

BOTTOM OF THE “BOTTOM BILLION”: WHO IS BEING LEFT BEHIND?

INTRODUCTION

Global progress has not benefitted everyone equally: many individuals remain marginalised and extremely poor. Often, this is due to identity-based discrimination based on their disability status, age, ethnicity, or gender; and geographic disadvantage, for example through conflict or crisis.

These disparities are often masked at the country level: with progress measured as an average across the whole population. The Sustainable Development Goals strive to address this – by explicitly recognising group-based disadvantage and issuing the rallying cry to ‘leave no one behind’ by 2030.

To better understand who is being left behind in relation to the bottom billion, FCDO commissioned new evidence - SDDirect has produced a series of ‘poverty profiles’ on eight of the most marginalised group-based identities. These profiles build on the work done by the Chief Economist Paper to update the global picture of ‘bottom billion countries’ – by providing further sub-national analysis.ⁱ The reasons why some groups are likely to be overrepresented amongst the poor was not the focus of the research, however it is important to highlight that these are complex. Poverty is rooted in structural barriers, unequal power relations, patriarchal and social norms, negative attitudes, stigma and discrimination.

Evidence in this package of briefs largely pre-dates the COVID-19 pandemic. UN modelling shows the crisis is likely to set back global development by decades, plunging half a billion more people into poverty.ⁱⁱ Women and girls, people with disabilities, LGBT people and people from minority racial and ethnic groups, including indigenous peoples, are likely to be disproportionately impacted, further widening the gaps between these groups and the general population. People with disabilities and older people are among those most at risk of becoming severely ill and dying from the virus as well as being excluded from the global responseⁱⁱⁱ. Latest evidence from the UK shows that people living with disabilities made up almost **6 in 10** of all deaths involving COVID-19^{iv}. The available evidence (mainly from high-income countries) also suggests that indigenous peoples and minority ethnic and religious groups in some contexts are also at greater risk of contracting and dying from COVID-19 due to their disproportionate employment in high-risk sectors, concentration in overcrowded housing, and/or limited access to healthcare^v.

Beyond the immediate health impacts, the secondary impacts of the pandemic have also had a disproportionate impact on marginalised groups. The disruption to education will have lasting impacts on young people: OECD estimates that one school year lost due to the pandemic can be considered equivalent to a loss of between 7% and 10% of lifetime income. Girls are likely to be worse affected by school closures related to COVID-19, with a recent estimate suggesting 10 million girls may not return to school. And for people aged between 25 and 34, the gender poverty gap is likely to widen from 118 women living below the \$1.90 poverty line for every 100 men, to 121 women for every 100 men by 2030.^{vi} Government imposed restrictions on people’s movement and social gatherings have in some countries been used to target LGBT people. Meanwhile, COVID-19 has compounded experiences of violence– with increasing reports of violence

against women and girls^{vii} and reports of neglect and abuse against people with disabilities, mental health conditions and older people in care homes and institutional settings^{viii}.

FINDINGS

The poverty profiles show five clear trends:

1) Certain social identities are more likely to be poor using income and consumption-based measures – for example:

There are 104 women for every 100 men living below the \$1.90 poverty line, though the World Bank believes that this is an underestimate.^{ix} The biggest difference is in South Asia where there are 109 women in poor households for every 100 men, though 46% of poor women globally live in sub-Saharan Africa. Modelling the impact of the pandemic using data from 129 countries accounting for 89% of the global population, UN analysis suggests the male-female poverty gap in the 25-34 year range will widen to around 118 women in extreme poverty for every 100 men aged 25–34, with particularly large gaps in south Asia.^{x,xi} This gap is set to increase by 2030, with 121 women aged 25-34 for every 100 men living in extreme poverty.^{xii}

There is strong empirical evidence linking disability and poverty from multiple LMICs.^{xiii} For example, in Kenya, 52% of people without disabilities live in poor households compared with 67% of people with disabilities.^{xiv,xv} In Ethiopia, Malawi, Tanzania and Uganda households with a member with a severe impairment were more likely to live below the World Bank’s \$1.90 extreme poverty line than those with moderate or no impairments.^{xvi}

Mental health conditions can be both a cause and a consequence of poverty, and social, political, economic and environmental inequalities. There is a relatively consistent and strong association between common mental health conditions and lower levels of education, food insecurity, financial distress, poor quality of housing, social class, and socio-economic status, however the evidence on the links between common mental health conditions and income, employment, and particularly consumption poverty is more equivocal^{xvii}.

