

# The Extent and Nature of Absolute Poverty

**Final Report to DFID: R8382**

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# **The Extent and Nature of Absolute Poverty**

## **Final Report**

### **The Main Findings**

1. Almost a quarter (24%) of the world's population is absolutely poor (over 1.4 billion people).
2. Over 1.3 billion people (22%) have no toilet facilities whatsoever.
3. Over 900 million people (15%) are severely educationally deprived – they have never been to school and are illiterate
4. In the developing world, two out of every five people living in rural areas are absolutely poor compared with less than one in ten living in urban areas.
5. Absolute poverty rates are more than ten times larger in the remote countryside (57%) than in the large cities (5%).
6. Anti-poverty programmes need to address the problem of severe housing and sanitation deprivation in rural areas of Africa and South Asia.
7. Children suffer from the highest rates of poverty and 200 million children less than 5 years old suffer from absolute poverty.
8. Significantly more girls and women are absolutely poor than boys and men.
9. Irrespective of the number of adults in a household the absolute poverty rate increases linearly with increasing numbers of children.
10. In developing countries there are five religious groups where over half the followers suffer from absolute poverty (Animist/Shamanism, African Traditional religions, Hinduism, Zoroastrianism and Vodoun) by contrast fewer than one in ten followers of Jainism, Judaism and Confucianism are absolutely poor. Just over a third of Muslims (37%) and just under a third of Christians (27%) are absolutely poor.
11. Two thirds of adults who are self employed and work in farming or fishing are absolutely poor compared with only one in a hundred of those employed to do clerical work. Anti-poverty policies in developing countries need to encourage the creation of high quality jobs.
12. Two thirds of adults in developing countries who had no education are absolutely poor.

## **Introduction**

The main purpose of this successful research project was to produce the first scientifically valid global estimates on the extent and nature of absolute poverty. These estimates are at individual, rather than household, level and are based upon internationally agreed definitions of poverty. This research has constructed the first globally representative database of harmonised social survey micro-data on 5.9 million individuals living in 74 countries. The results of this research have already been widely disseminated to international policy makers and resulted in a resolution adopted by the 61<sup>st</sup> Session of the UN General Assembly (see policy impact section). This research has generated literally hundreds of pages of policy relevant details on the extent, nature, causes and consequences of poverty at country and sub-country (administrative region) level. However, after consultation with DFID officials, it has been agreed that, for DFID purposes, a short final report should be produced which concentrates on the broader picture at global and UN Statistical Region level. Much greater detail can be provided by the authors should it be required.

The detailed research objectives of this project were:

1. To operationalise for adults the definition of absolute poverty agreed upon in Copenhagen.
2. To relate this operationalisation to the relevant parts of the international human rights framework as set out in various instruments to which the UK Government is a party.
3. To construct a database of recent high quality household sample survey data which are sufficiently comprehensive to be representative of all the developing regions of the world and the 'poorer' developed countries.
4. To produce reliable and valid estimates on the extent and nature of absolute poverty in the world at household level, by household type and location.
5. To produce reliable and valid estimates on the extent and nature of absolute poverty in the world at individual level for adults, by gender and age group.
6. To produce reliable and valid estimates on the extent and nature of absolute poverty in the world at individual level for children.
7. To produce sub-regional analysis on the extent and nature of absolute poverty and, for larger countries (e.g. India, China, etc), sub-country level results (e.g. by state/province). To elucidate the intra country variation in poverty, particularly for countries which contain states/provinces with very large populations.

## **Measuring Poverty**

Research has shown that all cultures have a concept and definition of poverty although these definitions often vary (Spicker, Alvarez & Gordon, 2007). A major problem with many previous attempts to measure poverty on a global scale was that there was no internationally agreed definition. This situation changed at the World Summit for Social Development in Copenhagen in 1995 (Langmore, 2000).

Among the innovations agreed by the governments of 117 countries was the preparation of national anti-poverty plans based on measures in all countries of ‘absolute’ and ‘overall’ poverty (UN, 1995).

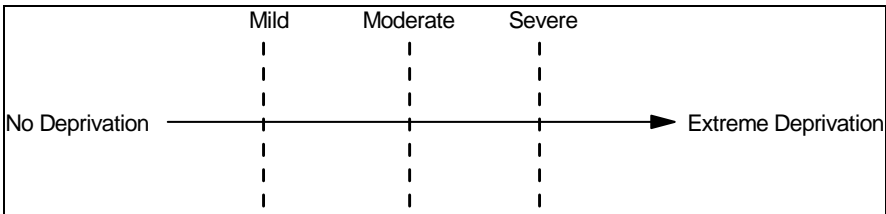
This research operationalised the definition of absolute poverty which was defined as *"a condition characterised by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information. It depends not only on income but also on access to social services."*

Income is important but access to public goods – safe water supply, roads, healthcare, education – is of equal or greater importance, particularly in developing countries. There is a need to look beyond income and consumption expenditure poverty measures and at both the effects of low income and inadequate service provision (Vandermoortele, 2000). It is a lack of investment in good quality education, health and other public services in many parts of the world that is as significant a cause of absolute poverty as low family incomes (Mehrotra, Vandermoortele and Delamonica, 2000).

The two concepts of poverty and deprivation are tightly linked but there is general agreement that the concept of deprivation covers the various conditions, independent of income, experienced by people who are poor, while the concept of poverty refers to the lack of income and other resources which makes those conditions inescapable or at least highly likely (Townsend, 1987).

Deprivation can be conceptualised as a continuum that ranges from no deprivation, through mild, moderate and severe deprivation to extreme deprivation at the end of the scale (Gordon *et al*, 2003). Figure 1 illustrates this concept.

**Figure 1: The continuum of deprivation**



In order to measure absolute poverty using the World Social Summit definition, it is necessary to define the threshold measures of severe deprivation of basic human need for adults and children. Theoretically, a ‘severe deprivation of basic human need’ can be defined as those circumstances that are highly likely to have serious adverse consequences for the health, well-being and development. Severe deprivations are causally related to ‘poor’ developmental outcomes both long and short term.

Many international measurements of poverty, such as the World Bank’s \$1 per day poverty line (World Bank, 1990, 2000), are at the household level and assume that need does not vary with age and that both adults and children have identical needs and share the same standard of living. These measures cannot be used to answer important scientific and policy questions such as whether children suffer from greater poverty than adults, whether women suffer from greater poverty than men, or whether younger children are poorer than older children. It is also of ‘political’ importance to produce age and gender specific measures of poverty. For example, the UN Convention on the Rights of the Child, which has been

signed by every member state of the United Nations (193 countries), establishes that children have rights which are independent from and co-equal to those of adults. Therefore, aspects of child poverty which violate children's rights, such as being denied a primary education, need to be measured independently from adult poverty. Furthermore, measures of poverty need to be age and gender specific to reflect the fact that children's needs change as they grow and develop and that women have different health care needs compared to men. For example, it is not meaningful to describe a young baby as being severely educationally deprived, nor a man as being deprived of prenatal or antenatal medical services.

In order to measure absolute poverty amongst adults and children, it is necessary to define age and gender specific threshold measures of severe deprivation of basic human need for:

- food
- safe drinking water
- sanitation facilities
- health
- shelter
- education
- information
- access to services

A taxonomy of severe deprivation is required, since a reliable taxonomy is a prerequisite for any scientific measurement. It is also desirable that the threshold measures for severe deprivation, as far as is practicable, reflect internationally agreed standards and conventions. When developing threshold criteria in our previous research for UNICEF we had, in the tradition of Seebom Rowntree (1901), tried to err on the side of caution in defining these indicators of absolute poverty in such severe terms that few would question that these living conditions were unacceptable. The primary purpose of this research was to define similar age-appropriate severe deprivation threshold criteria for adults. However, a secondary aim of this research was to also examine the severity of poverty, so this research also developed less severe threshold criteria (Moderate Deprivation – see Figure 1) which correspond as far as possible with the relevant internationally agreed Millennium Development Goal indicators (UN, 2003).

## **Definitions of Deprivation and Severe Deprivation of Human Need**

The following definitions of severe deprivation of human need were used in this research. The definitions cover deprivation of food, drinking water, sanitation, health, shelter, education and information. Unfortunately, there was insufficient data available to produce global estimates of 'access to services' deprivation.

### **I. Severe deprivation of human needs:**

#### **Shelter**

Children living in a dwelling with five or more people per room or with no floor material (eg mud floor). Adults living in a dwelling with four or more people per room or with no floor material.

#### **Sanitation facilities**

Children and adults with no access to a toilet facility of any kind.

**Safe drinking water**

Children and adults using surface water such as rivers, ponds, streams and dams, or who it takes 30 minutes or longer to collect water (walk to the water, collect it and return).

**Information**

Children (aged 3-18 years) and adults with no access to a radio or television or telephone or newspaper or computer (i.e. all forms of media).

**Food**

Children who are more than three standard deviations below the international reference population for stunting (height for age) or wasting (height for weight) or underweight (weight for age). This is also known as severe anthropometric failure.

Adults with a Body Mass Index of 16 or below. Note the WHO (2003) manual on *Management of Severe Malnutrition* states that “Adults with a BMI below 16.0 or with oedematous malnutrition should be admitted to hospital.”

**Education**

Children (aged 7-18) of schooling age who have never been to school or who are not currently attending school.

Adults who never attended school and who are illiterate.

**Health**

Children who did not receive immunisation against any diseases by the age of two or who did not receive treatment for a recent illness involving an acute respiratory infection or diarrhoea.

Women who did not receive treatment for a recent serious illness or who did not receive any antenatal care or who did not receive any assistance with a birth in the last 12 months or who did not receive a tetanus inoculation during her pregnancy.

Men who did not receive treatment for a recent serious illness (e.g. Tuberculosis, Malaria, STIs).

**II. Deprivation of human needs:****Shelter**

Children living in dwellings with 4 or more people per room or living in a house with no flooring (e.g. a mud floor) or inadequate roofing.

Adults living in dwellings with 3 or more people per room or in a house with no flooring or inadequate roofing.

**Sanitation facilities**

Adults and children using unimproved sanitation facilities. The classification of unimproved sanitation facilities is based on the United Nations Millennium Development Goal (MDG) that states that “*the excreta disposal system is considered improved if it is private or shared but not public and if it hygienically separates human excreta from human contact*” (GWSSA, 2000). The following are classified as being unimproved sanitation facilities: Public latrine, Open pit latrine, Service or Bucket latrine.

**Safe drinking water**

Children and adults using water from an unimproved source such as open wells, open springs or surface water or who it takes 30 minutes or longer to collect water (walk to the water, collect it and return).

**Information**

Children (aged 3-18 years) and adults with no access to a radio or television (i.e. broadcast media).

**Food**

Children who are more than two standard deviations below the international reference population for stunting (height for age) or wasting (height for weight) or underweight (weight for age).

Adults with a Body Mass Index ( $\text{Kg/m}^2$ ) below 18.5. Note that for the majority of countries data is currently unavailable for men.

**Education**

Children (aged 7-18) of schooling age not currently attending school or who did not complete their primary education.

Adults who did not complete primary education or who are illiterate.

**Health**

Children who have not been immunised by two years of age. If the child has not received eight of the following vaccinations they are defined as deprived: bcg, dpt1, dpt2, dpt3, polio0, polio1, polio2, polio3, measles or who did not receive treatment for a recent illness involving an acute respiratory infection or diarrhoea.

Women who did not receive treatment for a recent serious illness or who do not have a '*comprehensive correct knowledge of HIV/AIDs*' (i.e. they do not know that a healthy person can transmit HIV/ AIDS or who do not know that using a condom during sex can prevent HIV/ AIDS transmission) or women who did not receive the minimum standards of antenatal care for a birth in the last 12 months are defined as deprived. The MDG recommends that a woman should have received antenatal care from a person trained in midwifery (UN, 2003).

Men who did not receive treatment for a recent serious illness (e.g. Tuberculosis, Malaria, STIs) or who do not have a '*comprehensive correct knowledge of HIV/AIDs*' (i.e. they do not know that a healthy person can transmit HIV/ AIDS or that using a condom during sex can prevent HIV/ AIDS transmission are defined as health-deprived.)

Adults and children who suffer from these levels of deprivation and severe deprivation are very likely to be living in poverty. However, while the cause of deprivation of basic human need is invariably a result of lack of resources/income, there will also be some people in this situation due to discrimination (e.g. girls suffering severe education deprivation) or due to disease (severe malnutrition can be caused by some diseases). For this reason, we have assumed that a person is living in absolute poverty *only* if he or she suffers from multiple severe deprivations (i.e. two or more *severe deprivations of basic human need* as defined above). Similarly, we have assumed that a person is living in poverty *only* if he or she suffers from multiple deprivations (i.e. two or more *deprivations of basic human need* as defined above).

## Methods

The 1990s witnessed a revolution in the collection of high quality statistical information about the world's adults, children and their families. A range of harmonised survey instruments have been used successfully in a large number of countries (Vaessen, 1996; Filmer & Pritchett, 1999; Montgomery *et al*, 2000). Their availability via the Internet has made representative planet-wide analysis of a wide range of social phenomena feasible for the very first time (Gordon *et al*, 2003). The analysis in this research was based on data from 48 recent Demographic and Health Surveys (DHS), 24 recent Multiple Indicator Cluster Surveys (MICs-2), the National Sample Survey on the Situation of Children in China and the Russian Longitudinal Monitoring Survey (see Table 1 for summary data and Appendix 1 for country survey details).

