

Key Facts: Poverty and Poor Health

On 10th January 2018 by **Sorsha Roberts**

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What links poverty and poor health?

Poverty and poor health worldwide are inextricably linked. The causes of poor health for millions globally are rooted in political, social and economic injustices. Poverty is both a cause and a consequence of poor health. Poverty increases the chances of poor health. Poor health, in turn, traps communities in poverty. Infectious and neglected tropical diseases kill and weaken millions of the poorest and most vulnerable people each year.

What other links are there between poverty and poor health?

- The economic and political structures which sustain poverty and discrimination need to be transformed in order for poverty and poor health to be tackled.
- Marginalised groups and vulnerable individuals are often worst affected, deprived of the information, money or access to health services that would help them prevent and treat disease.
- Very poor and vulnerable people may have to make harsh choices – knowingly putting their health at risk because they cannot see their children go hungry, for example.
- The cultural and social barriers faced by marginalised groups – including indigenous communities – can mean they use health services less, with serious consequences for their health. This perpetuates their disproportionate levels of poverty.
- The cost of doctors' fees, a course of drugs and transport to reach a health centre can be devastating, both for an individual and their relatives who need to care for them or help them reach and pay for treatment. In the worst cases, the burden of illness may mean that families sell their property, take children out of school to earn a living or even start begging.

- The burden of caring is often taken on by a female relative, who may have to give up her education as a result, or take on waged work to help meet the household's costs. Missing out on education has long-term implications for a woman's opportunities later in life and for her own health.
- Overcrowded and poor living conditions can contribute to the spread of airborne diseases such as tuberculosis and respiratory infections such as pneumonia. Reliance on open fires or traditional stoves can lead to deadly indoor air pollution. A lack of food, clean water and sanitation can also be fatal.

Which infectious diseases are the main killers worldwide?

HIV, diarrhoea, tuberculosis and malaria, as well as communicable respiratory diseases such as pneumonia kill the most people. Diarrhoea, pneumonia and malaria account for nearly half of all child deaths globally.

Neglected tropical diseases affect over one billion people, almost all in the poorest and most marginalised communities. You may not have heard of diseases such as leprosy, lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminths and trachoma, but they can cause severe pain and life-long disabilities – and mean enormous productivity losses. However, efforts to tackle them have usually taken a back seat to the bigger killers.

Which are the most deadly non-communicable illnesses worldwide?

The biggest non-communicable killers are maternal and newborn deaths and deaths related to poor nutrition, cardiovascular disease and non-communicable respiratory diseases.

How do disease and infection affect economic growth?

- Lives lost mean reduced economic productivity as well as personal tragedy. Productivity is further slowed while people are ill or caring for others. There were 1.7 HIV-related deaths in 2007 and 990 thousand deaths from tuberculosis. Most of these were among young people and adults in their most productive years.
- In heavily affected countries billions of dollars of economic activity are lost each year as a result of illness and death from HIV, TB and malaria. This can

seriously reduce economic growth in countries that are already struggling. Malaria reduces economic growth by 1.3% in heavily affected countries, and costs around \$12 billion in lost GDP across Africa. TB costs around 7% of GDP in the worst affected countries.

How has the global community responded?

World leaders and international organisations have slowly woken up to the impact of the most prevalent infectious diseases. The World Health Organisation has declared TB, HIV and malaria global emergencies. Reducing the spread and treating HIV, TB, malaria, and other diseases is also one of the Millennium Development Goals.

However, as well as tackling specific diseases, it is crucial that leaders also address the underlying causes. It is widely accepted that the key reason for the increase in life expectancy in wealthy countries in the late 19th and early 20th century was less to do with the leaps forward in medical science, and more to do with the arrival of better nutrition, clean water and sanitation.

Reducing poverty, improving nutrition and making sure people have access to safe water and sanitation, as well as strengthening national health systems, is of the utmost importance. Otherwise tackling one particular threat simply leaves people open to another deadly disease soon afterward.

Tackling the structural causes of poverty and poor health, for example calling for measures to tackle inequality and injustices such as corporate tax evasion, are central to what is needed from the global community.

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The cycle of poverty and poor health

Health systems