



Leaving no one behind? Mixed Success

Social Development Brief

The 2030 Agenda's pledge to leave no one behind demands that progress towards the Agenda's goals and targets be faster among the most disadvantaged social groups. Without quicker improvements among those who are lagging further behind, the systematic disparities described in the Report on the World Social Situation 2016 (United Nations, 2016) will not decline. While the data needed to monitor progress in all goals and targets for each group that is disadvantaged or at risk are not systematically available, the existing data illustrate the complexity of establishing whether some people are being left behind. Much depends on contexts and on the indicators used to assess progress.

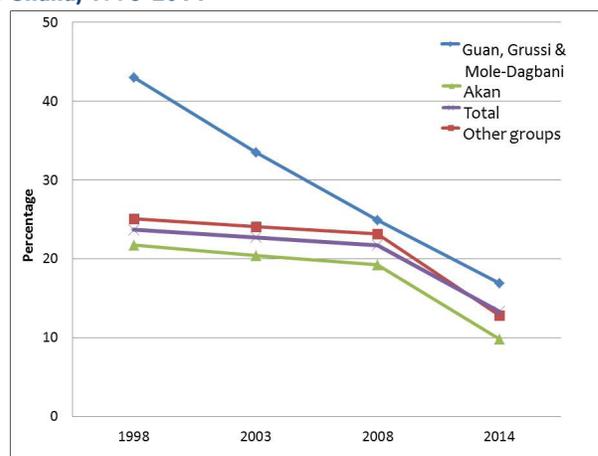
Health inequalities between social groups, for instance, have evolved differently across countries, regions and by group. By way of example, figure 1 shows recent trends in Sustainable Development Goal (SDG) Indicator 2.2.1, the prevalence of stunting (having a low height for age) among children under age five by ethnic group in three developing countries.ⁱ

Ghana has made great strides in improving child health in the last two decades. As shown in panel A of figure 1, the situation of children in the three ethnic groups that were lagging further behind in terms of stunting at the start of the period, in 1998, improved remarkably from 1998 to 2008—stunting declined by 4.2 per cent annually among these groups but only by 0.9 per cent in total. Despite continued progress, those same three ethnic groups experienced little relative improvement from 2008 to 2014. In Mali (panel B), stunting declined more slowly among children in the three most disadvantaged ethnic groups than among the rest of the population. That is, children in these groups were relatively worse off at the end of the period—they were being left behind.

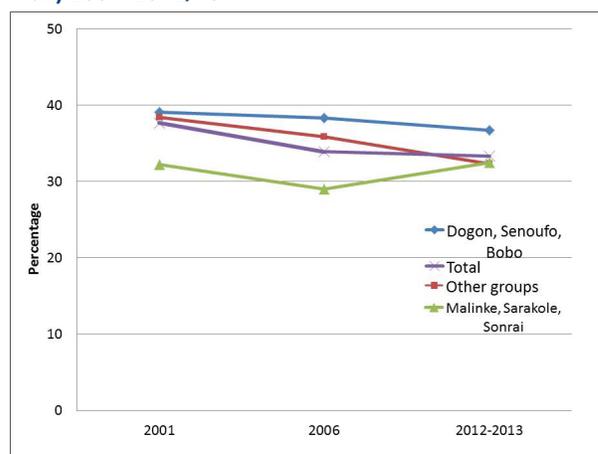
In Peru, inequalities in child health are strong. The prevalence of stunting was more than twice as high among children in the poorest indigenous group, the Quechua people, compared with children in Spanish-speaking households in both 2000 and 2012 (panel C). However, progress in stunting was faster among indigenous children than among Spanish-speaking children, on average, from 2000 to 2012. The stunting rate fell by more than 20 percentage points among Quechua and the Aymara children. This was partly the result of increased government and international efforts to reverse decades of marginalization of communities in remote Andean regions, including through increased spending on the quality and coverage of health care services (Huicho and others, 2016). Thus, on the basis of this indicator alone, development was inclusive of minority ethnic groups in Peru during this period.

Recent trends in the proportion of children stunted by ethnic groupⁱⁱ

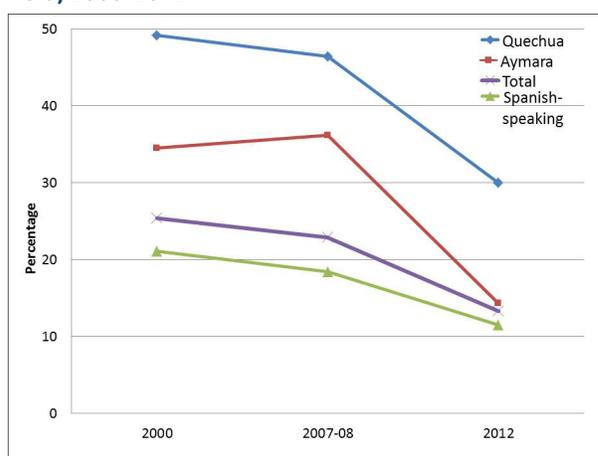
A. Ghana, 1998-2014



B. Mali, 2001-2012/13



C. Peru, 2000-2012



Source: UN (2016), figure III.2.