**Table 1: Summary Sample Details**

Regions	Number of Surveys	Number of people in sample	Population in 2000 (in 000's)	Sample fraction (1 person in every)
East Africa	12	454,866	255,681	562
Middle Africa	7	229,880	96,040	418
Northern Africa	3	273,508	175,051	640
Southern Africa	4	141,926	52,069	367
West Africa	14	519,063	233,624	450
East Asia	2	2,180,613	1,479,233	678
South Central Asia	7	702,405	1,484,624	2,114
South Eastern Asia	6	480,216	518,867	1,080
Western Asia	4	191,003	193,075	1,011
Europe: East & Southern	4	98,863	450,717	4,559
Latin America & Caribbean	11	659,571	522,929	793
Oceania			30,949	
Northern America			314,968	
Northern Europe			94,157	
Western Europe			183,589	
<b>World</b>	<b>74</b>	<b>5,931,914</b>	<b>6,085,572</b>	<b>1,026</b>

Note: It is assumed that there is no absolute poverty in the high income countries/economies. This assumption was checked using European Community Household Panel (ECHP) and Luxembourg Income Study (LIS) survey data. Wealthy countries/economies include all those defined as having a high income by the World Bank i.e. a Gross National Income (GNI) per person in 2005 of \$10,726 or more. In Northern America, Northern and Western Europe all countries and economies (e.g. Channel Islands, Faroe Islands, etc) are classified as high income.

The sample included over 5.9 million adults and children in 74 countries collected mainly during the late 1990s. This is the largest, most accurate, survey sample of adults and children ever assembled. It is a particularly good sample of Southern Africa (with interview data on one person in every 367). Column 4 of Table 1 shows the population in 2000 for each region and the sampling fraction is shown in the final column. However, it should be noted that it was assumed that there were no people suffering from absolute poverty or severe deprivation of basic human need in high income economies. According to the World Bank data for 2000, there are currently 46 such countries/economies with an estimated



population of over 956 million people. The sample fraction in the Eastern and Southern Europe region is 1 person in every 4,559, however, if the population of the high income economies in this region are excluded (e.g. Greece Italy Malta Portugal Slovenia and Spain, which have a combined population of 122 million) then the 'true' sampling fraction is 1 person in every 3,325.

The data from each country were weighted to allow for non-response biases and then grossed to reflect the number of people at national level in 2000 (using the UN Population Division median variant 2004 revision for year 2000, including the February 2006 update – these are currently the most accurate world population data available). Twelve post-stratification population weights were calculated for each country - for males and females by six age groups (e.g. 0-14, 15-19, 20-24, 25-39, 40-59 and 60+). Country data were grouped into eleven UNSTAT regions; developing countries (i.e. Low and Middle income economies) where no micro-data were available in a region were assigned the population weighted regional average for absolute poverty and severe deprivations. It was assumed that the 7.4 million people living in low or medium income countries in the Oceania region suffered the same level of absolute poverty and severe deprivations as the global average for all developing countries.

In order to calculate the extent and nature of absolute poverty for the world, it was first necessary to harmonise the survey data in each of the 74 country surveys i.e. to make sure that each variable and variable category were recoded in the same way in each survey. This was an extremely time-consuming process which was both labour and computing time intensive. It involved restructuring all the DHS surveys from one household per line to one individual per line and then matching the children's information collected on the Women's survey to the children's information collected in the Household survey. This was a complex process as the DHS did not until recently contain a unique identifier which would allow such matching. Therefore, the children were matched using a fuzzy logic algorithm on the basis of their Mother's Identification number, their age and gender. Appendix 2 provides brief details of the harmonisation process for the DHS and MICs surveys and additional details are available from the authors. Appendix 3 provides a list of the harmonised and derived variables produced by this research – additional details are available from the authors.

## **The relationship between poverty and international human rights**

One of the objectives of this research was to examine how the international framework of human rights could be used as a 'political tool' to help reduce poverty. A human rights approach offers the possibility for progressive interventions to reduce poverty in three ways. First, conventions like the UN Convention on the Rights of the Child (UNCRC) have been signed by almost all the countries in the world and thus can be considered to embody universal values and aspirations. Second, human rights conventions place a legal obligation upon States, a view endorsed by Mary Robinson (former UN High Commissioner for Human Rights) in her speech to the 2002 World Summit on Sustainable Development in Johannesburg:

*...a human rights approach adds value because it provides a normative framework of obligations that has the legal power to render governments accountable*

Any comprehensive understanding of the root causes of poverty cannot ignore the legal structures that create and perpetuate income and wealth imbalances within society. Thus, human rights provide a challenge to these structures (Williams, 2003).

Third, the language of rights challenges the utilitarian language of development economists, moving the focus to entitlements and obligations enshrined within the formal legal system, while retaining the moral and consensual authority that other approaches lack. This shift also removes the emphasis on personal failure to focus on the failure of macro-economic structures and policies implemented by nation states and international bodies (WTO, World Bank, IMF, etc.). Hence, poverty in this context is no longer described as a 'social problem' but a 'violation of rights' (Chinkin, 2001).

There are objections to human rights as a means of eradicating poverty. First, it is argued that human rights, as formally presented, are not in fact genuinely universal (Kallen, 2004). The critiques of cultural relativism and Asian values have suggested that human rights are 'western' in orientation and content and, consequently, promote liberal/individualist social preferences over more 'collective,' forms of organisation (Doyal and Gough, 1991; Sen, 1999). However, it is a fact that almost every country in the world (the 193 UN member states) has signed the UNCRC – with the implication that negotiated moves towards the realisation of the agreed goals is feasible. There is a near unanimous consensus on objectives and values. Only two countries have to date failed to ratify the UNCRC – Somalia and the USA.

A second question is whether economic, social, and cultural rights are subjugated to civil and political rights, despite the prevalent view amongst the human rights community about the 'indivisibility' of these rights (CHRI, 2001). Ever since the Universal Declaration of Human Rights (UDHR) in 1948, economic, social and cultural rights have become the 'step-children' in the hierarchy of international human rights (CHRI, 2001). Following the 'aspirational' nature of the UDHR, the international community created two international conventions, the International Convention on Civil and Political Rights (ICCPR) and the International Convention on Economic, Social and Cultural Rights (ICESCR), to which signatories commit to the realisation of these rights (Perez-Bustillo, 2003; Aoeud, 2003). The problem is that the act of creating two conventions has served to provide contradictory messages about the relationship between rights. This distinction has become entrenched in the legal systems of nation states, which sometimes place civil and political rights in the 'justiciable' section of their constitution, while relegating economic, social and cultural rights to the realm of directive principles. Consequently, civil and political rights are often allied to legal mechanisms which are intended to result in their realisation.

A third question about human rights is whether the 'non-justiciability' of certain economic, social and cultural rights weakens the entire system. It is often argued that pre-legal 'moral' claims contained in human rights conventions are not easily transferred into legal systems (Van Bueren, 1999). The difficulty posed by translating what are regarded as 'ambiguous' rights into concrete legal decisions means the rights contained in international conventions have been largely ignored by national courts. This seems to have taken place particularly at the expense of the realisation of economic, social and cultural rights. Domestic courts appear adept at making positive if complex decisions in cases relating to civil and political rights but they have tended to dodge the issues of poverty, access to health care and non-fulfilment of other economic and social rights, citing the non-justiciability of such rights. Domestic courts have not been helped by the lack of international jurisprudence in this area. However, both domestic and international judiciaries could follow the inventive and progressive approach of treaty committees and special rapporteurs when adjudicating social, economic and cultural rights cases. For instance, the Committee on the Rights of the Child has on a number of occasions refused to accept the 'non-affordability' claims made in the progress reports of states. For instance, Indonesia and Egypt have

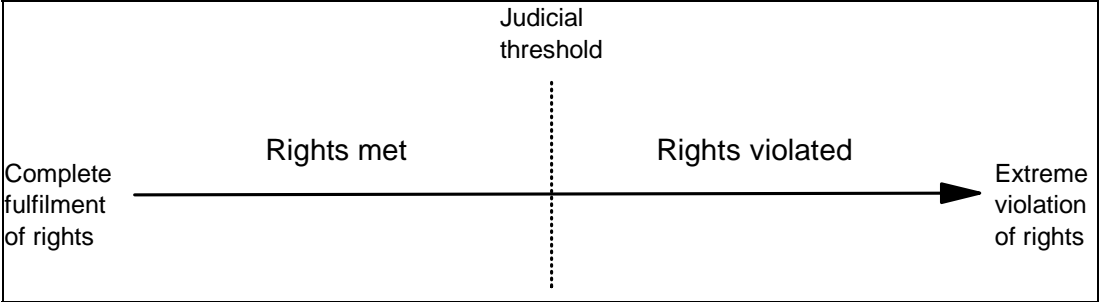
been requested to justify their failure to make significant progress in implementing the UNCRC in the light of the relatively high funding of their defense budgets (Van Bueren, 1999).

There are notable examples whereby domestic courts have attempted to provide legal mechanisms to achieve the realisation of economic and social rights. The ‘constitutionalisation’ of rights remove economic and social rights from the political sphere where they remain contested and place them into the legal sphere (Campbell, 2003). The advantage of this shift is that the courts and not the politicians set minimum welfare standards - through reviews of government budgets, vetoing legislation that is likely to increase rather than reduce poverty and so on. There are examples of such an approach in India, Republic of South Africa, and Finland (Campbell, 2003).

The international human rights conventions do not contain an explicit human right to freedom from poverty and reliable information on the distribution of income and other resources is often scarce for developing countries. Hence, to relate rights to the measurement of poverty, a selection process is required to match the rights contained in the conventions to the severe deprivations of basic human need (Appendix 4 provides a list of the relevant commitments to ensuring human rights that are related to the dimensions of absolute poverty). However, many of the rights, as expressed in the relevant charters and conventions, are ambiguous or imprecise. Accordingly, it is said that human rights confer ‘imperfect duties’ upon others (UNDP, 2000). The formulation of rights does not generally include how a duty may be discharged.

The distinction between ‘perfect’ and ‘imperfect’ duties helps to clarify the fact that access to some rights is easier to measure and define. Crossing the threshold from life to death is less difficult to determine than access to health or education. In some cases, rights seem to be normative: a state adheres to them or does not and, consequently, whatever measurement results will be binary in nature. Necessarily, the approach has to be different when attempting to measure a phenomenon such as absolute poverty, particularly when the measurement of deprivation underlying available household resources is viewed as a continuum ranging from ‘no deprivation’ to ‘extreme deprivation’(see Figure 1). Similarly, from a social science perspective, fulfilment of rights can also be considered to be a continuum ranging from complete fulfilment to extreme violation. Courts make judgements on individual cases on the correct threshold level at which to find that rights have been violated or fulfilled – the ‘judicial’ threshold (see Figure 2).

**Figure 2: Continuum of Rights**



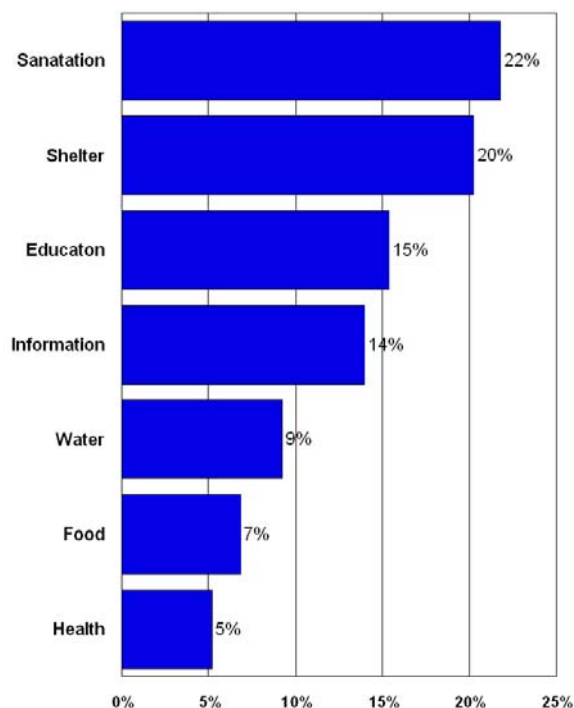
At present, there is little international case law that would allow the location of this ‘judicial’ threshold with respects to most social, economic and cultural rights, such as the right to health care, to be determined. However, severe deprivation of basic need (those circumstances that are highly likely to

have serious adverse consequences for the health, well-being and development) can be taken as axiomatic rights violations. They are *prima facie* violations of the intentions expressed in the international human rights conventions.

## Results

Almost a quarter (24%) of the world's population is absolutely poor (over 1.4 billion people) and one third are poor using the MDG threshold measures (just over 2 billion people). Figure 3 shows the world prevalence of severe deprivations of basic human need.

