Briefing

Disaggregation by ethnicity: protecting the commitment to Leave No One Behind

Disaggregating data by the full range of social and economic groups is essential to realising the core commitment to Leave No One Behind. Ethnicity is a key marker of social exclusion, highlighted in recent research by the Overseas Development Institute (ODI). We welcome the commitment from the Inter-Agency Expert Group (IAEG) to data disaggregation outlined in paragraph 26 of the report, but regret that this is not made explicit across the entire indicator set. We fear that states and agencies will focus in on the indicator texts, whilst the overarching principles and the broader intention of the Sustainable Development Goals (SDGs) to focus efforts reaching those who are last, first, will be eroded. In addition, we have grave concerns that target 10.2 to “empower and promote the social, economic and political inclusion of all irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status” is wholly undermined by its indicator which relates only to income and fails to disaggregate by five of the groups mentioned (as it lists disaggregation only sex, age and persons with disabilities).

The lack of full disaggregation in the indicators and the removal of disaggregation that was already committed to in the state agreed text is a major oversight, which if not rectified, threatens to undermine the entire intention of the SDGs.

The good news is that perceived challenges to disaggregation by ethnicity can be overcome. Below we present practical examples of disaggregation by ethnicity and urge members of the IEAG and the UN Statistical Commission to revise indicator 10.2.1 and commit to data disaggregation by all social and economic groups in order to uphold the principle of Leave No One Behind.

Recommendations:

- Members of the IEAG and UN Statistical Commission should amend indicator 10.2.1 to include all disaggregation factors listed in the state agreed target (age, sex, disability, race, ethnicity, origin, religion or economic or other status).
- Members of the IEAG and UN Statistical Commission should confirm that disaggregation of data by all social groups outlined in Para 74g and target 17.18 of Agenda 2030 applies across the entire indicator set both at the global and national levels.
- National governments and donors should systematically monitor programmes vis a vis ethnicity. Donors should support all those receiving financial aid transfers to report results disaggregated by ethnicity as well as other marginalisation factors.
- National governments and donors should consider inclusion auditing to monitor progress for all social and economic groups.

The importance of ethnicity

Indigenous women, and those from minority groups, are more likely to die or face complications related to pregnancy. Maternal and child mortality rates can be twice as high in indigenous communities as the national averages. Recent research finding from ODI shows that:

- In Guatemala the chances of being poor are up to 2.6 times higher for indigenous household as for a non-indigenous one.
• In Vietnam the probability of having a child death in the household is 3 percentage points higher for ethnic minorities than for the majority population.
• In Nigeria the Fulani are eight times less likely than Yoruba to have access to sanitation, three times less likely to have had a substantial education and more than twice as likely to belong to the bottom wealth quintile.

There are clear reasons for these vast disparities. Ethnic minorities face practical barriers to development. They are more likely live in the most remote places, lack transport and often have the highest rates of poverty. These practical barriers are compounded by cultural ones. These include:

**Language** that may be different to the mainstream population presetting barriers to education, communicating with health staff or accessing information.

**Discrimination** for example, being discriminated against, patronised or treated harshly by health workers, discrimination in recruitment for paid employment as well as in access to loan finance and other opportunities.

**Alien practices** such as services provided in ways that are wholly unfamiliar. This may include insistence on wearing hospital gowns, involving male doctors in delivery or giving birth lying down. This makes the experience of visiting health services frightening and humiliating, and prevents people seeking the help that they need.

**Disaggregating by ethnicity** - the practical issues.

Whilst challenges in analysing data by ethnicity exist, we suggest the following ways these can be overcome.

**Utilising existing data**

Much of the data or methods for disaggregating by ethnicity already exist and can be directly incorporated into SDG monitoring. Many of the data sources suggested for the SDG indicators include household surveys, Demographic Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS). All these surveys already provide the option to include questions on ethnicity, or to use proxy measures such as religion or language where relevant. A 2009 research paper found that 55 of the 77 countries covered by the DHS had included an ‘ethnic’ variable. It now requires that governments include these systematically and survey providers include this in their analysis. Ethiopia’s 2011 survey included questions on ethnicity and religion, but did not use these in its analysis of health outcomes. Ensuring the funders of these surveys build capacity for national agencies to analyse ethnically disaggregated data as standard would have a significant impact on the data available for SDG monitoring.

**Build on examples of good practice**

There are examples of good practice in data disaggregation. To use just one of these, in Nicaragua forms for outpatient information capture ethnicity. In some regions this is analysed and used to research the health outcomes of different ethnic groups. Lessons can be learnt from these experiences such as these in the implementation of the SDGs

**Requesting data**

One clear barrier is the lack of incentive to disaggregate due to a lack of demand by national or donor governments. Donors and national governments can provide a strong incentive for data disaggregation at all levels by ensuring commitment to this in the indicators process and requesting it as standard in all progresses and SDG implementation.

**Using proxies**

Governments may resist the collection or publication of data broken down by ethnicity for a variety of valid reasons. These can include concern about negative stereotypes or fuelling ethnic tensions. This is particularly relevant in States which have experienced major ethnic conflict. Where ethnicity is sensitive proxies such as language, geographic location, or religion can be used. For example, whilst Ethiopia’s 2011 survey did not use ethnicity in its analysis of health outcomes in did break down data by regions. With pastoralists concentrated in the Afar and Somali regions, the result were revealing, showing an under 5 mortality rate of 127 and 122 respectively in those regions in stark comparison with the national average of 88.

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1 Note while the use of proxies is an improvement on aggregate data there are certain limitation to this and we therefore recommend the use of proxies only where disaggregation by ethnicity is not possible.
2 Deaths per 1000 live births
Respecting the principles of data protection and privacy
To mitigate any concerns about the use of data, safeguards for the collection, processing, analysis and dissemination this must be under taken based on principles of data protection, self-identification, participation of marginalised groups and the independence of official statistics. The UN Office of the High Commissioner for Human Rights (OHCHR) has produced a guidance note on this issue which should be utilised in this process. vi

Undertaking inclusion audits
Inclusion audits involve a post hoc assessment of an intervention through one or more inclusion lenses. This can involve collecting data about the proportions of beneficiaries from certain marginalised communities. (For example, ethnicity, language, religion, persons with disabilities, migrants, IDPs, slum dwellers etc) The set to be investigated can vary according to the context. Based on these results the audit can investigate any barriers that may have limited access from these communities to programmes as well as other reasons for low take up of accessible programmes. Inclusion audits can also identify examples of good practice whereby a wide cross section of the most marginalised were included and benefitting from programmes.

About us
Health Poverty Action is an international NGO with 30 year’s experience of supporting cultural and ethnic minorities to access health services.

MRG works to ensure the rights of ethnic, religious and linguistic minorities and indigenous peoples and promotes cooperation between communities.

We would be happy to provide further briefing to members of the IEAG or UN Statistical Commission. For more information please contact: Claire Thomas, Deputy Director, Minority Rights Group International T: +44 (0)207 422 4208 E: claire.thomas@mrgmail.org Skype: ctm_mrg Or Natalie Sharples, Senior Policy Advisor, Health Poverty Action, E n.sharples@healthpovertyaction.org

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vi OHCHR, A Human Rights-Based Approach to Data: Guidance Note to Data Collection and Disaggregation to Leave No One Behind in the 2030 Development Agenda http://www.ohchr.org/EN/Issues/Indicators/Pages/HRIndicatorsIndex.aspx