

Disability and social protection in Mongolia

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Across the developing world, persons with disabilities (PWD) are considerably more likely to be poor and have lower human development indicators than other people. Their struggle to fully participate and make their contribution to society generates not only a sense of being excluded but also of being a burden.

While social protection programmes for PWD exist in most countries, the actual coverage and level of support is fragmented and insufficient (ILO 2014). This is in clear contrast with the United Nations Convention on the Rights of Persons with Disabilities, whereby Member States ensure equal rights and full and effective participation in society to all PWD. Mongolia is no exception; for example, households with PWD have a poverty rate of 42 per cent—more than twice the rate in other households (18 per cent)—and labour force participation for PWD aged 15–59 years old is only 28 per cent, compared with 69 per cent for the rest of the population. A social protection system can both support the living standards of PWD and improve their inclusion in society.

Current status of social protection for PWD

In Mongolia the social protection system for PWD has both social insurance and social assistance elements. To be considered eligible for benefits, PWD need to undergo a medical examination. People aged 16 and older also need to undergo a different assessment under the Medical and Labour Accreditation Commission (MLAC), which assesses disability in terms of loss of labour capacity.

About 60 per cent of the economically active population is insured and entitled to a disability pension if they acquire a disability, provided they have worked and paid social insurance contributions for at least 20 years or contributed for at least three years in the five years before suffering an accident. Moreover, in the case of work accidents, employers must also make one-off payments.

The main social assistance benefits currently provided to PWD are the social welfare pension (for those not entitled to social insurance and who lost 50 per cent or more of their labour capacity), the caregiver allowance, support for persons in need of permanent care, community-based social welfare services, and special entitlements for PWD (16 different entitlements ranging from annual financial assistance for fuel expenses, prosthetic devices, free transportation, communication allowance etc.).

The presence of both social insurance and social welfare support for PWD demonstrates good system architecture, adequately distinguishing the role of each of the different types of support. However, the system faces a number of design and implementation challenges that can be summarised in terms of the coverage, adequacy and flexibility of the system.

Concerning coverage, there is anecdotal evidence of unreported/unregistered cases of disability that are, therefore, excluded from social

welfare services. Even when PWD are adequately registered, there is incomplete or partial access to benefits (such as entitlements and services). For example, currently only 6 per cent of PWD receive assistive devices, while 39 per cent would like to receive them. In terms of adequacy, the benefit amounts are very low, especially for the caregiver allowance, which is less than 30 per cent of the Mongolian minimum wage and less than 40 per cent of the official per capita poverty line. Finally, the system is very rigid, with entitlements that do not necessarily respond to the needs of all PWD. It is also burdened with heavy bureaucracy.

Inclusion policies

Some general lessons that emerge from the analysis of the social protection system in Mongolia can be useful for other countries.

The way disability assessment is done often limits the definition and understanding of disability, with negative consequences for the way policies supporting PWD are elaborated. The recommendation is to expand from a purely medical and 'loss of labour capacity' approach to a more holistic and integrated one. Such assessment could then be linked to a fairer benefit system, more adequately linking the beneficiary's individual needs and the level of support granted. The key issue is not the medical condition itself, but to what extent the environment excludes a person with a certain medical condition. This has very important implications for inclusion, because the person is not necessarily a mere recipient of financial support but remains a potential resource, thus moving away from a default work disincentive trap. Changing disability assessment is linked to the adoption of the International Classification of Functioning, Disability and Health; it is a medium-to-long-term goal, but it can start with relatively simple improvements.

Another significant issue is that the inclusion of PWD is best achieved with a combination of services and financial support, and it is crucial to maintain flexibility in the system, allowing PWD as many options as possible to fit their specific needs. Finally, it is observed that implementation of PWD rights across different countries is often hampered by poor implementation and bureaucratic obstacles, so that *de facto* access control to limited resources leads to unfair distribution. It is necessary to develop systems that ensure equal access.

Mongolia passed a new law for the rights of PWD in February 2016 and started various initiatives to improve services and inclusion. Concerning access to social assistance, the concept of reform aims at introducing a more systematic assessment of PWD needs, and simplifying the system, moving from bureaucratic piecemeal access towards more transparency.

References:

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