Figure 3: World Prevalence of Severe Deprivations



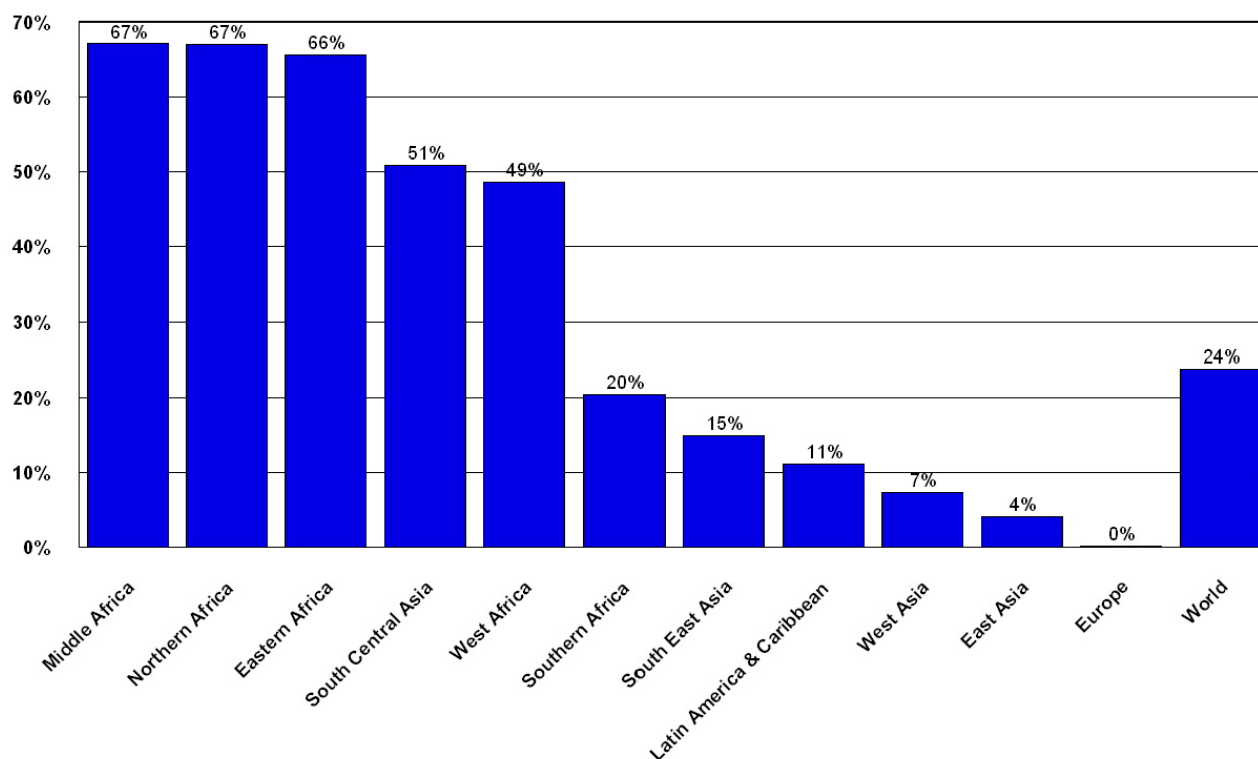
The results shown in Figure 3 are shocking at the beginning of the 21<sup>st</sup> Century:

- Over 1.3 billion people (22%) have no toilet facilities whatsoever.
- One in five people (1.2 billion) live in squalid dwellings which are seriously overcrowded or which have mud flooring.
- Over 900 million people (15%) are severely educationally deprived – they have never been to school and are illiterate.
- About one person in seven (14%), lacks access any source of information at home – they do not have access to any radio, television, telephone or newspapers.
- Over half a billion people (9%) are using unsafe (open) water sources or have a 30 minute or greater round trip to walk to water, collect it and return home.
- One person in fourteen young children and women aged 15 to 49 are severely malnourished, half live in South Asia.

- One person in twenty is severely health deprived - they do not have any access to medical care when seriously ill or pregnant.

Figure 4 shows the distribution of absolute poverty by region. In Middle, Northern and Eastern Africa, two out of every three people are suffering from absolute poverty. In South Central Asia and West Africa, about half the population is absolutely poor.

**Figure 4: Absolute Poverty Rate by Region**



Southern Africa fares comparatively better with one in five living in absolute poverty. In most of the rest of Asia, absolute poverty rates are considerably lower (15% in South East Asia, 7% in West Asia and only 4% in East Asia). Absolute poverty rates in Europe are less than 0.5%.

This results section give brief summary details of the analyses results and rational – as discussed previously considerably more detailed and highly policy relevant results are available from the authors. The scientific study of poverty in industrialised countries, such as Britain, dates back to the beginning of the ‘scientific revolution’ in the seventeenth and eighteenth century. The first detailed statistical research into the incomes and expenditure of both the ‘poor’ and other groups in English society was based on the analyses of tax records by Gregory King in 1696 and 1697 in his *Natural and Political Observations Upon the State and Conditions of England* (see Stone, 1997, Chapter 3 for discussion).

Since these pioneering studies of poverty, over three hundred years of research has identified six groups as being particularly vulnerable to poverty in developed countries:

- The elderly
- The unemployed
- Sick and disabled people
- Low waged workers
- Large families
- Lone parent families

In the developing countries, we also have two additional groups at risk of poverty:

- Landless and small farmers
- Fishermen and fisherwoman

The causes of poverty, although often contested, are nevertheless well known and can be divided into four main groupings for analytical convenience when investigating survey data such as the DHS and MICS:

1) **Demographic factors:** such as age, gender, number of adults and children, family structure, etc. Poverty can result if there are too few adults compared with the numbers of children to both adequately care for the children and provide sufficient economic resources to prevent poverty.

2) **Geographic factors:** such as rurality, region, etc. Poverty can result due to a lack of resources in the geographic location. However, geographic location is often a proxy variable for historically contingent factors which cause poverty such a history of war/violence, underdevelopment, etc.

3) **Social Class/Socioeconomic status:** such as occupation and educational attainment. Poverty can result from occupations with low earnings or a lack of earnings due to unemployment/landlessness.

4) **Recognition factors:** such as ethnicity and religion. Poverty can result due to discrimination against low status ethnicities, religions, etc.

### **Demographic factors and poverty**

The World's population has increasing rapidly since the 1950's and is projected to continue to expand until at least the middle of the 21<sup>st</sup> Century. More than a third of the world's population are children or teenagers so it would be expected that a large number of the world's poor will also be children. Figure 5 shows the number of males and females suffering from absolute poverty in developing countries and Figure 6 shows the proportion broken down by five year age groups.

Figure 5: Number of people living in absolute poverty by age

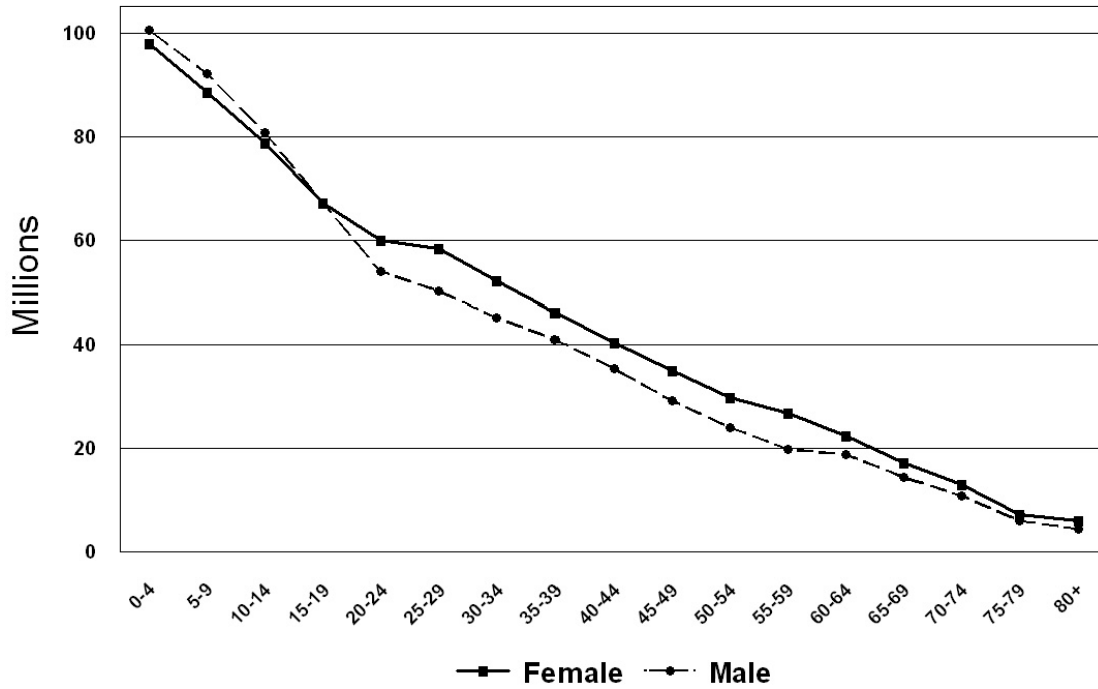
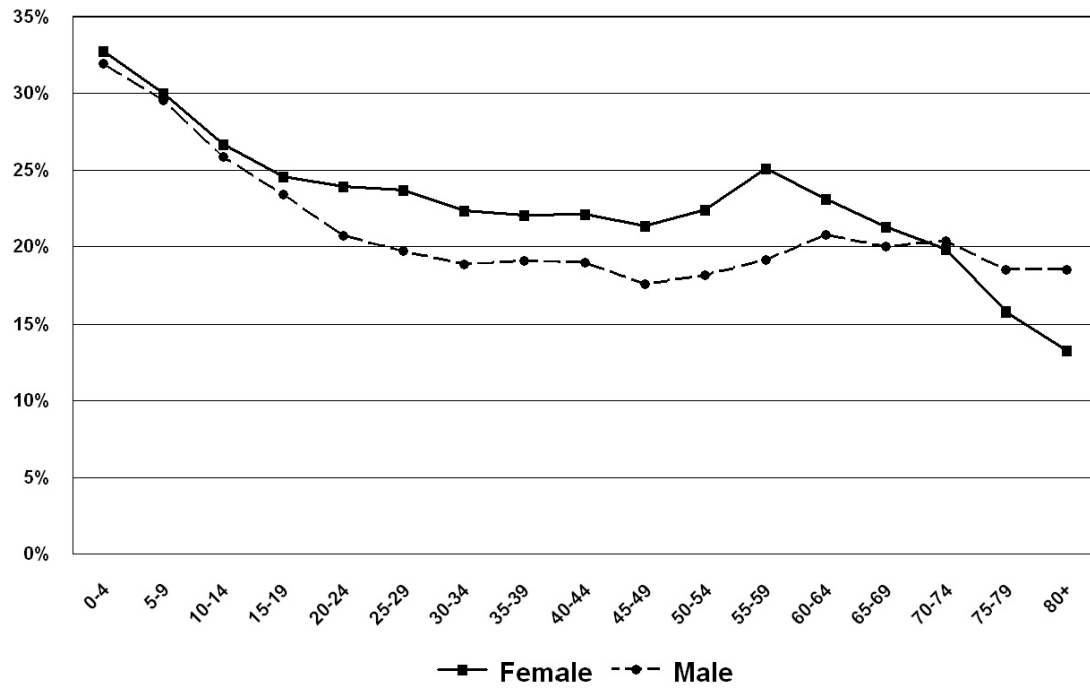


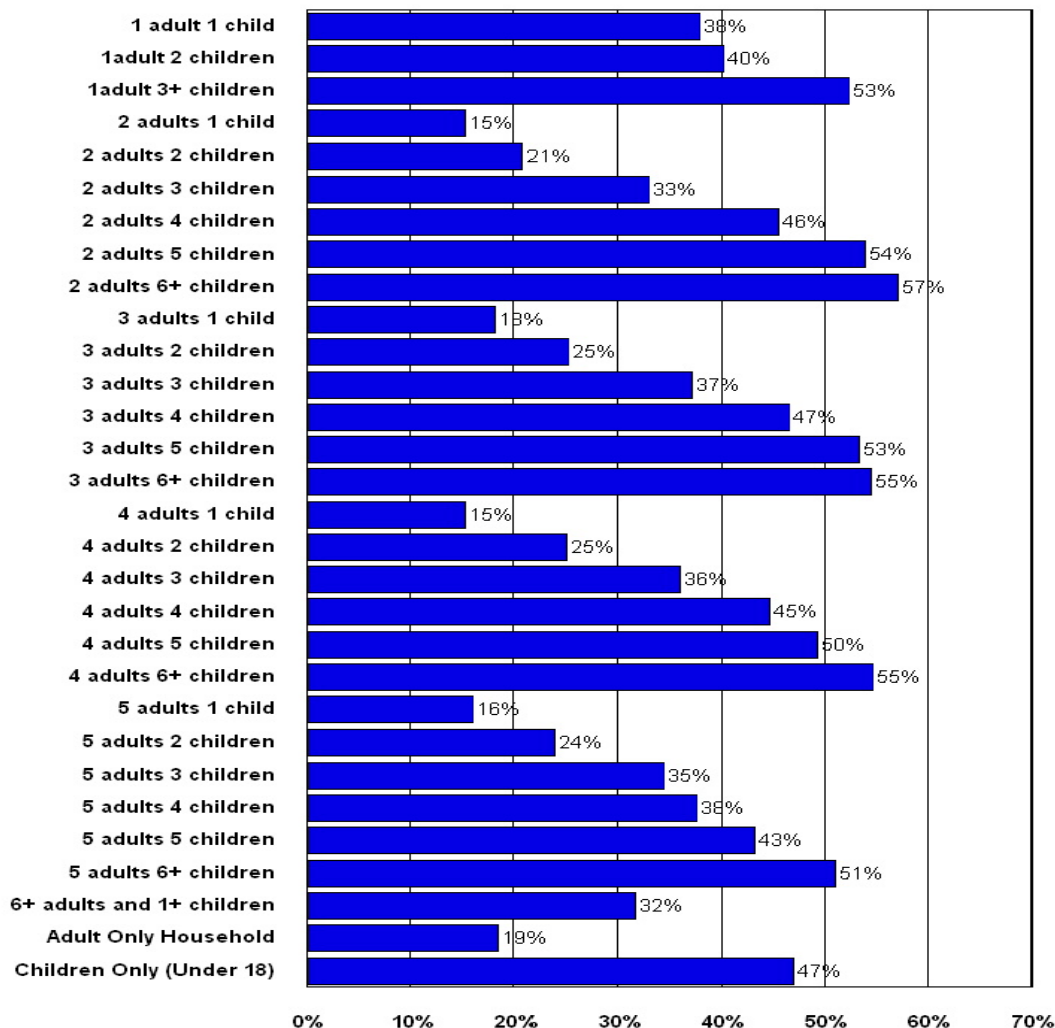
Figure 6: World Absolute Poverty Rate by Age



A large number of boys and girls suffer from absolute poverty (200 million young children aged 0-4) whereas there are considerably fewer people over 80 who are absolutely poor. This is a result of there being comparatively few people in the 80+ age group in the developing world. It is clear from this analyses that anti-poverty policies need to target children as well as adults. Figure 6 shows that boys and girls also suffer from the highest rates of absolute poverty, the lowest rates are found amongst the over 75 age group but this in part is a result of there being a relatively high proportions of elderly people living in high income countries (in 'poor' countries many people die before the age of 75 – particularly very poor people). Girls and women have higher rates of absolute poverty for the first 'three score and ten' years, but elderly men (70+) have higher rates of absolute poverty than women. Overall, significantly more girls and women are absolutely poor than boys and men.

