005' (Liu and Miller 2008: 404).

But poverty and the lack of an adequate health and social care infrastructure are not the only factors producing impairment. Other 'causes' include specific cultural practices (such as female genital mutilation), natural disasters (earthquakes, floods), and the consequences of economic development (industrial accidents and pollution) (WHO 2001b). Indeed, there is a substantial literature on disaster and conflict prevention, management and reconstruction, but there are few sources covering disability in emergency and conflict situations. When disabled people are mentioned they are usually referred to as a vulnerable group rather than in need of mainstreaming or how barriers to inclusion can be overcome (Cordeiro et al., 2006).

Civil wars often rooted in the denial of access to natural resources, the disruption of traditional cultural values and communal boundaries by colonial powers, and fanned by the activities of the international arms trade, have caused an unprecedented growth in impairment amongst civilians and military personnel in poor countries over recent years. In most conflicts, the majority of casualties are civilians rather than soldiers. In Cambodia, an estimated 100,000 people lost limbs as a direct result of the combatants' use of landmines

(UNESCO 1995). A similar number were maimed during the civil war in Rwanda. Maiming rather than killing people is justified on the grounds that it undermines an opponent's economic and psychological resources (Coleridge 1993). This was the tactic employed by all factions including the *Revolutionary United Front*, in the ten year civil war (1991-2001) in the West African state of Sierra Leone which rendered thousands of government supporters economically and socially inactive as a result (Berghs 2007: 78).

Women and children are especially vulnerable in conflict situations, Women and girls are more likely to experience rape, torture and forced marriage. Much impairment in children is a direct consequence of violence and the longer term indirect changes in society. Many children experience severe and prolonged emotional distress as a result of family disruptions and witnessing family members being killed, raped or tortured. Child soldiers taught to kill may lose a sense of morality and human values and develop psychological problems in later life (Zinkin, McConachie and Scherzer 1995).

All of which leads to the inevitable conclusion that in a majority world context, impairment is 'very clearly primarily the consequence of social and political factors, (and) not an unavoidable 'fact of nature'. (Abberley 1987: 11)

### **Globalisation, poverty and disability**

To understand poverty and disability in poor countries analyses must be set within a global context. Since the mid twentieth century there has been a significant escalation of globalisation. This encompasses the interconnectedness of individuals, groups and

communities within world-wide economic, political and cultural networks and, in so doing, accelerated the imposition of a capitalist world order (Held *et al.* 1999). Consequentially the disabling tendencies associated with western influenced economic and cultural development: industrialisation, urbanisation, self reliance and 'able bodied' normality, are replicated across the globe. This has led to the erosion of diverse responses to impairment and in many cases their exclusion from communal life; disabled women and children are especially vulnerable (Miles 1996).

Whether global inequality has accelerated as a result of globalisation is a contested issue. Advocates argue that it is a positive, levelling process that undermines the disparity between rich and poor. They argue that during recent decades standards of living have improved across the world, illiteracy is declining, infant mortality and malnutrition is falling, and life expectancy has increased. Critics maintain that globalisation has generated greater inequality. They point to the 1990 *United Nations' Development Report*, which notes that in 1960 twenty percent of the population in rich countries had thirty times more income than the poorest 20 per cent. By 1997 this disparity had risen to seventy four percent (Giddens, 2006: 392).

There are several ways of explaining global inequality. Modernisation and neo-liberal theories explain the disparity of wealth amongst nation states in terms of the failure of some countries to embrace free market forces. For writers such as Walt Rostow (1978), for example, unfettered capitalism is the key to national and international prosperity. They maintain that adherence to traditional cultural values and institutions and the failure to adopt free market policies and values are responsible for the poor economic performance of poor countries.

Prosperity is achieved only by maximising individual freedoms and minimising governmental regulations and controls on business. However, these theories fail to consider the often long standing economic and political ties between rich and poor nations; ties that in many ways enable the former to sustain economic growth and prosperity at the expense of the latter (Hoogvelt 2001).

Taking their lead from Karl Marx, dependency and world systems theorists argue that the spread of world capitalism has created a class like structure in which a core group of powerful states manipulate and exploit less powerful economies, in the same way that capitalists within nations create and exploit the working classes. Thus, the poverty of poor countries is explained as a direct consequence of their exploitation by wealthy nations and trans-national corporations that usually have their headquarters in one or more core states. Dependency theorists argue that exploitation began with colonisation; a political, economic system whereby powerful states colonise and rule over weaker societies to generate profit. This usually means the systematic acquisition and exploitation of the colonised nation's natural resources such as oil, metals, agricultural products and labour by and for the benefit of the colonial power. Although colonisation is generally associated with European nations colonising parts of Africa, Asia and South America, other states such as Japan were colonial powers too (Hout 1993).