World Bank analysis suggests that LGBT people are likely to be overrepresented in the bottom 40% of income distribution.^{xviii} In Nepal, over half of LGBT respondents in a representative survey reported that their income was not sufficient to meet their needs, and their average income was lower than that of non-LGBT people.^{xix}

Indigenous people constitute approximately 6% of the global population but 15% of the world’s poor.^{xx} Poverty and ethnicity is highly context specific and definitional issues make it challenging to make generalisations. Poverty rates amongst Afro-Brazilians are as high as 75%, three times higher than amongst the general population;^{xxi} and 47% of Black South African households lived below the poverty line compared to less than 1% of households headed by white South Africans.^{xxii}

While data remains limited on poverty rates among older people, factors that influence older people’s economic status include access to pension schemes and family support. Sub-Saharan Africa has the lowest pension coverage in the world, where less than 23% of people above statutory pension age are receiving a pension^{xxiii}.

The bottom billion are disproportionately likely to be young. Young people are more likely than other age groups to be among the poorest. The transition from education to employment is a period of increasing vulnerability to poverty: with 13% of employed youth classified as extremely poor, compared to 9.5% of employed adults (living below US\$1.90 per day)^{xxiv}. As of 2016, nearly 70% of employed youth in sub-Saharan Africa and 50% of employed youth in Southern Asia were living in poverty^{xxv}.

2) The same social identities are also more likely to be in multidimensional poverty – for example:

Women and girls fair worse than men and boys in a range of education indicators and many women and girls have limited access to sexual and reproductive health services, compromising their wellbeing. Globally, before the COVID-19 pandemic 132 million girls were out of school. Whilst 90% of girls globally complete primary school, only 75% complete secondary school.^{xxvi} Women are more likely to be affected by food insecurity (9.8% of women globally in comparison to 8.9% of men) and women tend to be household “shock absorbers” where they eat less nutritional food in response to food price rises or crises.^{xxvii} 295,000 women died during or in the month after childbirth in 2017, with 98% of these deaths occurring in LMICs, particularly in sub-Saharan Africa and South Asia.^{xxviii}

There are significant disparities in health and education for indigenous peoples and people from minority ethnic groups. Indigenous peoples’ life expectancy is up to 20 years lower than the life expectancy of non-indigenous people worldwide.^{xxix} Globally, 46.6% of adult indigenous people in employment have no formal education compared to 17.2% of non-indigenous employed people.^{xxx} In Nepal, the adult literacy rate for all upper castes is 63% compared to 51% for all Janajatis (indigenous groups) and 38% for all Dalits.^{xxxi} For many Indigenous people and people from minority ethnic and religious groups, issues of land and natural resource ownership and management, environmental degradation, violence, self-determination and civic voice are of high priority. Globally nearly 500 Indigenous peoples were murdered between 2017 and 2019 defending their environmental and land rights^{xxxii}.

There is good evidence showing disparities in health and education for people with disabilities compared with those without disabilities or the general population, both in terms of access to services and outcomes. Data from the UNESCO Institute of Statistics shows 34.5% children with disabilities are out of school compared with 14.1% children without disabilities at the primary level across six LMICs. Using data from 26 LMICs, the literacy rate for adults with disabilities is 55.6% compared with 74% adults without disabilities.^{xxxiii} Women with disabilities are more likely to be poor, unemployed, live in food-insecure households and have lower levels of education than men with disabilities. Discriminatory attitudes against both people with disabilities and older people are widespread in health care settings and can take several forms, including neglect and exclusion from decision-making around their care and treatments^{xxxiv}.

Children and youth are at particularly high risk of developing mental health conditions, with the global burden of mental health conditions highest among people age 10 to 29^{xxxv}. Suicide is the second leading cause of death for young people aged 15 to 29, and the leading cause of death among adolescent girls^{xxxvi}.

Evidence on LGBT people is more limited, however studies have shown that LGBT people are at high risk of HIV infection, poor mental health and substance abuse, with a study of men who have sex with men in India finding that 45% of participants had thought about or attempted suicide.^{xxxvii}

3) These groups are also more likely to remain poor – due to identity-based exclusion from society.