Figure 7 shows the striking distribution of absolute poverty by household type in developing countries.

**Figure 7: Absolute Poverty Rate by Household Type**

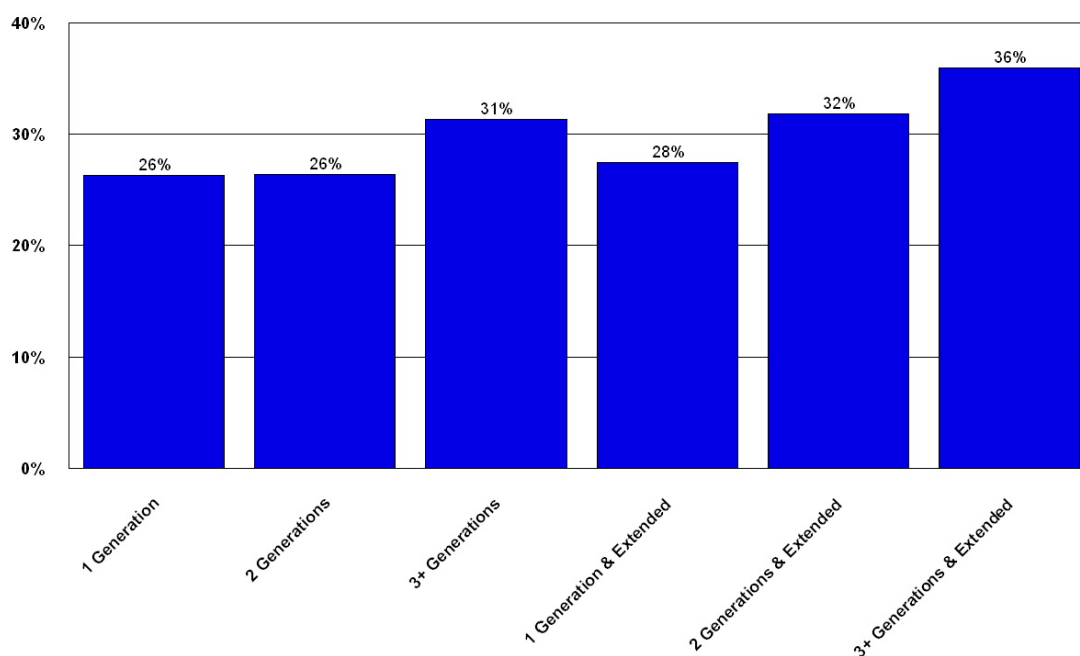




Irrespective of the number of adults in a household the absolute poverty rate increases linearly with increasing numbers of children, for example the absolute poverty rate of households with four children is about 40% or more for all households types i.e. irrespective of if there are 2, 3, 4 or 5 adults also in the household. This finding once again emphasises the need for anti-poverty programmes to target children and their families. Households with only one adult member and ‘all children’ households also have comparatively high absolute poverty rates.

Figure 8 shows the absolute poverty rate by family type in developing countries. The more generations that live in the same family the higher the rates of absolute poverty – this is true for both vertically and horizontally extended families. Multi- generation households do not appear to protect their members from poverty and this kind of family living arrangement may in part be a result of poverty i.e. grandparents may have no option but to live together with their children and grandchildren.

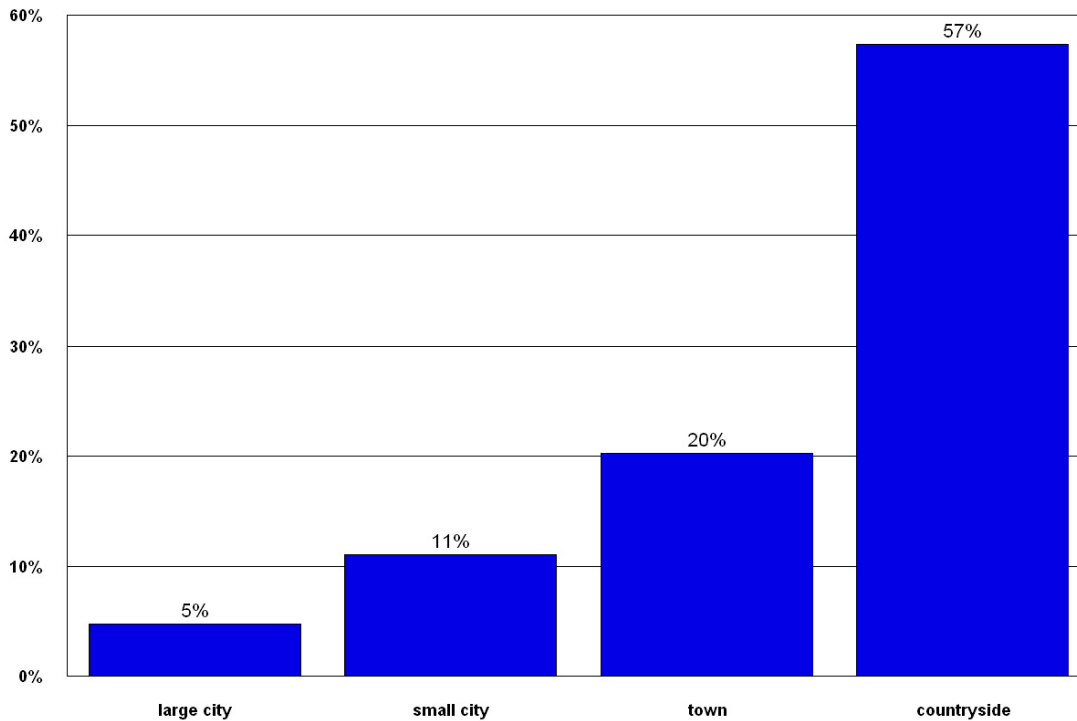
**Figure 8: Absolute Poverty Rate by Family Type**



## Geographic factors and poverty

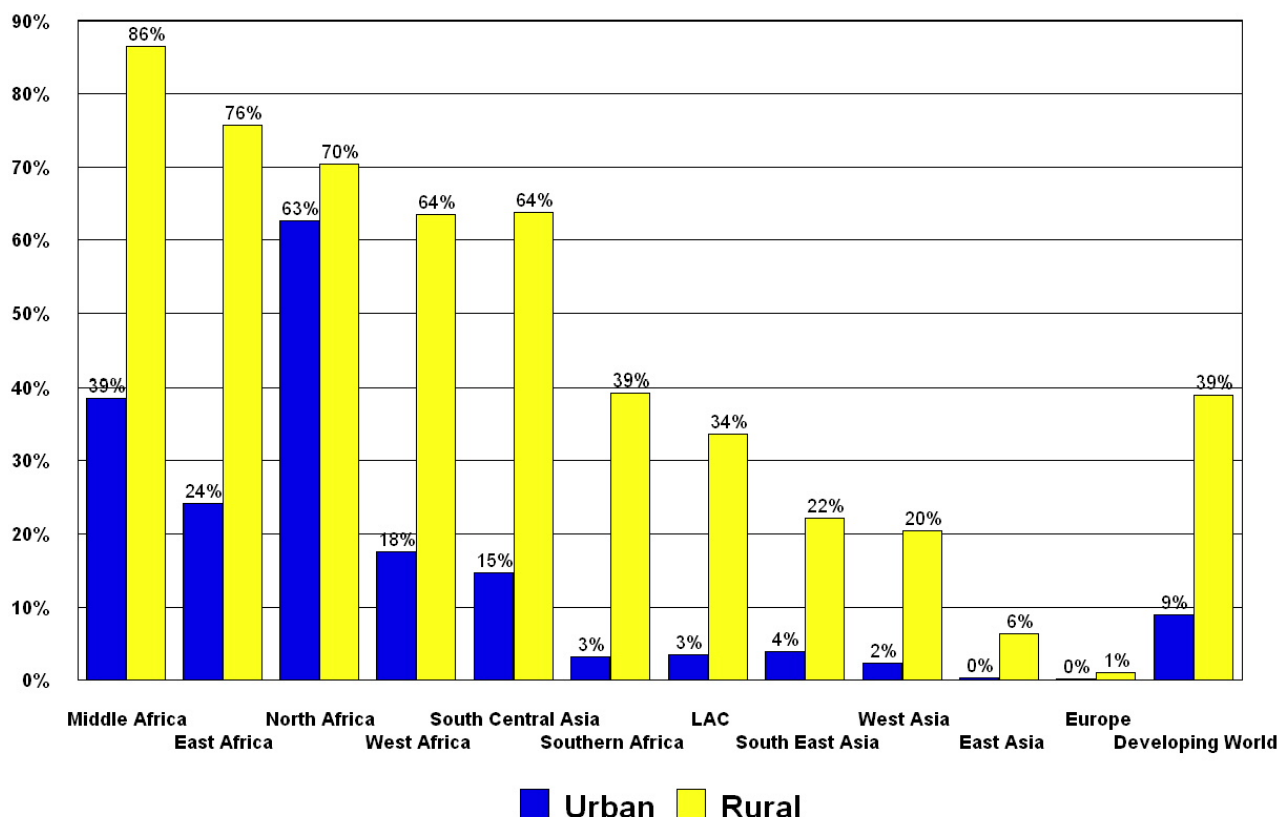
Previous research has shown that absolute poverty amongst children is predominantly a rural phenomenon (Gordon *et al*, 2003). Figure 9 shows the absolute poverty rate by settlement type in developing countries.

**Figure 9: Absolute Poverty Rate by Settlement Type**



Absolute poverty rates are more than ten times larger in the countryside than in large cities and the rates increase linearly with decreasing settlement size. Similar results can be seen in Figure 10 which shows the rates of absolute poverty in rural and urban areas broken down by region. In developing countries, in all regions of the World, absolute poverty rates are considerably higher in rural areas and this is one of the driving factors behind the rapid rates of urbanisation that are occurring (UNCHS, 2001). In the developing world as a whole, two out of every five people living in rural areas are absolutely poor compared with less than one in ten living in urban areas.