Although the spread of colonisation declined significantly during the last century, the exploitation of poor countries by trans-national corporations and wealthy states continues. Global corporate bodies, international banks and governments of rich countries exploit cheap labour by establishing factories and exploiting raw materials in poor nations to maximise profits with

minimum government intervention. Additionally, the low prices set for local labour and natural resources prevent these countries from developing their own economies. They then have little choice but to borrow from international corporations and wealthy nations resulting in a spiral of debt which ensures their continued economic dependence (Hout 1993).

World systems theorists argue that global inequality is best understood as a unified whole. Immanuel Wallerstein (1990), for example, argues that the world system is rooted in the expansion of markets and international trade in the fifteenth and sixteenth centuries. It encompasses an international market for goods and labour, a division of labour along classlines, formal and informal cooperation amongst powerful rich countries, and the structuring of the world economy into three economic zones: core, peripheral and semi peripheral. Core states are rich, industrially advanced countries like the USA, Japan and western European countries, that take most of the profit from the world economy. Semi peripheral nations are semi industrialised 'middle income' countries that yield profit to core nations, but also extract wealth from poorer peripheral states. Examples include Brazil, Chile, Mexico and the newly industrialised states of East Asia such as South Korea.

Peripheral countries are mainly agricultural economies often rich in natural resources but the poorest in the world. Examples include Chad, Ethiopia, Nigeria, Sudan in central Africa, and Columbia and Ecuador in South America. Their continued poverty is the result of systematic and ongoing exploitation by the core, and to a lesser degree, semi peripheral states. Notably, the apparent success of the semi periphery holds out the promise of similar development to periphery states. The structure of the world system has changed significantly

over time. In the fifteenth and sixteenth centuries it was dominated by Italian city states such as Genoa and Venice. As their power waned they were superseded by Holland, then the UK and now the USA (Wallerstein 1990).

However, the role of 'free' market economics as the main driver of wealth creation has been undermined further by recent research suggesting that sustained economic development is achievable by firm government action. Strategies include the state making low cost loans and tax breaks available to favoured industries, keeping tight controls on wages and the aggressive maintenance of political stability (World Bank 1997). However, this form of state sponsored capitalism often results in the negation and suppression of basic human rights and freedoms. In countries like China, Taiwan and Singapore, for example, this has involved outlawing trade unions, banning strikes and jailing union leaders and political dissidents (Giddens 2006).

In 1999 the World Bank estimated that 20 percent of people living on or below the poverty line in developing countries are disabled. A poverty line specifies a society's minimum standard of living to which everybody should be entitled. Poverty lines are country specific and most countries have different ideas of what constitutes a minimum standard of living. Nevertheless recent research which used revised poverty line measures at \$1.25 based on the average poverty lines of the world's 10 to 20 poorest states, suggest that 1.4 billion people (one in four) in 'the developing world were living on less than \$1.25 in 2005 (Ravillion and Chen 2008: unpagged).

But poverty is best understood as a complex matrix of social exclusion that extends beyond income to encompass access to education, employment, housing,

transport and the built environment, leisure, family life and social relationships (Coleridge 2006). As indicated above disabled people's poverty cannot be explained simply in terms of disabling attitudes and prejudice. Rather they are rooted in structural inequalities and social processes. For example, almost a third of the world's 'absolute poor' live in India. This level of poverty applies where people do not have enough resources to support a minimum of health and efficiency. Furthermore,

'while 48 per cent of India's people survive in absolute poverty... about two thirds are 'capability poor' i.e. they do not receive the minimum level of education and health care, necessary for functioning human capabilities (Sharif 1999 quoted by Ghai 2001: 28).

The marginalisation and powerlessness experienced by disabled people living in isolated rural areas and urban slums across Africa, Asia and Latin America are often overlooked. They are disproportionately unemployed, underemployed and underpaid. Moreover, poor societies rarely have the resources to sustain an adequate welfare safety net for those worst off. For instance, between 65 and 80 percent of India's estimated 60 million disabled people live in areas where public amenities such as clean water, electricity and sanitation are almost non-existent. When juxtaposed with the lack of the most basic medical treatments and services, 'the problems of inequality and injustice are so massive as to appear unmanageable'. Disabled women and children experience particularly high levels of poverty, leading to chronic malnutrition and difficulty in resisting debilitating sickness (Ghai 2001: 29 - 30).