This is particularly evident in unemployment rates, with 63% of people with disabilities unemployed in Nigeria, compared to 21% of the general population; and 13% of lesbian women in Nepal reporting they had lost a job in the past year due to LGBT-related discrimination. The global labour force participation rate is 49% for women in contrast to 75% for men, and women do almost three times as much unpaid care work.^{xxxviii,xxxix}

These groups experience high rates of violence. Globally – 35% women experiencing physical and/or sexual violence – with significant health, economic and social costs. People with disabilities are more likely to experience violence than people without disabilities, with children being 3-4 times at risk.^{xi,xli} Women with disabilities are 2-4 times more likely to experience intimate partner violence (IPV) than women without disabilities.^{xlii} Nearly 500 indigenous peoples were murdered between 2017 and 2019 defending their environmental and land rights.^{xliii} People with disabilities, including psychosocial disabilities, and older people are subject to discrimination and violence in various spheres of society – including institutions and care facilities where experiences of coercion, forced restraint, prolonged seclusion, sexual assault and other forms of violence are common and well documented^{xliv xlv}.

Pervasive negative attitudes, stigma and discrimination act as barriers to these groups' participation in society. 20% of men and 14% of women globally believe it is unacceptable for women to have a paid job outside the home, and 36% of people believe domestic violence is justified in some circumstances.^{xlvi,xlvii} Employment related discrimination and the lack of social support systems push many LGBT people into sex work, begging and migration as survival strategies.^{xlviii}

4) Overlapping inequalities can amplify poverty outcomes.

Analysis of income/consumption poverty data disaggregated by multiple factors such as sex and disability does not appear to be available, although there is some data on the discrepancies in health and education disaggregated by multiple factors. There is a particular lack of data on LGBT people and how sex, disability and other factors combine to influence their experience of poverty.

Key statistics show that:

- Women with disabilities are between 2 and 4 times as likely to experience intimate partner violence as women without disabilities, with women with the most severe disabilities most at risk.^{xlix}
- In Uganda, 96% of women with severe functional difficulties in Uganda being multidimensionally poor compared with 52% of men with no functional disability.ⁱ
- In Latin America, child mortality is 70% higher for indigenous children than for non-indigenous children.ⁱⁱ

5) Geographic disadvantage further compounds this

Impacts and implications will be context specific and influenced by factors in the wider environment such as conflict and security, and geographical location. Data and evidence show for example:

- 60% of preventable maternal deaths and 53% preventable under 5 deaths occur in conflict, humanitarian settings and disasters.^{lii} In conflict settings, girls are 13% more likely than boys to be out of primary school and 40% more likely than boys to be out of secondary school.^{liii} VAWG increases in crisis situations, for example 21% of women in districts in eastern DRC have been raped by a non-partner in the previous 12 months.^{liv}
- Almost 80% of women living under the \$1.90 poverty line live in rural areas, however women are slightly more likely to be poor than men in urban areas.^{lv} Rural girls are twice as likely to be out of school than urban girls, with only 39% attending secondary school^{lvi}.
- In Latin America, migration from rural to urban areas has increased, with 49% of the indigenous population living in urban areas, where they generally have greater access to public services.^{lvii} The life expectancy of indigenous people is 30 years shorter in the Peruvian highlands than in Lima.^{lviii} Completion of primary education throughout Latin America is 1.6 times higher for urban indigenous people than for rural indigenous people, 3.6 times higher for secondary education, and 7.7 times higher for tertiary education.^{lix}
- People who experience conflict are at higher risk of developing mental health disorders: according to WHO prevalence estimates from 39 conflict-affected countries, 22% of people have a mental health condition such as depression, anxiety, post-traumatic stress disorder (PTSD), bipolar disorder or schizophrenia^{lx}. In Syria, one in four children are at risk of developing mental health disorders.^{lxi}

DATA AND MEASUREMENT

The table below outlines the availability of evidence around poverty for each group. Key issues include:

- **Whilst there are globally comparative data sets on poverty amongst women and girls**, poverty measures relying on the household as the unit of analysis are likely to underestimate the gender dimensions of poverty.^{lxii, lxiii}
- **Comparative data sets are available for people with disabilities though less so than for women and girls**, though this data is not routinely analysed disaggregated by disability status. Cross-country comparisons on disability using multidimensional poverty measures are only recently being made.^{lxiv} Because of the different questions used to measure disability, data is often not comparable across contexts.^{lxv} Some approaches to poverty measurement such as the use of the \$1.90 extreme poverty line, is likely to underestimate poverty amongst people with disabilities given the higher living costs associated with having a disability.^{lxvi}
- **Ethnicity is a highly-contested, political and context specific area with significant definitional challenges.** Studies are available on indigenous people although there do not appear to be any recent globally comparative data sets. there is limited consensus on definitions for ethnic groups, including indigenous peoples. In a survey of census questionnaires, the United Nations found that 65% enumerated their populations by national or ethnic group, but they used a diverse range of approaches and terms to classify ethnicity. In some countries what is called 'race' might be called 'ethnicity' in another, and what is called 'nationality' in some contexts is called 'citizenship' in others.^{lxvii} In addition, in many LMICs where ethnic groups may be concentrated in one or more regions in a country, evidence on ethnicity and poverty is often analysed and presented as regional differences at the country level.

- **Data on poverty amongst LGBT people is extremely limited**, in part due to safety and ethical issues surrounding data collection, with only small-scale country-level studies to draw findings from. There is much more evidence from HICs and few quantitative studies to draw on.
- **Young people and older people are frequently excluded from population-based surveys.** While age-disaggregated data is commonly collected, it is often not disseminated or analysed in its age-disaggregated form. Many surveys have an upper age cap that commonly stops at 49 or 64 years. For example, Demographic Health Surveys tend to exclude women aged 50+, and men aged 55 or 60 and over

Table: evidence snapshot

Social identity	Strong evidence using comparable global data sets	Existing studies from a number of LMICs, some recent global estimates	Existing studies from a number of LMICs, fragmented literature	Usually small scale, country-level studies
Women and girls				
People with disabilities				
LGBT people				
Indigenous peoples and people from minority ethnic groups				
Older people				
Young people				
People with mental health conditions				
Religious minorities				

This note summarises research by Social Development Direct conducted under the Disability Inclusion Helpdesk for FCDO. It is based on findings from a package of poverty profiles focusing on different social identities likely to be disproportionately affected by poverty in the “bottom billion” countries. The authors of this summary are Harri Lee and Erika Fraser from Social Development Direct and Harriet Batchelor, Social Development Adviser, Inclusive Societies Department, FCDO.

- ⁱ This note summarises evidence from the first four profiles: women and girls, people with disabilities, LGBT people and indigenous peoples and people from minority ethnic groups. Four further profiles will be developed over the coming weeks: mental health, youth, older people and religious minorities. These profiles were researched and written in two days researcher time each, with QA support from senior SDDirect consultants and feedback from a small FCDO reference group. The profiles rely largely on global reports and data analysis on LMICs, although in the case of some groups more detailed research at the country level was necessary due to the lack of globally comparative data. Because of lack of data in some areas, we did not solely stick to the 55 countries listed in the Chief Economist’s paper Who is the “Bottom Billion”? but include examples from these countries and other ODA eligible countries where there is good data and evidence.
- ⁱⁱ Sumner, A., Hoy, C. & Ortiz-Juarez, E. (2020) Estimates of the impact of COVID-19 on global poverty. WIDER Working Paper 2020/43. Helsinki: UNU-WIDER. Available at: <https://www.wider.unu.edu/publication/estimates-impact-covid-19-global-poverty>
- ⁱⁱⁱ United Nations (2020) *Policy Brief: The Impact of COVID-19 on Older Persons*, <https://bit.ly/3mlcpNv>
- ^{iv} <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirus-covid-19-related-deaths-by-disability-status-england-and-wales/2-march-to-14-july-2020>
- ^v Al Saba, R. (2020). Inequality and the impact of Covid-19: How discrimination is shaping the experiences of minorities and indigenous peoples during the pandemic. Minority Rights Group International. <https://minorityrights.org/publications/covid-briefing/>
- ^{vi} UN Women (2020) *Gender Equality in the wake of COVID-19: Poverty Pull-Out*. Available at: <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/gender-equality-in-the-wake-of-covid-19-poverty-pullout-en.pdf?la=en&vs=2155>
- ^{vii} Fraser, E. (2020) Impact of COVID-19 Pandemic on Violence against Women and Girls, VAWG Helpdesk Research Report No. 284. London, UK: VAWG Helpdesk. Available at: <http://www.sddirect.org.uk/media/1881/vawg-helpdesk-284-covid-19-and-vawg.pdf>
- ^{viii} HelpAge International (2020) *The Impact of COVID-19 on Violence, Abuse and Neglect of Older Men and Women* [unpublished, internal brief]
- ^{ix} Boudet, M., Buitrago, A. M., Leroy De La Briere, P., Newhouse, B., Locke, D., Matulevich, R., Carolina, E., Scott, K., and P. Suarez Becerra (2018) *Gender differences in poverty and household composition through the life-cycle: a global perspective* (English). Policy Research working paper; no. WPS 8360. Washington, D.C.: World Bank Group.
- ^x UN Women, 2020
- ^{xi} UN Women (2020c) *Estimates and forecasts of extreme poverty by sex and age using the International Futures Model Technical Note*. Available at: <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/gender-equality-in-the-wake-of-covid-19-technical-note-en.pdf?la=en&vs=2156>
- ^{xii} UN Women, 2020
- ^{xiii} Banks, L. M., Kuper, H. and S. Polack (2017) “Poverty and disability in low- and middle-income countries: A systematic review” in *Plos One*, vol. 12, no. 12. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5739437/>
- ^{xiv} <https://www.disabilitydataportal.com/explore-by-country/country/Kenya/>
- ^{xv} The measure here is unclear; it is based on data from the 2009 Kenya Population and Housing Census.
- ^{xvi} Mitra (2018) *Disability, health and human development*. Available at: <https://www.econstor.eu/bitstream/10419/181950/1/978-1-137-53638-9.pdf>
- ^{xvii} Lund C, De Silva M, Plagerson S, Cooper S, Chisholm D, Das J, et al. (2011). Poverty and mental disorders: breaking the cycle in low-income and middle-income countries. *The Lancet*. 2011;378(9801):1502-14.
- ^{xviii} Koelher, D. and SOGI Task Force (2015) “LGBTI people are (likely) over represented in the bottom 40%”, *World Bank Blogs*, August 03, 2015, <https://blogs.worldbank.org/governance/lgbti-people-are-likely-over-represented-bottom-40>