**Figure 10: Absolute Poverty Rate by Urban and Rural Location**

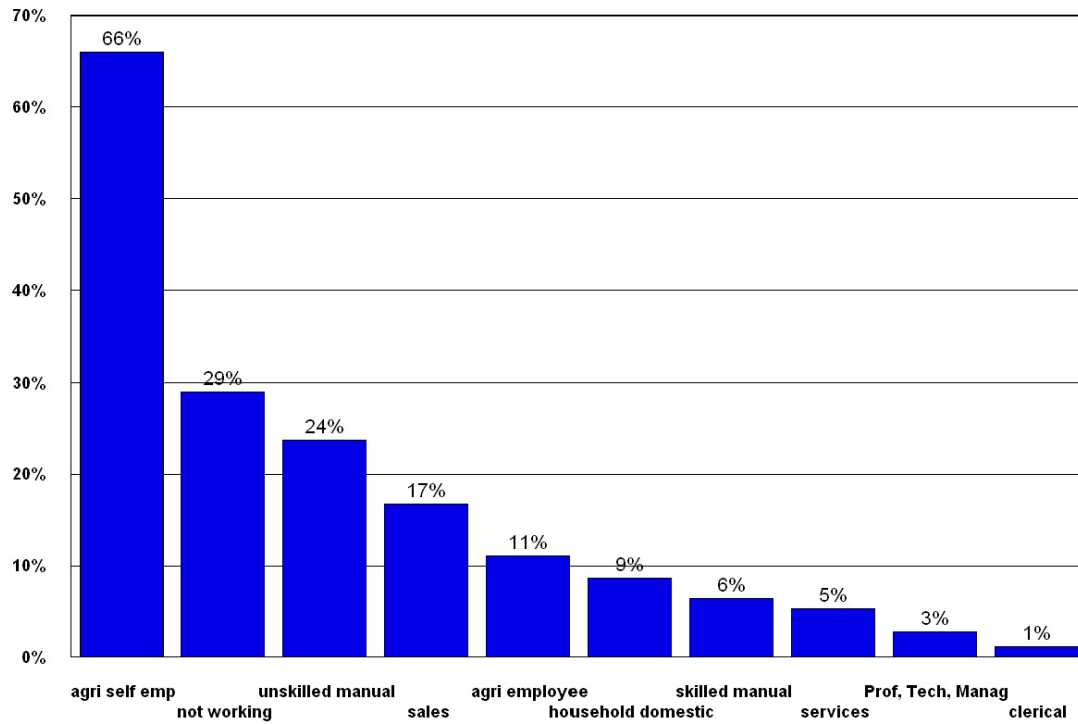


### **Socio-economic status and poverty**

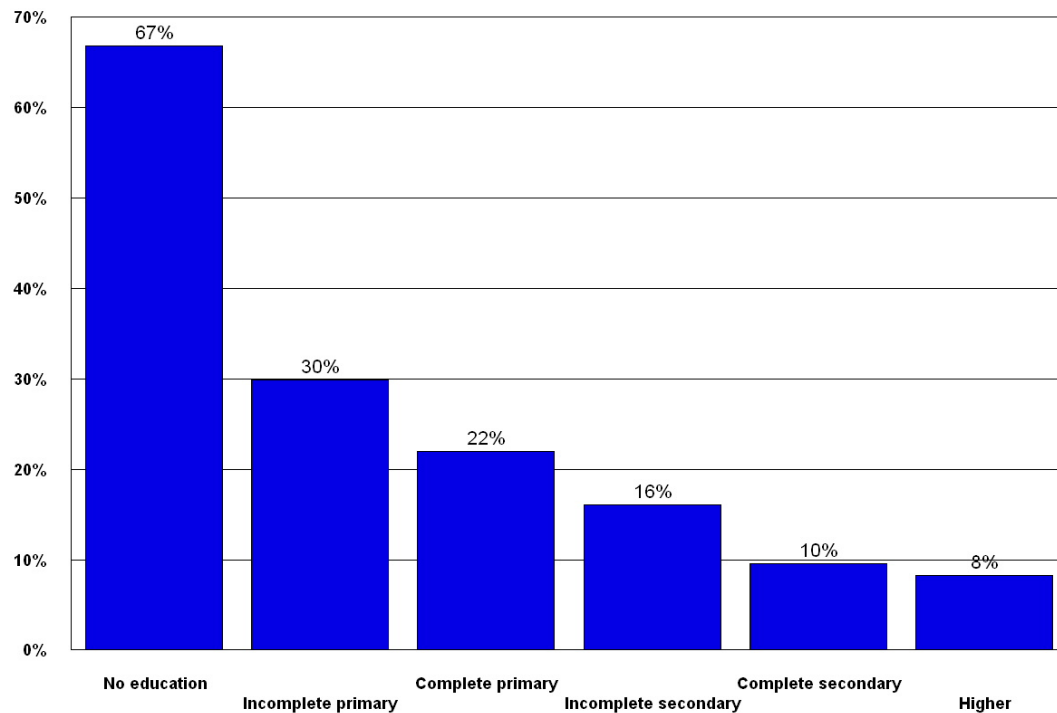
Studies of poverty in developed countries have often emphasised the importance of social/occupational class and socio-economic status (particularly educational attainment) as key determinants of poverty. However, in developing countries social/occupational class has received comparatively less attention in poverty research whereas considerable emphasis has been placed on educational attainment, particularly amongst women. Figures 11 and 12 show the rates of absolute poverty in developing countries by occupational class and educational attainment, both graphs show very large differences amongst these status groups.

Two thirds of adults who are self employed and work in farming or fishing are absolutely poor compared with only one in a hundred of those employed to do clerical work. Similarly two thirds of adults in developing countries who had no education are absolutely poor compared with 8% of those with a higher education. Occupation is clearly of equal or greater importance than educational attainment as a determinant of poverty in developing countries. Anti-poverty policies in developing countries need to encourage the creation of high quality jobs.

**Figure 11: Absolute Poverty Rate by Social Class**



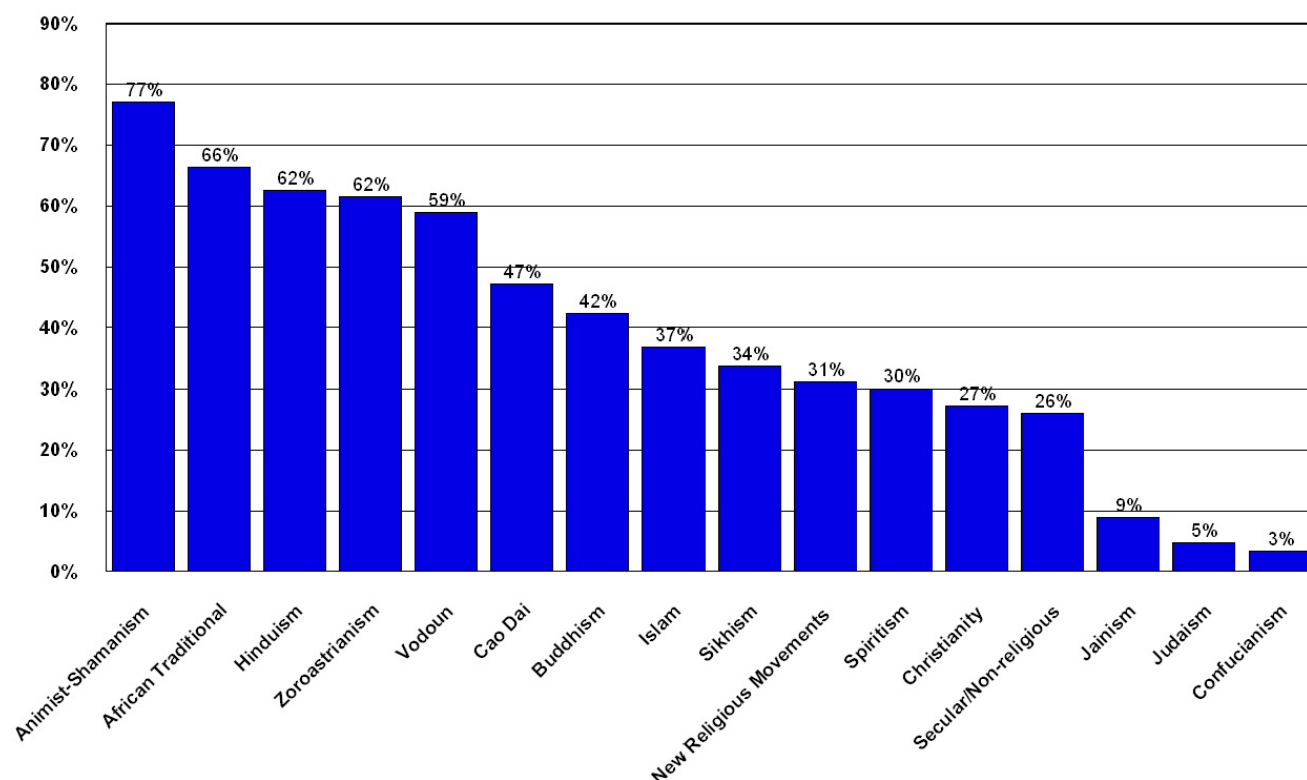
**Figure 12: Absolute Poverty Rate by Educational Attainment**



## Recognition factors and poverty

It is beyond the scope of this short report to examine the distribution of absolute poverty by ethnicity as this is both an important and extremely complex area of research. However, Figure 13 shows the distribution of absolute poverty along another important recognition dimension – religion. This is the first representative analyses know to the authors on the extent of poverty by faith group in developing countries.

**Figure 13: Absolute Poverty Rate by Religion**



There are five religious groups where over half the followers suffer from absolute poverty (Animist/Shamanism, African Traditional religions, Hinduism, Zoroastrianism and Vodoun) by contrast fewer than one in ten followers of Jainism, Judaism and Confucianism are absolutely poor. Just over a third of Muslims (37%) and just under a third of Christians (27%) are absolutely poor.

## Dissemination

It was originally planned that the findings from this research would be disseminated at a small conference in the UK of academics and policy makers. However, this work has attracted such great interest, particularly amongst international policy makers, that the dissemination phase has been much longer and more complex than originally envisaged. Professors David Gordon and Peter Townsend were asked by UNICEF to present the results on child poverty to a conference of the 61st Session of the

General Assembly of the United Nations in New York on the 15<sup>th</sup> November 2006 (UN Poverty Forum)<sup>1</sup>.

The United Nations Department for Economic and Social Affairs has been given competence by the General Assembly for youth policy (aged 15 to 24) and has adopted the measures developed in this research as the 'official' UN data on youth poverty and hunger for their 2007 World Youth Report. This has required the agreement of the 193 member countries of the UN. The results on youth poverty and hunger will be published in the next World Youth Report in April 2007. Professor David Gordon was invited to present the results from this research to the 45<sup>th</sup> Session of the United Nations Commission for Social Development in New York on the 12<sup>th</sup> February 2007. A list of dissemination activities is given below (e.g. invited talks and presentations);

7 <sup>th</sup> December 2004	7 <sup>th</sup> Meeting of the UN Expert Group on Poverty Statistics (Rio Group), Rio de Janeiro, Brazil <sup>2</sup>
9 <sup>th</sup> December 2004	UNDP International Poverty Centre, Brasilia, Brazil
24 <sup>th</sup> May 2005	OECD Development Assistance Committee - Metagora <sup>3</sup> , Paris, France
13 <sup>th</sup> June 2005	ESRC funded conference on Distributional Justice, Social Justice and Public Policy Seminar Series, Bristol, England <sup>4</sup>
29th-31st August 2005	UNDP International Poverty Centre Conference: The Many Dimensions of Poverty, Brasilia, Brazil
12 <sup>th</sup> – 13 <sup>th</sup> December, 2005	UN Expert Group Meeting on Youth Development Indicators, UN New York, USA
3 <sup>rd</sup> February 2006	Equality and Exclusion Conference, Belfast, Northern Ireland
27 <sup>th</sup> March 2006	COE conference, Chiba University, Japan
24 <sup>th</sup> August 2006	8 <sup>th</sup> Meeting of the UN Expert Group on Poverty Statistics (Rio Group), Rio de Janeiro, Brazil
12 <sup>th</sup> October 2006	Exclusion and the Right to Health Conference, International Federation of Health and Human Rights Organisations, Lima, Peru
25 <sup>th</sup> October 2006	University of Warwick, England
15 <sup>th</sup> November 2006	UN Poverty Forum, Conference of the 61st Session of the General Assembly of the United Nations, New York, USA
29 <sup>th</sup> November 2006	World Health Organisation, Geneva, Switzerland
12 <sup>th</sup> February 2007	45 <sup>th</sup> Session of the United Nations Commission for Social Development in New York, USA

<sup>1</sup> <http://www.un.org/esa/socdev/poverty/PovertyForum/docs.html>

<sup>2</sup> [http://www.ibge.gov.br/poverty/rio2004\\_agenda.htm](http://www.ibge.gov.br/poverty/rio2004_agenda.htm)

<sup>3</sup> <http://www.metagora.org/html/index.html>

<sup>4</sup> <http://www.scrcj.ac.uk/centres/scrcj/esrcseminarseries/seminar2/>

## Policy Impact

This research has already had a significant and measurable policy impact, particularly with international policy makers.

UNICEF submitted a resolution to the 61<sup>st</sup> Session of the UN General Assembly (United Nations General Assembly Sixty First Session: Third Committee, Agenda Item 63 (a) Promotion and protection of the rights of children) which included a section on the concept and definition of child poverty which has been developed by this research. A slightly amended version of the resolution was adopted by the General Assembly<sup>5</sup>, which;

*“44. Recognizes that children living in poverty are deprived of nutrition, water and sanitation facilities, access to basic health-care services, shelter, education, participation and protection and that while a severe lack of goods and services hurts every human being, it is most threatening to children;”*

UNICEF issued a press release on 10<sup>th</sup> January 2007 about this achievement ([http://www.unicef.org/media/media\\_38003.html](http://www.unicef.org/media/media_38003.html))

*“The UN General Assembly has adopted a powerful definition of child poverty, acknowledging that while poverty harms everyone, children experience poverty differently.*

*“Children living in poverty are deprived of nutrition, water and sanitation facilities, access to basic health-care services, shelter, education, participation and protection, and that while a severe lack of goods and services hurts every human being, it is most threatening and harmful to children, leaving them unable to enjoy their rights, to reach their full potential and to participate as full members of the society,” according to the General Assembly in its annual resolution on the rights of the child.*

*The UN General Assembly has recognised the special nature of poverty for children, stating clearly that child poverty is about more than just a lack of money, and can only be understood as the denial of a range of rights laid out in the UN Convention on the Rights of the Child.*

*According to this new definition, measuring child poverty can no longer be lumped together with general poverty assessments which often focus solely on income levels, but must take into consideration access to basic social services, especially nutrition, water, sanitation, shelter, education and information.*

*UNICEF applauds this decision. It has long been UNICEF’s position that analyzing poverty solely on the basis of income is not enough to capture the experience of poverty’s youngest victims. Income poverty does not take into account other dimensions of poverty, such as social exclusion, discrimination and lack of protection ? all of which, together with limited access to goods and services, have a devastating impact on the mental, physical and emotional development of children. Investing in children is the best way to break the cycle of poverty. Children are essential actors both in their development and in the development of their society.*

*Children’s well-being relies in large part on the availability and quality of basic services and an environment for play and leisure. Access to these does not always depend on family income but on the*

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<sup>5</sup> <http://daccessdds.un.org/doc/UNDOC/LTD/N06/584/14/PDF/N0658414.pdf?OpenElement>

*priorities and investments of the state. Lastly, income poverty assumes that all family members have an equal share of the family's income, which is often not the case, particularly for girls."*

UNICEF now plans to produce their first ever *Global Child Poverty and Disparities Report* during 2007 based on the concepts and measures developed by this research project.