Education is frequently presented as a means of overcoming poverty and a necessary route to social

inclusion. It also has a role to play in promoting the ideals of peace, freedom and justice (UNESCO 1996: ii). Yet the export of western type schooling and skills often prove exclusionary or less relevant to local needs (Miles 1996). The emphasis on specific skills such as literacy and numeracy, for example, may lead to the labelling of some children as 'educationally backward', or with 'learning difficulties' resulting in their marginalisation even in contexts where these skills are not vital to an individual's life chances (Ingstad 2001).

Nevertheless in most developing countries education is viewed as the key to national reconstruction and prosperity. Henceforth international efforts to promote *Education for All* (EFA) have intensified since the first EFA conference in Jomtien, Thailand in 1990. The primary aim was to ensure that all children should complete at least five years of primary education by the year 2015). Yet despite successive initiatives since the *Salamanca Statement and Framework for Action* of 1994 to ensure that children with impairments are included in mainstream schools, recent research suggests that only 10 percent of *all* disabled children are in school (UNESCO 2007). Also, there remains a divergence of views on the meaning of inclusion. Consequently despite some notable successes (Rieser 2008), many disabled children are educated in segregated special schools (Miles and Singal 2008).

In poor countries disability support systems, examples include peer support services, personal assistance schemes and assistive technologies, are severely under resourced or non-existent. Where basic services are available most disabled people cannot afford to pay for them. Recent estimates suggest that only 2 percent of disabled people in 'low and middle income states' have access to any kind of disability related

support thus justifying the contention that disabled people in poorer societies are ignored by both 'governments and the international communities' (Katsui 2006: 2). These problems are complemented by inaccessible transport systems and built environments. Moreover, there is little short-term prospect of moving significantly towards satisfying accessible housing or transport needs when overall standards are low. Environmental access appears to be of little concern in the densely populated and rapidly expanding cities of the developing world (Charlton 1998).

As poverty is a consistent feature of disabled people's lives the world over, it is a major concern for most user led disability organisations in both rich and poor countries alike. Yet although the link between disability and poverty is unequivocal and internationally recognised, recent attempts by agencies such as the United Nations (UN), the World Bank and the IMF have largely failed to address this issue in their attempts to eliminate poverty. The UN's *Millennium Development Goals* (2000), for example, had eight primary aims. These are universally desirable and ambitious goals, but they are rather vague and in concert with previous international initiatives are not accompanied by detailed, well planned participatory programmes. Moreover, whilst these aims were intended to be inclusive they were heavily criticised for their failure to address disability and disabled people (Albert 2006: Coleridge 2006).

Further, the World Bank and IMF's *Poverty Reduction Strategy Papers* (PRSP) approach launched in 1999 is widely touted as a major tool for tackling poverty and features in the planning documents of many low income states. Participation of poor people is encouraged at all stages of the PRSP process: formulation, implementation, monitoring and evaluation. This is in marked contrast to the top-down externally-imposed

planning procedures of previous initiatives favoured by the IMF which were largely ineffectual. But whilst the PRSP approach may appear to represent an historic departure from earlier strategies, it does not include participation by disabled people. Indeed, the PRSP initiative presented disabled people, along with 'old' people, children and the 'chronically sick', as not 'economically active', but dependent on the community for 'special care and welfare' or as Coleridge points out 'objects of charity' (2006: 22).

Recently however the Work Bank has undergone something of a sea change in its response to disability, largely due to the critique of its activities by disabled people and their organisation (Hurst and Albert 2006) and the appointment in 2004 of Judy Heumann, a key activist in America's disabled people's movement, as principal advisor on disability and development (Coleridge 2006). It has since adopted a policy of mainstreaming disability in all its programmes. In 2007 it published its *Social Analysis and Disability: A Guidance Note* which 'offers a practical guide to integrating social analysis and disability inclusive development into sector and thematic projects and programs of the World Bank' (p. 1) including examples of linkage between disabled people and the UN's *Millennium Development Goals* mentioned above (World Bank 2007: 4).