^{xix} UNDP and Williams Institute (2014) *Surveying Nepal's Sexual and Gender Minorities: An Inclusive Approach*, https://www.asia-pacific.undp.org/content/rbap/en/home/library/democratic_governance/hiv_aids/surveying-nepal-s-sexual-and-gender-minorities--an-inclusive-app.html

- ^{xx} The definition of ‘extreme poverty’ has not been provided for this statistic, however the World Bank commonly defines extreme poverty as living on less than US\$1.90 per day. Source: World Bank (2019). Indigenous peoples. <https://www.worldbank.org/en/topic/indigenouspeoples#1>
- ^{xxi} Based on data from the Brazilian government, although the measure is not clear. Source: MRG (n.d.). Afro-Brazilians. <https://minorityrights.org/minorities/afro-brazilians/>
- ^{xxii} Uses the World Bank measure of \$1.90 a day. Source: World Bank (2018). Overcoming poverty and inequality in South Africa: An assessment of drivers, constraints and opportunities. <http://documents1.worldbank.org/curated/en/530481521735906534/pdf/124521-REV-OUO-South-Africa-Poverty-and-Inequality-Assessment-Report-2018-FINAL-WEB.pdf>
- ^{xxiii} HelpAge International (2020) *Why Social Pensions? Achieving income security for all in older age*, <https://bit.ly/2HAYrsI>
- ^{xxiv} UNDESA, 2018
- ^{xxv} *ibid*
- ^{xxvi} Global Partnership for Education statistics: <https://www.globalpartnership.org/results/education-data-highlights>
- ^{xxvii} UN Women (2019) *Progress on the Sustainable Development Goals: The Gender Snapshot 2019*. New York: UN Women. Useful overview of data and analysis in infographics on gender and the SDGs.
- ^{xxviii} WHO (2019) *Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division*. Geneva: WHO. Available at: <https://www.who.int/reproductivehealth/publications/maternal-mortality-2000-2017/en/>
- ^{xxix} World Bank (2019). Indigenous peoples. <https://www.worldbank.org/en/topic/indigenouspeoples#1>
- ^{xxx} ILO (International Labour Organisation) (2019). Implementing the ILO Indigenous and Tribal Peoples Convention No. 169: towards an inclusive, sustainable and just future. https://www.ilo.org/global/publications/books/WCMS_735607/lang--en/index.htm
- ^{xxxi} UNDP (United Nations Development Program) (2009). Nepal Human Development Report 2009. Kathmandu.
- ^{xxxii} IWGIA (International Work Group for Indigenous Affairs) (2019). Annual report 2019. https://www.iwgia.org/images/publications/new-publications/2020/IWGIA_Annual_Report_2019.pdf
- ^{xxxiii} DFID-funded UNESCO Institute of Statistics Disability and Education dashboard: <http://uis.unesco.org/en/blog/making-disability-visible-how-generate-more-and-better-data-education-children-disabilities>
- ^{xxxiv} WHO (2015) *World Report on Ageing and Health*, <https://www.who.int/ageing/events/world-report-2015-launch/en/>
- ^{xxxv} Speak Your Mind (2019). Return on the Individual: time to invest in mental health, https://gospeakyourmind.org/sites/default/files/2020-09/ROI_FullReport_0.pdf
- ^{xxxvi} Hawton K., Saunders K.E., O’Connor R.C., (2012) Self-harm and suicide in adolescents. *The Lancet*. 2012;379(9834):2373-82, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60322-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60322-5/fulltext)