The detailed scientific and methodological research produced by this project has been reviewed and received approval from two UN Expert Groups – the UN Expert Group on Poverty Statistics (Rio Group) and the UN Expert Group on Youth Development Indicators. The measures of absolute poverty developed by this research have been included in the final report of the Rio Group – '*Compendium of Best Practices in Poverty Measurement*'<sup>6</sup> as an example of 'best practice'. This compendium has been circulated to all national statistical offices of UN member countries and other similar organisations which are responsible for producing national poverty statistics.

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<sup>6</sup> [http://www1.ibge.gov.br/poverty/pdf/rio\\_group\\_compendium.pdf](http://www1.ibge.gov.br/poverty/pdf/rio_group_compendium.pdf)



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## Appendix 1: Countries on the harmonised poverty database

DHS – Demographic & Health Surveys

MICs – Multiple Indicator Cluster Surveys

RLMS – Russia Longitudinal Monitoring Surveys

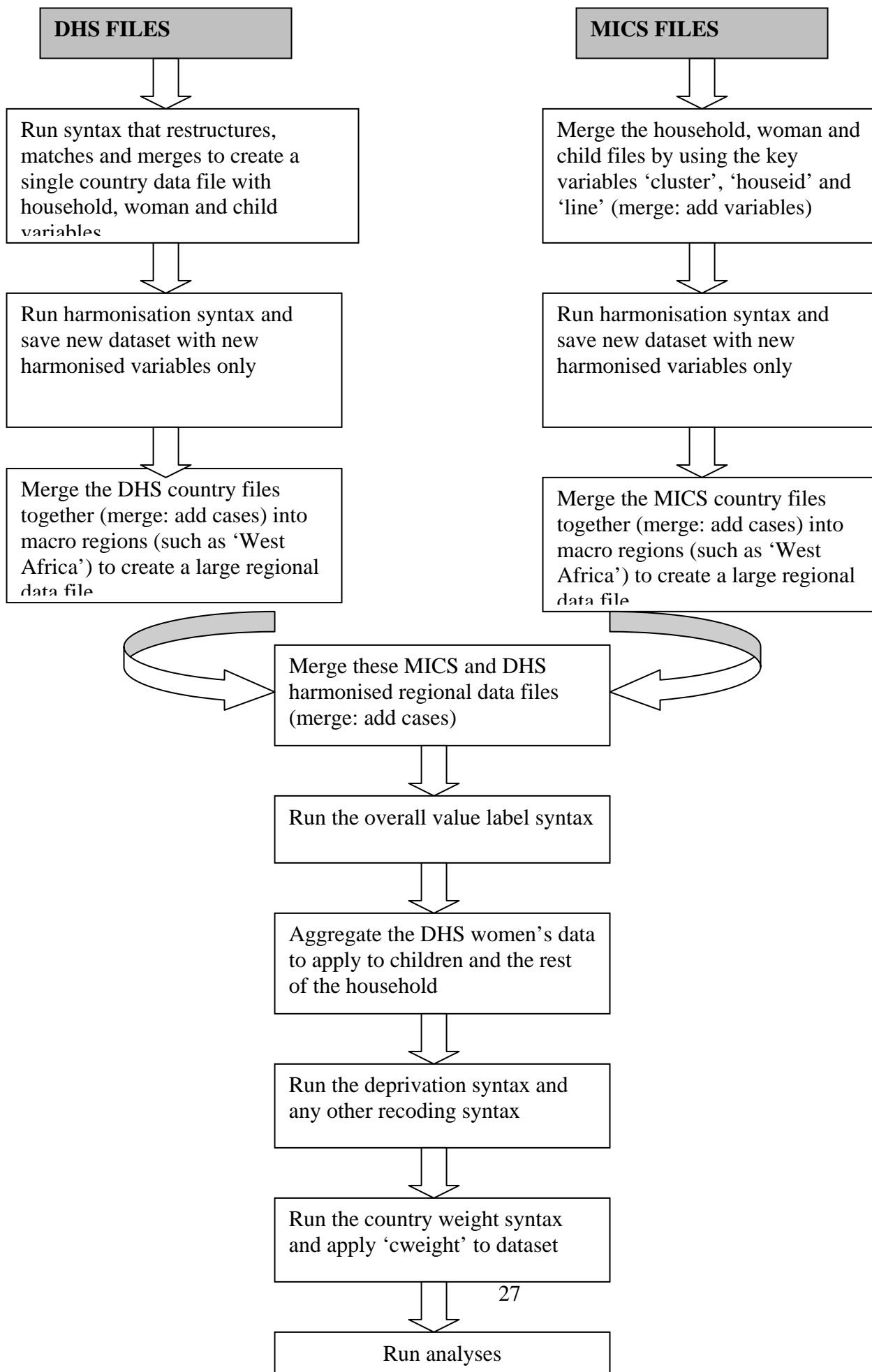
CHNS – China Health & Nutrition Surveys

NSSC – National Sample Survey of Children in China

Country	Year	Source	Sample (unweighted)
Albania	2000	MICS	20,472
Angola	2001	MICS	29,817
Armenia	2000	DHS	26,374
Azerbaijan	2000	MICS	27,110
Bangladesh	2004	DHS	54,667
Benin	2001	DHS	30,449
Bolivia	2003	DHS	81,685
Bosnia and Herzegovina	2000	MICS	35,571
Brazil	1996	DHS	56,834
Burkina Faso	2003	DHS	60,778
Burundi	2000	MICS	20,879
Cambodia	2000	DHS	66,499
Cameroon	2004	DHS	51,976
Central African Republic	94/95	DHS	28,065
Chad	2000	MICS	28,750
China	92-04	NSSC/CHNS	2,150,665
Colombia	2005	DHS	157,843
Comoros	1996	DHS	14,331
Côte d'Ivoire	98/99	DHS	13,191
Democratic Republic of the Congo	2000	MICS	55,491
Dominican Republic	2002	DHS	110,880
Egypt	2003	DHS	52,983
Equatorial Guinea	2000	MICS	21,332
Ethiopia	2000	DHS	68,721
Gambia	2000	MICS	28,994
Ghana	2003	DHS	26,626
Guatemala	98/99	DHS	30,956
Guinea	2000	DHS	34,754
Guinea-Bissau	2000	MICS	35,067
Guyana	2000	MICS	19,883
Haiti	2000	DHS	47,394
India	98/99	DHS	517,935
Indonesia	02/03	DHS	149,256
Iraq	2000	MICS	99,478
Kazakhstan	1999	DHS	20,023
Kenya	2003	DHS	37,655
Kyrgyzstan	1997	DHS	16,980
Lao Peoples Democratic Republic	2000	MICS	38,514
Lesotho	2000	MICS	32,789
Madagascar	03/04	DHS	35,111

Malawi	2000	DHS	63,863
Mali	2001	DHS	66,600
Mauritania	00/01	DHS	36,353
Moldova	2000	MICS	32,142
Mongolia	2000	MICS	29,948
Morocco	2004	DHS	64,051
Mozambique	2003	DHS	45,076
Myanmar	2000	MICS	132,534
Namibia	2000	DHS	31,707
Nepal	2001	DHS	47,591
Nicaragua	2001	DHS	61,365
Niger	1998	DHS	36,888
Nigeria	2003	DHS	35,863
Peru	2003 -2005	DHS	56,247
Philippines	2003	DHS	61,882
Russian Federation	92-04	RLMS	10,678
Rwanda	2000	DHS	45,287
Sao Tome	2000	MICS	14,449
Senegal	1999	DHS	44,807
Sierra Leone	2000	MICS	24,348
South Africa	1998	DHS	53,217
Sudan	2000	MICS	156,474
Suriname	2000	MICS	17,071
Swaziland	2000	MICS	24,213
Tajikistan	2000	MICS	25,929
Tanzania	2003	DHS	19,255
Togo	1998	DHS	44,345
Turkey	1998	DHS	38,041
Uganda	00/01	DHS	38,044
Uzbekistan	1996	DHS	19,280
Venezuela	2000	MICS	19,413
Viet Nam	2002	DHS	31,531
Zambia	01/02	DHS	38,110
Zimbabwe	1999	DHS	28,534
<b>TOTAL</b>			<b>5,931,914</b>

## Appendix 2: Flowchart of file analyses and harmonisation procedure



### Appendix 3: Harmonised and Derived Variable List

ID VARIABLES	Variable Label
country	'country ID number using UN codes'
datasrce	'data source'
hhidnum	'household ID number'
cluster	'cluster number'
houseid	'household number'
line	'line number'
psu	'primary sampling unit'
ssnum	'sample stratum number'
sdomain	'sample domain'
region	'region'
urbrur	'urban or rural place of residence'
citytown	'place of residence'
<b>INDIVIDUAL DEMOGRAPHICS</b>	
idnum	'individual ID number'
sex	'sex of respondent'
age	'age of household member'
ethni	'respondent ethnicity'
rel	'respondent religion'
ures	'respondent is usual resident'
slept	'respondent slept in household last night'
res	'length of time in residence in years'
prevres	'previous place of residence'
<b>INDIVIDUALS RELATIONSHIPS</b>	
hohrel	'relationship to hoh'
married	'marital status'
mline	'respondent mother line number hh file'
dline	'respondent father line number'
mumalive	'respondent mother alive'
dadalive	'respondent father alive'
<b>PHYSICAL CHARACTERISTICS</b>	
wowt	'woman weight'
woht	'woman height'
wobmi	'woman body mass index'
bmirec	'woman bmi calculated'
childwt	'child weight'
childht	'child height'
hta	'height for age z score'
wta	'weight for age z score'
wtht	'weight for height z score'
birthsize	'child size at birth'
birthweight	'child birth weight'
bwtype	'type of birthweight recall'
chtlyst	'child was measured lying or standing'
chmeasd	'date child was measured day'
chmeasm	'date child was measured month'

chmeasy	'date child was measured year'
anthflag	'child anthro data flagged for MICS'
<b>HOUSEHOLD STRUCTURE</b>	
hhmem	'number of household members'
hhype	'number of adults and children in the hh'
famtype	'number of generations in family'
dejure	'number of de jure hh members'
defacto	'number of de facto hh members'
mmem	'number of eligible men'
wmem	'number of eligible women'
ku5mem	'number children under five in household'
adults	'number of adults in household'
children	'number of children in household'
<b>HEAD OF HOUSEHOLD</b>	
hohline	'head of household line number'
hohsex	'sex of head of household'
hohage	'age of head of household'
<b>HOUSEHOLD CONSUMER DURABLES</b>	
radio	'has radio'
tv	'has tv'
fridge	'has refrigerator'
video	'has video'
computer	'has computer'
bike	'has bicycle'
moto	'has motorcycle'
car	'has car'
phone	'has telephone'
mphone	'Mother has phone'
mrاد	'Mother has radio'
mtv	'Mother has television'
agmphone	'Aggregated has Phone'
agmumrad	'Aggregated has radio'
agmumtv	'Aggregated has television'
<b>HOUSEHOLD FACILITIES</b>	
watsrce	'source of drinking water'
wattime	'time to water source'
toilet	'type of toilet facility'
looshare	'Share toilet with other households'
toiletloc	'location of toilet facility'
distools	'disposal of young child stools'
floormat	'type of floor material'
roofmat	'type of roof material'
wallmat	'type of wall material'
sleeproom	'number of rooms for sleeping'
numroom	'number of rooms in the dwelling'
floorm2	'floor area of house'
elecstove	'uses an electric or gas stove'
fuel	'main fuel used for cooking'

elec	'has electricity'
<b>EMPLOYMENT</b>	
sclass	'occupational group'
partocc	'womans partners occupation'
empl	'is currently employed'
<b>EDUCATION</b>	
edulev	'highest education level'
edugrade	'highest grade/year of education'
eduyr	'total number of years of education'
eduat	'educational attainment'
school	'is still at school'
literacy	'reading ability'
<b>HEALTH</b>	
hastb	'suffers from TB'
treattb	'was treated for TB'
sti12mo	'has had an sti in last 12 months'
stiad	'sought advice for last sti'
chdia	'child had diarrhoea recently'
chbloodia	'child had blood in stools'
diamed	'child received medical treatment for diarrhoea'
diaors	'child given ORS treatment for diarrhoea'
diaany	'child received any treatment for diarrhoea'
fever	'child had fever in last 2 weeks'
cough	'child had cough recently'
breaths	'child had short rapid breaths'
treatcough	'child received medical treatment for cough'
<b>HEALTH CARE: CHILDREN</b>	
bcg	'rec bcg'
dpt1	'rec dpt1'
dpt2	'rec dpt2'
dpt3	'rec dpt3'
polio0	'rec polio0'
polio1	'rec polio1'
polio2	'rec polio2'
polio3	'rec polio3'
measles	'rec measles'
<b>HEALTH CARE: PREGNANCY</b>	
assnone	'last birth assistance from no one (yes=no assistance)'
assdep	'did not receive birth assistance from trained person'
assdoc	'last birth assistance from a doctor'
assamid	'last birth assistance from a midwife or auxiliary midwife'
assnurse	'last birth assistance from a nurse'
tetanus	'deprived of tt injection during pregnancy'
prenone	'last birth no prenatal care received (yes=no prenatal care)'
predep	'did not receive prenatal care from trained person'