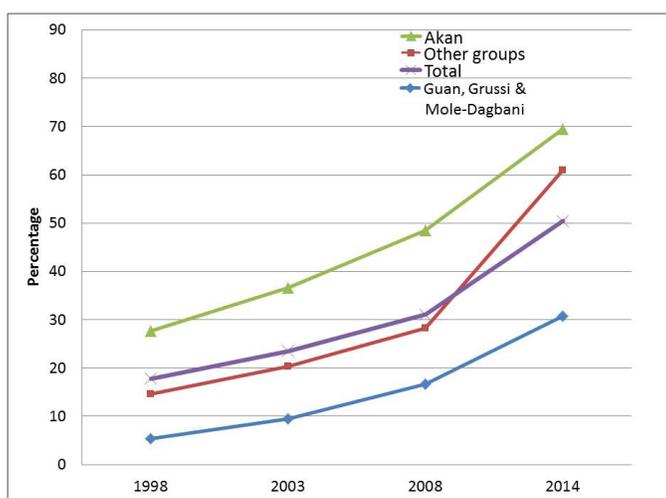
ⁱ These three countries are highlighted for illustrative purposes only. They have been selected because data by ethnic group are available from three successive surveys and because inequality trends in stunting and other indicators differ across them. In all three cases, sample sizes for all ethnic groups shown number at least 200.

ⁱⁱ Ethnic minorities have been grouped based exclusively on the prevalence of stunting in the starting year, according to DHS. A child is considered stunted if (s)he is below minus two standard deviations from the median height-for-age of the World Health Organization Child Growth Standards.

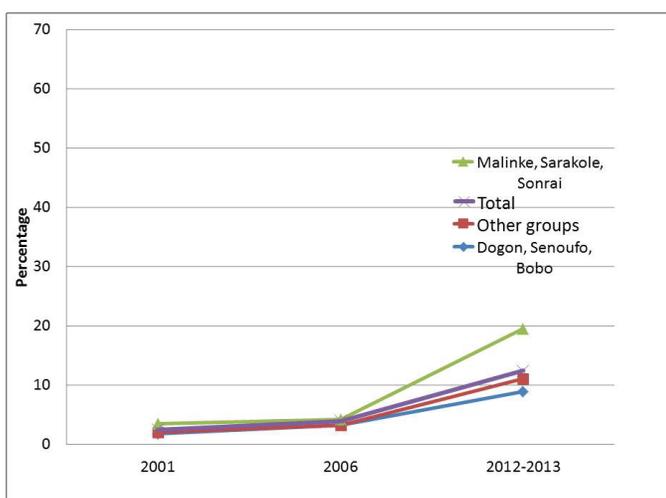
Trends in other indicators do not necessarily mirror trends in child health. Figure 2 shows recent trends in SDG indicator 7.1.1, the proportion of the population with access to electricity by ethnic group, focusing on rural women in the three same countries. In Ghana (panel A of figure 2), rural women in the most deprived ethnic groups are being left behind in terms of access to electricity. Access increased by 1.6 per cent annually in the period 1998-2014 among the most deprived groups, while it grew by 2.6 per cent among those who were already better off for starts. Success in reducing disparities in child health in Ghana is not echoed by inclusive improvements in access to electricity. In Mali, the same ethnic groups that lagged behind in child health at the national level are being left behind in rural areas in terms of access to electricity (panel B). In Peru (panel C), where levels of electrification are higher, indigenous women have benefitted more than Spanish-speaking women from its expansion in rural areas since 2000, partly an outcome of the Government's efforts to promote inclusion. Policies do make a difference when it comes to reducing these inequalities.

Recent trends in the proportion of rural women in households with access to electricity by ethnic groupⁱⁱⁱ

A. Ghana, 1998-2014

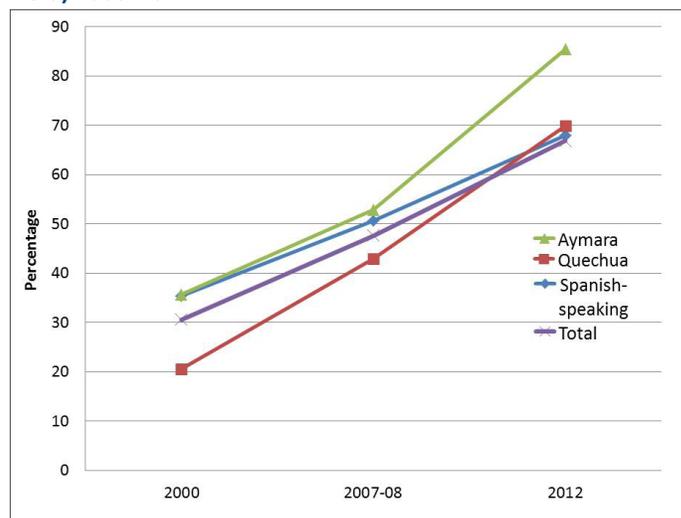


B. Mali, 2001-2012/13



ⁱⁱⁱ The data cover women of reproductive age (15-49 years). Ethnic minorities have been grouped based exclusively on the proportion with access to electricity in the starting year according to DHS.

C. Peru, 2000-2012



Source: UN (2016), figure III.3.

These examples highlight the need to adapt the choice of indicators to the purpose for which they are to be employed and to the country context. Different indicators draw attention to different dimensions of social exclusion and help to understand it. They cannot be expected to provide a complete representation of the state of society or to demonstrate, single-handedly, whether people are being left behind (United Nations, 2010).

References

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