- xxxvii UNAIDS (2020) *Global HIV & AIDS statistics — 2020 fact sheet*, <https://www.unaids.org/en/resources/fact-sheet>; Muller, A. and Hughes, T. I. (2016) ‘Making the Invisible Visible: A systematic review of sexual minority women’s health in Southern Africa’, *BMC Public Health* (2016) 16:307, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4827176/>; A systematic review of sexual minority women’s health in Southern Africa identified 15 studies. Most studies were conducted with small sample sizes and were from South Africa, however, there were also a small number of studies from Namibia, Botswana, Zimbabwe and Lesotho. Sivasubramanian, M. et al. (2011) ‘Suicidality, clinical depression, and anxiety disorders are highly prevalent in men who have sex with men in Mumbai, India: Findings from a community-recruited sample’, *Psychol Health Med*, 2011, 16(4): pp. 450–462 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3136931/>; the India study was conducted in Mumbai and included a sample of 150 men who have sex with men.; Chakrapania, V. et al. (2017) ‘Syndemics of depression, alcohol use, and victimisation, and their association with HIV-related sexual risk among men who have sex with men and transgender women in India’, *Global Public Health* 2017, 12(2), pp. 250-265, The data was collected in 2011 through a cross-sectional survey with 300 men who have sex with men and 300 transwomen in four states in India. <https://www.tandfonline.com/doi/abs/10.1080/17441692.2015.1091024?src=recsys&instName=SOAS&journalCode=rgph20>
- xxxviii ILO (2017) *World Employment Social Outlook: Trends for Women*. Geneva: ILO. Available at: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---inst/documents/publication/wcms_557245.pdf
- xxxix ILO (2018) *Care work and care jobs: for the future of decent work*. Geneva: ILO. Available at: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633135.pdf
- xl Jones, L et al (2012) ‘Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies’, *The Lancet*, vol. 380, No. 9845.
- xli Hughes, K., Bellis, M., Jones, L., Wood, S., Bates, G., Eckley, L., McCoy, E., Mikton, C., Shakespeare, T, Officer, A. (2012). **Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies.** *The Lancet*, 379: 9826, 1621-1629.
- xlii Dunkle, K., van der Heijden, I., Stern, E., and E. Chirwa (2018) *Disability and Violence against Women and Girls: Emerging Evidence from the What Works to Prevent Violence against Women and Girls Global Programme*, Pretoria: What Works.
- xliii IWGIA (International Work Group for Indigenous Affairs) (2019). Annual report 2019. https://www.iwgia.org/images/publications/new-publications/2020/IWGIA_Annual_Report_2019.pdf
- xliv Funk et al. 2010, 2012. Human Rights Watch (2014). ‘Treated Worse than Animals’: Abuses against Women and Girls with Psychosocial or Intellectual Disabilities in Institutions in India. Human Rights Watch (2016). Living in Hell: Abuses against People with Psychosocial Disabilities in Indonesia. Human Rights Watch (2012). “Like a Death Sentence”: Abuses against Persons with Mental Disabilities in Ghana.
- xlv WHO (2020) *Factsheet: Elder abuse*, <https://www.who.int/news-room/fact-sheets/detail/elder-abuse>
- xlvi ILO (2017b) *Towards a better future for women and work: Voices of women and men*. Geneva: ILO. Available at: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_546256.pdf
- xlvii Sardinha, L. M., and H. E. Nájera Catalán (2018) “Attitudes towards domestic violence in 49 low- and middle-income countries: A gendered analysis of prevalence and country-level correlates” in *PLOS ONE*, vol. 13, no.10: e0206101 DOI: [10.1371/journal.pone.0206101](https://doi.org/10.1371/journal.pone.0206101)
- xlviii See for instance Coyle, D. and Boyce, P. (2015) *Same-sex Sexualities, Gender Variance, Economy and Livelihood in Nepal: Exclusions, Subjectivity and Development*, Sexuality, Poverty and law, Evidence Report No 109, Institute of Development Studies, https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/5773/ER109_SamesexSexualitiesGenderVarianceEconomyandLivelihoodinNepal.pdf?sequence=1