predoc	'last birth prenatal care from a doctor'
preamid	'last birth prenatal care from a midwife or auxiliary midwife'
prenurse	'last birth prenatal care from a nurse'
premat	'last birth prenatal care from a matron'
antevisits	'number of antenatal visits'
<b>KNOWLEDGE OF AIDS</b>	
aidscond	'knows can prevent aids by using condom'
aidssth	'knows you can get aids from a healthy-looking person'
<b>ACCESS TO INFORMATION</b>	
newswk	'reads newspaper once per week'
tvwk	'watches tv once per week'
radioday	'listens to radio once per day'
radiowk	'listens to radio once per week'
freqnews	'frequency reads newspaper or mag'
freqradio	'frequency listens to radio'
freqtv	'frequency watches tv'
accnews	'access to newspaper'
accradio	'access to radio'
acctv	'access to television'
agnews	'Aggregated Reads newspaper'
agtv	'Aggregated Watches TV'
agradio	'Aggregated Listens to radio'
<b>BIRTH &amp; CHILD ID VARIABLES</b>	
parent	'Parents vital status'
foster	'foster or adoption status'
bcolum	'birth column order'
bordnum	'birth order number'
multbirth	'child is part of multiple birth'
childsex	'sex of child'
agemonths	'child current age in months'
kidage	'current age of child'
agemolst	'age in months of last born child'
moblst	'month of birth of last child'
yoblst	'year of birth of last child'
<b>DATE &amp; ID VARIABLES</b>	
intervday	'day of interview'
intervmo	'month of interview'
intervyear	'year of interview'
intervdate	'date of interview CMC'
dob	'day of birth'
mob	'month of birth'
yob	'year of birth'
dobcmc	'date of birth (CMC)'
mumline	'mother line number linking kids to mum'
midnum	'individual male ID number'
mumid	'number linking kids to line number and household id of mum'



wquest	'eligible for womens quest'
<b>WEIGHT VARIABLES</b>	
dhsweight	'DHS sample weight'
micsweight	'MICS sample weight'
russweight	'Russia sample weight'
mweight	'male sample weight'
woweight	'woman sample weight'
<b>DERIVED VARIABLES</b>	<b>WEIGHTING AND DEMOGRAPHIC</b>
nywt	'Population Weight - deflated to sample size'
gywt	'Gross Population Weight - UN 2000 Median Variant'
sweight	'Mics and DHS sample weights'
Resfilt	'filter selecting usual residents'
agegroup	'age groups'
ageband	'age in five year groups'
<b>DERIVED VARIABLES</b>	<b>ADULT SEVERE POVERTY</b>
ashelts	'adult severe shelter deprivation'
afoodeps	'adult severe food deprivation women only'
foodats	'sev food dep for adults with anthro data'
aeddeps	'adult severe education deprivation'
ahthdeps	'adult severe health deprivation'
ahthdatas	'Adult severe health deprivation for Women aged 15-49'
<b>DERIVED VARIABLES</b>	<b>CHILDREN SEVERE POVERTY</b>
cshelts	'child severe shelter deprivation'
Cfoodeps	'child severe food deprivation'
Cfoodatas	'child severe foodep with correct denominator'
Ceddeps	'child severe education deprivation'
Chthdeps	'child severe health deprivation'
chthdatas	'child severe health deprivation for those 0-4'
<b>DERIVED VARIABLES</b>	<b>SEVERE DEPRIVATION</b>
sheltdps	'Severe shelter deprivation'
loodeps	'Severe sanitation deprivation'
watdeps	'Severe water deprivation'
infodeps	'Severe information deprivation'
foodeps	'Severe food deprivation for adults and children'
foodatas	'Severe Food Deprivation for Adults and Children with correct denominator'
eddeps	'Severe education deprivation for adults and children'
hthdeps	'Severe health deprivation for adults and children'
hthdatas	'Severe Health Deprivation for Adults and Children with correct denominator'
<b>DERIVED VARIABLES</b>	<b>ADULT MDG DEPRIVATION</b>
asheltn	'adult mdg shelter deprivation'
afoodepm	'adult mdg food deprivation'
foodatm	'mdg food dep for adults with anthro data'
aeddepm	'adult mdg education deprivation'
ahthdepm	'adult mdg health deprivation'

ahthdatam	‘Adult mdg health deprivation Women aged 15-49’
<b>DERIVED VARIABLES</b>	<b>CHILDREN MDG DEPRIVATION</b>
csheltn	‘child mdg shelter deprivation’
cfoodepm	‘child mdg food deprivation’
cfoodatam	‘child mdg foodep for those with anthro data’
ceddepn	‘child mdg education deprivation’
chthdepn	‘child mdg health deprivation’
chthdatam	‘child MDG health deprivation for children aged 0-4’
<b>DERIVED VARIABLES</b>	<b>MDG DEPRIVATION</b>
sheltdpm	‘mdg shelter deprivation’
loodepm	‘mdg sanitation deprivation’
watdepn	‘mdg water deprivation’
infodepm	‘mdg information deprivation’
foodepm	‘mdg food deprivation for adults and children’
foodatam	‘MDG Food Deprivation for Adults and Children with correct denominator’
eddepn	‘mdg education deprivation for adults and children’
Hthdepn	‘mdg health deprivation for adults and children’
hthdatam	‘MDG Health Deprivation for Adults and Children with correct denominator’
<b>DERIVED VARIABLES</b>	<b>SEVERE POVERTY</b>
sdepidx	‘Number of Severe Deprivations’
sevdep	‘Severely Deprived (1+)’
abspov	‘Absolute Poverty (Dep Score=2+) ‘
cdepidxs	‘Number of Severe Deprivations - Child Index’
csevdep	‘Severely Deprived Children (1+)’
cabspov	‘Absolute Poverty Children (Dep Score=2+) ‘
adeidxs	‘Number of Severe Deprivations - Adult Index’
asevdep	‘Severely Deprived Adult (1+)’
aabspov	‘Absolute Poverty Adult (Dep Score=2+) ‘
<b>DERIVED VARIABLES</b>	<b>MDG POVERTY</b>
mdepidx	‘Number of MDG Deprivations’
mdgdep	‘MDG Deprived (1+)’
mdgpov	‘MDG Poverty (Dep Score=2+) ‘
cdepidxm	‘Number of MDG Deprivations - Child Index’
cmdgdep	‘MDG Deprived Children (1+)’
cmdgpov	‘MDG Poverty Children (Dep Score=2+) ‘
adeidxm	‘Number of mdg Deprivations - Adult Index’
amdgdep	‘MDG Deprived Adult (1+)’
amdgpov	‘MDG Poverty Adult (Dep Score=2+) ‘

## Appendix 4: Governments' Commitments to Ensuring Human Rights that are related to the dimensions of Absolute Poverty

<b>Food</b>	<p>"Every man, woman and child has the inalienable right to be free from hunger and malnutrition in order to develop their physical and mental faculties."</p> <p><b>Universal Declaration on the Eradication of Hunger and Malnutrition, Art. 1</b></p> <p>"Considering intolerable that more than 800 million people throughout the developing world and millions in more affluent societies do not have enough food to meet their basic needs; that millions more experience prolonged hunger during part of the year or suffer birth defects, growth retardation, mental deficiency, lethargy, blindness or death because they do not have the diversity of food necessary to meet their total needs; ... convinced that world resources, human skills and technological potential do permit the achievement within one generation of sustainable food security if determined and concerted efforts are undertaken; we confirm our individual and common commitment to take considered action to ensure that all people have at all times secure access to the food they need for an active and healthy life with human dignity."</p> <p><b>1996 Rome Declaration of the World Food Summit</b></p> <p>"Sustainable development must be achieved at every level of society.... Governments ... should ...[promote] food security and ... food self-sufficiency within the context of sustainable agriculture.... All countries need to assess ... the impacts of [economic] policies on ... food security.... The major thrust of food security ... is to ... increase ... agricultural production in a sustainable way and to achieve a substantial improvement in people's entitlement to adequate food."</p> <p><b>Agenda 21, Chapter 3, para. 8 and Chapter 14, para. 6</b></p> <p>"Lack of food and the inequitable distribution of food for girls and women in the household ... have a negative effect on their health. Good health is essential to leading a productive and fulfilling life, and the right of all women to control aspects of their health ... is basic to their empowerment. Discrimination against girls, often resulting from son preference, in access to nutrition ... endangers their current and future well-being.... Actions to be taken: ... Give particular attention to the needs of girls.... Ensure that girls have continuing access to necessary health and nutrition information and services.... Promote and ensure household and national food security ... and implement programmes aimed at improving the nutritional status of all girls and women ..., including a reduction</p>
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	<p>worldwide of ... malnutrition among children under ... five by one half of 1990 levels by ... 2000, giving special attention to the gender gap in nutrition, ... and a reduction in iron deficiency anaemia in girls and women by one third of the 1990 levels by the year 2000.... Ensure the availability of an universal access to safe drinking water...."</p> <p><b>Beijing Platform for Action, paras. 92, 93, and 106</b></p> <p>"Human health and quality of life are at the centre of the effort to develop sustainable human settlements. We therefore commit ourselves to ... the highest attainable standard of ... health....Sustainable human settlements depend on the interactive development of policies and concrete actions to provide access to food and nutrition.... Governments ... should ... formulate and implement human settlements development policies that ensure ... food security ..., giving priority to the needs and rights of women and children, who often bear the greatest burden of poverty...."</p> <p><b>Habitat Agenda, paras. 36 and 116</b></p>
<b>Water</b>	<p>"All peoples, whatever their stage of development and their social and economic conditions, have the right to have access to drinking water in quantities and of a quality equal to their basic needs"</p> <p><b>Mar del Plata conference, United Nations, 1977</b></p> <p>Countries were set the task of 'universal coverage' of safe water and sanitation by 1990.</p> <p><b>International Drinking Water Supply and Sanitation Decade, 1981-1990</b></p> <p>"Lack of food and inequitable distribution of food for girls and women in the household, inadequate access to safe water, sanitation facilities and fuel supplies, particularly in rural and poor urban areas, and deficient housing conditions, all overburden women and their families and have a negative effect on their health."</p> <p>Government's should "ensure that clean water is available and accessible to all by the year 2000 and that environmental protection and conservation plans are designed and implemented to restore polluted water systems and rebuild damaged watersheds." <b>Fourth World Conference on women, Beijing, China, 1995, para 92</b></p> <p>"We commit ourselves to...providing adequate and integrated environmental infrastructure facilities in all settlements as soon as possible with a view to improving health by ensuring access for all people to sufficient, continuous and safe freshwater supplies, sanitation, drainage and waste disposal services, with a special emphasis on providing facilities to segments of the population living</p>

	<p>in poverty...” <b>Chapter 3, Habitat Agenda, para 43</b></p> <p>“Governments...[should]... provide the poor with access to fresh water and sanitation”</p> <p>“[Health] is also dependent on a healthy environment, including the provision of a safe water supply and sanitation and the promotion of a safe food supply and proper nutrition. Particular attention should be directed towards ....comprehensive and sustainable water policies to ensure safe drinking water and sanitation to preclude both microbial and chemical contamination....”</p> <p>“National Governments...should....develop and strengthen primary health care systems that are practical, community-based, scientifically sound, socially acceptable and appropriate to their needs and that meet basic health needs for clean water, safe food and sanitation...”(<b>Chapter 6, Agenda 21</b></p> <p>Governments agreed to establish a "dialogue", under the auspices of the UN Commission on Sustainable Development (UNCSD) "aimed at building a consensus on the necessary actions... in order to consider initiating a strategic approach for the implementation of all aspects of the sustainable use of freshwater for social and economic purposes..." (<b>1997 UN General Assembly Special Session in New York (Earth Summit II or Plus 5)</b>)</p> <p>“We .... are resolved through decisions on targets, timetables and partnerships to speedily increase access to basic requirements such as clean water, sanitation, adequate shelter, energy, health care, food security and the protection of bio-diversity ... [We aim to] halve, by the year 2015, the proportion of people without access to safe drinking water” <b>The Johannesburg Declaration on Sustainable Development, 2002</b></p>
<b>Sanitation</b>	<p>Countries were set the task of ‘universal coverage’ of safe water and sanitation by 1990. <b>International Drinking Water Supply and Sanitation Decade, 1981-1990</b></p> <p>Governments should “ensure the availability of and universal access to safe drinking water and sanitation and put in place effective public distribution systems as soon as possible” <b>Fourth World Conference on women, Beijing, China, 1995, para 106</b></p> <p>“We commit ourselves to ...providing adequate and integrated environmental infrastructure facilities in all settlements as soon as</p>