But whilst this document highlights the importance of disability rights and institutional change the guidelines therein are not binding. Hence their impact depends on a variety of factors including: the project or programme, local context and, most importantly, 'available resources' (p. 2). These must come from other sources as the Bank is not a charity or a human rights organisation. Its policies are founded on neo-liberal/capitalist principles that support the interests of big business and trans-national

corporations. Its primary function is to provide loans for economic development that have to be repaid. Its policies are determined by shareholders votes. The USA is its largest shareholder followed by Japan, Germany, the UK and France. 'The poorer the country the fewer votes it has and the less influence over the Bank's agenda' (Yeo 2006: 76). Despite the apparent inclusion of disability into the UN's *Millennium Development Goals*, the Bank has yet to allocate substantial funding into low income countries with an overtly disability inclusive philosophy and policy programme such as South Africa and Uganda.

### **Disability politics and Globalisation**

Since the 1970s a key stimulus for the politicisation of grass roots disability organisations the world over has been the increasingly high profile of disabled activists and their organisations in international politics. A major catalyst for change was the formation in 1981 of *Disabled Peoples' International* (DPI). As in rich countries, the experience of social exclusion had stimulated a growing radicalisation amongst disabled people in poor nations. The conflict between 'old' and 'new' disability politics surfaced at the meeting of *Rehabilitation International* (RI), an organisation led by non-disabled professionals wedded to traditional 'apolitical' medical interpretations of disability, in Singapore in 1980. Because of their exclusion from RI's controlling body dissident disabled delegates left to set up DPI, an international umbrella for national organisations *controlled and run* by disabled people (Driedger 1989). The formation of DPI:

'sent a clear message to bodies such as the RI that never again would it be acceptable for discussions about disabled people to take place without our full and equal participation' (Flood 2005: 184).

The growing international interest in disability is also evident in the UN's *Declaration on the Rights of Mentally Retarded Persons* (1971) followed by the *Declaration of the Rights of Disabled Persons* (1975). These were deemed necessary as previous conventions such as the *Universal Declaration of Human Rights* (1948), intended to include all sections of the community, had failed to address the particular needs of disabled people who were 'buried in the general category of vulnerable groups' (Coleridge 2006: 23). Furthermore, 1981 was designated the *International Year of Disabled Persons* and 1983-92 the *Decade for Disabled Persons*. But the apparent radical thrust of these initiatives cannot obscure their foundation on individualistic, medical notions of disability and rehabilitation. But whilst the UN Decade achieved some successes, these were largely viewed as benefiting those in rich states by activists in poor nations. Thereafter followed a series of similar initiatives including the first and second *Asian and Pacific Decade of Disabled Persons* (1993-2002 and 2003-2012), the *African Decade of Disabled Persons* (2000-2009) and the *Arab Decade of Disabled Persons* (2003 - 2012), largely as a result of lobbying by disability activists and their organisations located in these regions. Subsequently local, national and international organisations have taken a more prominent and assertive role in promoting social change based on their own interpretations of disability and disability rights (Barnes and Mercer 2005; Albert 2006).

The activities of disabled activists in Uganda and South Africa illustrate the point well. In 1987 the *National Union of Disabled Persons of Uganda* (NUDIPU) was formed by 17 disabled people's groups as an umbrella organisation representing Uganda's disabled population. A cross impairment body its express aim is to fight

discriminatory attitudes and practices, improve the welfare of disabled people, advocate for equal opportunities through involvement in policy planning and implementation with government and non-government organisations. As a consequence of NUDIPUs activities disability issues were embedded in the Ugandan Constitution in 1995. Disabled people are involved at all levels of the political process in Uganda including a Minister and five members of parliament and at least two officials in every regional and local governing body. A whole raft of legislation specifically addressing the needs and rights of disabled Ugandans has been introduced with the avowed aim of mainstreaming disability issues and access (Dube 2006a).

Disability activism in South Africa is rooted in the 1980s and the opposition to apartheid (Finkelstein 2005). So when the democratically elected *African National Congress* came to power in 1994 it established a *Constitutional Assembly* that introduced a *Bill of Rights* on May 8th 1996 which prohibits unfair discrimination against various categories of people including disabled people. Disability has a strong parliamentary presence in South Africa with an Office on the Status of Disabled Persons and staffed entirely by disabled people. In 1997 an *Integrated National Disability Strategy* was introduced which provided government and society as a whole with guidance to promote non-discriminatory development planning, policy and practice. This was accompanied by several initiatives with a strong disability element such as the *South African Schools Act* and the *Employment Equality Act 1998* (Dube 2006b: 126).