^{xlix} Dunkle et al., 2018

^l Mitra, 2018

^{li} ECLAC (Economic Commission for Latin America and the Caribbean) (2007). *Panorama social de América Latina*. Santiago: United Nations.

^{lii} WHO statistics:

https://www.who.int/hac/crises/ssd/releases/who_sustainable_development_goals/en/

^{liii} Global Partnership for Education (GPE) (2020) *Global Results Report 2020*. Available at:

<https://www.globalpartnership.org/sites/default/files/docs/results-report-2020/2020-09-GPE-Results-Report-2020.pdf>

^{liv} Palm, S., Le Roux, E., Bezzolato, E., Deepan, P., Corboz, J. Lele, U., O’Sullivan, V & Jewkes, R. (2018) *Rethinking Relationships: Moving from Violence to Equality. What works to prevent violence against women and girls in the DRC.*

^{lv} Boudet et al., 2018

^{lvi} United Nations (undated) *Rural Women and the Millennium Development Goals.*

<https://www.un.org/womenwatch/feature/ruralwomen/documents/En-Rural-Women-MDGs-web.pdf>

^{lvii} World Bank (2015). *Indigenous Latin America in the Twenty-First Century: the first decade.*

<http://documents1.worldbank.org/curated/en/145891467991974540/pdf/Indigenous-Latin-America-in-the-twenty-first-century-the-first-decade.pdf>

^{lviii} Hufstader, C. (2010). “The Injustice of Racism,” *Oxfam America*, Nov. 30, 2010,

<http://www.oxfamamerica.org/articles/the-injustice-of-racism>

IFAD (International Fund for Agricultural Development) (2007). *Statistics and key facts about indigenous peoples.* Rome: IFAD.

^{lix} World Bank, 2015

^{lx} Charlson, F., van Ommeren, M., Flaxman, A., Cornett, J., Whiteford, H., and S. Saxena (2019). *New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis.* *The Lancet.* <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2930934-1>

^{lxi} United Nations Office for the Coordination of Humanitarian Affairs (2016) *Humanitarian Needs Overview – Syrian Arab Republic.* http://reliefweb.int/sites/reliefweb.int/files/resources/2016_hno_syrian_arab_republic.pdf

^{lxii} Boudet et al., 2018

^{lxiii} The World Bank’s \$1.90 measure of extreme poverty is usually measured at the household level, with household members considered poor if they live in poor households. The World Bank has recently developed an approach to measuring intra-household multidimensional poverty, as outlined in their 2018 *Shared Prosperity Report*. The approach uses health, education and nutrition data to give poverty rates for individuals within households and there are plans to further refine this individual multidimensional poverty measure to include experience of different forms of violence.

^{lxiv} Notably Mitra, 2018

^{lxv} Leonard Cheshire, 2018

^{lxvi} Banks, L. M. (2020) *Are current approaches to poverty measurement disability-inclusive? Considerations for measuring poverty amongst people with disabilities.* London: PENDA.

[https://www.lshtm.ac.uk/sites/default/files/2020-](https://www.lshtm.ac.uk/sites/default/files/2020-08/Are%20current%20approaches%20to%20poverty%20measurement%20disability-inclusive.pdf)

[08/Are%20current%20approaches%20to%20poverty%20measurement%20disability-inclusive.pdf](https://www.lshtm.ac.uk/sites/default/files/2020-08/Are%20current%20approaches%20to%20poverty%20measurement%20disability-inclusive.pdf)

^{lxvii} Morning, A. (2015). *Ethnic Classification in Global Perspective: A Cross-National Survey of the 2000 Census Round.* In: Simon P., Piché V., Gagnon A. (eds) *Social Statistics and Ethnic Diversity.* IMISCOE Research Series. Springer, Cham. https://doi.org/10.1007/978-3-319-20095-8_2.