	<p>possible with a view to improving health by ensuring access for all people to sufficient, continuous and safe freshwater supplies, sanitation, drainage and waste disposal services, with a special emphasis on providing facilities to segments of the population living in poverty” <b>Chapter 3, Habitat Agenda, 1996, para 3</b></p> <p>“National Governments...should develop and strengthen primary health care systems that are practical, community-based, scientifically sound, socially acceptable and appropriate to their needs and that meet basic health needs for clean water, safe food and sanitation...” <b>Chapter 6, Agenda 21</b></p> <p>“[We aim to] halve, by the year 2015, the proportion of people who do not have access to basic sanitation” <b>The Johannesburg Declaration on Sustainable Development, 2002</b></p>
<b>Information</b>	<p>“Societies that make the necessary investments in information technology and infrastructure and enable and empower their citizens to make effective use of such technology can expect to foster significant productivity gains in industry, trade and commerce. This improved information technology should be appropriately and optimally utilized to preserve and share cultural and moral values and enhance and improve education, training and public awareness of the social, economic and environmental issues affecting the quality of life, and to enable all interested parties and communities to exchange information on habitat practices, including those that uphold the rights of children, women and disadvantaged groups in the context of growing urbanization.... [action will be taken to] develop, upgrade and maintain information infrastructure and technology and encourage their use by all levels of government, public institutions, civil society organizations and community-based organizations, and consider communications as an integral part of human settlements policy;... implement programmes that encourage the use, especially by children, youth and educational institutions, of public libraries and communication networks...”<b>Habitat Agenda, 1996, Chapter 4</b></p>
<b>Education</b>	<p>"Education ... should be recognized as a process by which human beings and societies can reach their fullest potential. Education is critical for promoting sustainable development and improving the capacity of the people to address environment and development issues.... Governments should take active steps to ... eliminate illiteracy ... and to expand the enrolment of women ... in educational institutions, to promote the goal of universal access to primary and</p>

secondary education...." **Agenda 21, Chapter 36, para. 3; Chapter 3, para. 2; Chapter 24, para. 3**

"We commit ourselves to ... the goals of universal and equitable access to quality education ... making particular efforts to rectify inequalities relating to social conditions and without distinction as to race, national origin, gender, age or disability.... We will: Formulate and strengthen ... strategies for the eradication of illiteracy and universalization of ... early childhood education, primary education and education for the illiterate...; Emphasize lifelong learning by seeking to improve the quality of education to ensure that people of all ages are provided with useful knowledge, reasoning ability, skills, and the ethical and social values required to develop their full capacities in health and dignity and to participate fully in the social, economic and political process of development...." **Copenhagen Declaration, Commitment 6**

"Education is a human right and an essential tool for achieving the goals of equality, development and peace.... Actions to be taken: ... Advance the goal of equal access to education by taking measures to eliminate discrimination in education at all levels on the basis of gender, race, language, religion, national origin, age or disability, or any other form of discrimination.... By the year 2000, provide universal access to basic education and ensure completion of primary education by at least 80 per cent of primary school-age children; close the gender gap in primary and secondary school education by the year 2005; provide universal primary education in all countries before the year 2015.... Reduce the female illiteracy rate to at least half its 1990 level.... [Ensure] that women have equal access to career development, training.... Improve ... quality of education and ... equal ... access ... to ensure that women of all ages can acquire the knowledge, capacities, ... skills ... needed to develop and to participate fully ... in the process of ... development...."

**Beijing Platform for Action, paras. 69, 80, 81, and 82**

"We ... commit ourselves to promoting and attaining the goals of universal and equal access to quality education,... making particular efforts to rectify inequalities relating to social and economic conditions ... without distinction as to race, national origin, gender, age, or disability, respecting and promoting our common and particular cultures. Quality education for all [is] fundamental to ensuring that people of all ages are able to develop their full capacities ... and to participate fully in the social, economic and political processes of human settlements.... We ... commit ourselves to ... Promoting... appropriate facilities for ... education, combating segregation and discriminatory and other exclusionary policies and practices, and recognizing and respecting the rights of all, especially

	<p>of women, children, persons with disabilities, people living in poverty and those belonging to vulnerable and disadvantaged groups...." <b>Habitat Agenda, paras. 2.36 and 3.43</b></p> <p>"... Education is a fundamental right for all people, women and men, of all ages, throughout the world.... Every person -- child, youth and adult -- shall be able to benefit from educational opportunities designed to meet their basic learning needs.... to be able to survive, to develop their full capacities, to live and work in dignity.... to improve the quality of their lives, to make informed decisions...." <b>World Declaration on Education for All, Preamble and Article 1</b></p> <p>"Education is empowerment. It is the key to establishing and reinforcing democracy, to development which is both sustainable and humane and to peace founded upon mutual respect and social justice. Indeed, in a world in which creativity and knowledge play an ever greater role, the right to education is nothing less than the right to participate in the life of the modern world." <b>Amman Affirmation, 1996</b></p> <p>Our collective commitments are to: "expand and improve comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children; ensure that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete free and compulsory education of good quality; ensure that the learning needs of all young people and adults are met through equitable access to appropriate learning and life skills programmes; achieve a 50% improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adult; eliminate gender disparities in primary and secondary education by 2005, and achieve gender equality in education by 2015, with a focus on ensuring girls' full and equal access to and achievement in basic education of good quality; improve all aspects of the quality of education and ensure excellence of all so that recognised and measurable learning outcomes are achieved by all, especially literacy, numeracy and essential life skills." <b>Dakar Framework of Action Education for All, Senegal, 2000</b></p>
<b>Health</b>	<p>"Health and development are intimately interconnected. Both insufficient development leading to poverty and inappropriate development ... can result in severe environmental health problems.... The primary health needs of the world's population ... are integral to the achievement of the goals of sustainable development and primary environmental care.... Major goals ... By</p>



the year 2000 ... eliminate guinea worm disease...; eradicate polio;... By 1995 ... reduce measles deaths by 95 per cent...; ensure universal access to safe drinking water and ... sanitary measures of excreta disposal...; By the year 2000 [reduce] the number of deaths from childhood diarrhoea ... by 50 to 70 per cent..." **Agenda 21,Chapter 6, paras. 1 and 12**

"Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. States should take all appropriate measures to ensure, on a basis of equality of men and women, universal access to health-care services, including those related to reproductive health care....The role of women as primary custodians of family health should be recognized and supported. Access to basic health care, expanded health education, the availability of simple cost-effective remedies ... should be provided...." **Cairo Programme of Action, Principle 8 and para. 8.6**

"We commit ourselves to promoting and attaining the goals of universal and equitable access to ... the highest attainable standard of physical and mental health, and the access of all to primary health care, making particular efforts to rectify inequalities relating to social conditions and without distinction as to race, national origin, gender, age or disability...." **Copenhagen Declaration, Commitment 6**

"The explicit recognition ... of the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment.... We are determined to ... ensure equal access to and equal treatment of women and men in ... health care and enhance women's sexual and reproductive health as well as Health." **Beijing Declaration, paras. 17 and 30**

"Women have the right to the enjoyment of the highest attainable standard of physical and mental health. The enjoyment of this right is vital to their life and well-being and their ability to participate in all areas of public and private life.... Women's health involves their emotional, social and physical well-being and is determined by the social, political and economic context of their lives, as well as by biology.... To attain optimal health, ... equality, including the sharing of family responsibilities, development and peace are necessary conditions." **Beijing Platform for Action, para. 89**

"Strategic objective ... Increase women's access throughout the life cycles to appropriate, affordable and quality health care, information and related services.... Actions to be taken: ... Reaffirm the right to the enjoyment of the highest attainable standards of physical and

	<p>mental health, protect and promote the attainment of this right for women and girls and incorporate it in national legislation...; Provide more accessible, available and affordable primary health care services of high quality, including sexual and reproductive health care...; Strengthen and reorient health services, particularly primary health care, in order to ensure universal access to health services...; reduce maternal mortality by at least 50 per cent of the 1990 levels by the year 2000 and a further one half by the year 2015;... make reproductive health care accessible ... to all ... no later than ... 2015...; take specific measures for closing the gender gaps in morbidity and mortality where girls are disadvantaged, while achieving ... by the year 2000, the reduction of mortality rates of infants and children under five ... by one third of the 1990 level...; by the year 2015 an infant mortality rate below 35 per 1,000 live births.... Ensure the availability of and universal access to safe drinking water and sanitation...." <b>Beijing Platform for Action, para. 106</b></p> <p>"Human health and quality of life are at the centre of the effort to develop sustainable human settlements. We ... commit ourselves to ... the goals of universal and equal access to ... the highest attainable standard of physical, mental and environmental health, and the equal access of all to primary health care, making particular efforts to rectify inequalities relating to social and economic conditions ..., without distinction as to race, national origin, gender, age, or disability. Good health throughout the life-span of every man and woman, good health for every child ... are fundamental to ensuring that people of all ages are able to ... participate fully in the social, economic and political processes of human settlements .... Sustainable human settlements depend on ... policies ... to provide access to food and nutrition, safe drinking water, sanitation, and universal access to the widest range of primary health-care services...; to eradicate major diseases that take a heavy toll of human lives, particularly childhood diseases; to create safe places to work and live; and to protect the environment.... Measures to prevent ill health and disease are as important as the availability of appropriate medical treatment and care. It is therefore essential to take a holistic approach to health, whereby both prevention and care are placed within the context of environmental policy...." <b>Habitat Agenda, paras. 36 and 128</b></p>
<b>Shelter</b>	<p>"The right to adequate housing, ... derived from the right to an adequate standard of living, is of central importance for the enjoyment of all economic, social and cultural rights.... The right to adequate housing applies to everyone.... [I]ndividuals, as well as families, are entitled to adequate housing regardless of age, economic status, group or other affiliation or status.... [T]his right</p>

must ... not be subject to any form of discrimination.... [T]he right to housing should not be interpreted in a narrow or restrictive sense.... Rather it should be seen as the right to live ... in security, peace and dignity...." **Committee on Economic, Social and Cultural Rights, General Comment No. 4, paras. 1, 6**

and 7

"States should undertake ... all necessary measures for the realization of the right to development and shall ensure ... equality of opportunity for all in their access to basic resources, education, health services, food, housing, employment...." **Declaration on the Right to Development, Article 8**

"Access to safe and healthy shelter is essential to a person's physical, psychological, social and economic well-being and should be a fundamental part of national and international action.... An integrated approach to the provision of environmentally sound infrastructure in human settlements, in particular for ... urban and rural poor, is an investment in sustainable development that can improve the quality of life, increase productivity, improve health and reduce the burden of investments in curative medicine and poverty alleviation.... As a first step towards the goal of providing adequate shelter for all, all countries should take immediate measures to provide shelter to their homeless poor.... All countries should adopt and/or strengthen national shelter strategies with targets....; facilitate access of urban and rural poor to shelter by adopting and utilizing housing and finance schemes and new innovative mechanisms adapted to their circumstances.... People should be protected by law against unfair eviction from their homes or land...." **Agenda 21, Chapter 7, paras. 6 and 9**

"We reaffirm our commitment to the full and progressive realization of the right to adequate housing.... We shall seek ... to ensure legal security of tenure, protection from discrimination and equal access to affordable, adequate housing for all persons and their families.... As we move into the twenty-first century, we offer ... an exhortation to join ... [in] building together a world where everyone can live in a safe home with the promise of a decent life of dignity, good health, safety, happiness and hope." **Istanbul Declaration, paras. 8 and 15**

"We recognize that access to safe and healthy shelter and basic services is essential to a person's physical, psychological, social and economic well-being and should be a fundamental part of our urgent actions for the more than one billion people without decent living conditions. Our objective is to achieve adequate shelter for all, especially the deprived urban and rural poor, through an enabling

approach to the development and improvement of shelter that is environmentally sound.... We reaffirm... our commitment to ensuring the full realization of the human rights set out in international instruments and in particular ... the right to adequate housing.... Equitable human settlements are those in which all people, without discrimination of any kind ... have equal access to housing, infrastructure, health services, adequate food and water, education and open spaces.... Such human settlements provide equal opportunity for a productive and freely chosen livelihood; equal access to economic resources, including the right to inheritance, the ownership of land and other property, credit, natural resources and appropriate technologies; equal opportunity for personal, spiritual, religious, cultural and social development; equal opportunity for participation in public decision-making; equal rights and obligations with regard to the conservation and use of natural and cultural resources; and equal access to mechanisms to ensure that rights are not violated...." **Habitat Agenda, paras. 3, 26, and 27**

"We reaffirm our commitment to the full and progressive realization of the right to adequate housing....We recognize an obligation by Governments to enable people to obtain shelter and to protect and improve dwellings and neighbourhoods. We commit ourselves to the goal of improving living...conditions on an equitable and sustainable basis, so that everyone will have adequate shelter that is healthy, safe, secure, accessible and affordable and that includes basic services, facilities and amenities, and will enjoy freedom from discrimination in housing and legal security of tenure. We shall implement and promote this objective in a manner fully consistent with human rights standards.... We... commit ourselves to ... Providing legal security of tenure and equal access to land to all people...; Promoting access for all people to safe drinking water, sanitation and other basic services, facilities and amenities...; Eradicating and ensuring legal protection from discrimination in access to shelter and basic services, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status...." **Habitat Agenda, paras. 39, 40, and 43**