The policy environment in both Uganda and South Africa should have stimulated a general awareness of the needs of disabled people and an unprecedented opportunity to bring about meaningful change in both

countries. Yet implementation has been seriously hampered by several factors. These include a chronic lack of funding and capacity resulting in limited understanding and championing of key issues. This resulted in inadequate and inappropriate institutional arrangements across all levels of government. Uganda's NUDIPU was deeply involved in the country's poverty reduction strategy *The Poverty Elimination Action Plan* (PEAPS). But whilst some progress was made in linking disability issues to Uganda's *Medium Term Expenditure Framework*, there is nothing in the 2005 PEAP document to mainstream disability as proposed by the NUDIPU (Dube 2006a).

In South Africa implementing the Schools and Employment Equality Acts encountered many difficulties. For education the most obvious is an absence of financial and human resources, particularly the lack of trained teachers. Hence, disabled children are still not fully integrated into mainstream schools. And despite positive intentions disabled workers continue to remain disproportionately unemployed. Department of Labour figures suggest that only 1 percent of disabled people are employed in the formal sector of the economy (Dube 2006b). Sadly, similar examples are all too common in all poor societies, well meaning policies are rarely implemented as intended. This poses an ongoing challenge to disabled people's organisations at both the national and international level (Hurst and Albert 2006).

In response disabled activists were mainly responsible for producing the UN's *Standard Rules on the Equalisation of Opportunities for People with Disabilities* (UN 1993). This initiative comprises 23 standard rules to facilitate full participation and equality including awareness raising, medical and support services, education, employment, leisure and cultural activities.

Disabled people's organisations working together as the *International Disability Caucus* (IDC) were an active partner in developing and promoting the *Convention on the Rights of Persons with Disabilities* (Hurst and Albert 2006) adopted by the UN general Assembly in December 2006. With 50 articles covering all aspects of daily living, the Convention is the most comprehensive document yet produced on the rights of disabled people (UN Enable, 2008a, unpagged). Designed within in an international law context the Convention sets out the duty of nation states to protect disabled people's human rights. Once in force, it is legally binding on any country that ratifies it. The Convention came into force in April 2008. In February 2009 it had been signed by 187 countries, but ratified by only 47 (UN Enable, 2009).

Despite considerable enthusiasm among disabled people's groups there is growing concern that the legal route to social change is limited. Hitherto, securing human and civil rights through existing legal frameworks has not brought about equality for either the overwhelming majority of disabled people or other oppressed groups. Pursuing protection through established legal frameworks does not challenge directly the current economic and political system and therefore will not bring about the radical changes needed to eradicate structural inequality at either the national or international level (Oliver and Barnes 1998). .

This has important implications for disabled people, their families and indeed the population as a whole in both rich and poor countries alike. Global stability and future prosperity seem ever less secure as we move further into the 21<sup>st</sup> century. Constraints on the fiscal policies of national governments and international financial institutions are likely to intensify even further as a consequence of the recent global economic downturn

which began in 2008 (Dunphy 2008) and other world-wide problems that remain unresolved. Longstanding concern about environmental decay has escalated significantly over recent years as a result of mounting evidence of the detrimental impact of industrial development on the earth's finite resources (Dobson 2000). Also demand will intensify further due to unprecedented population growth in future decades, especially in poor nations (UN 2003a). Since the turn of the millennium cultural opposition to the spread of western values and lifestyles has stimulated new forms of international terrorism prompting a costly international 'war on terror' by the USA and wealthy European states including the UK (Coates and Krieger 2008).

## **Conclusion**

As we move ever further into the 21<sup>st</sup> century it is increasingly evident that the spread of free market economics throughout the world has generated unprecedented inequalities within and between nation states. Western notions of impairment and disability are now commonplace across much of the developing world. This has led to the systematic exclusion of people with perceived impairments from the mainstream of community life in almost all societies, the generation of an international disabled people's movement, and their demand for legal frameworks with which to address the multiple deprivations encountered by people viewed as 'disabled'.

But whilst the growing emphasis on human and legal rights, as exemplified in the UN Convention, may provide valuable insights into the extent of the abject poverty experienced by disabled people in a majority world context, it does not overtly challenge its cause: an overtly

inequitable and unjust world system. There is therefore an urgent need for the establishment of a new world view and value system that does not obscure the 'structures of exploitation and oppression' (Leys 1975: 275), but rather warrants the redistribution of material resources and propagates meaningful cultural tolerance and inclusion (Charlton 1998; Oliver and Barnes 1998). To bring about such a change the international disabled people's movement must forge links with other political and oppressed groups working toward a similar goal: the creation of a world in which disability and uneven economic and social development are of historical interest only (Sheldon 2005: 126).

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