

Dalton, Andrew (2021) Global Health, Inequality and Poverty: Barriers and Responses. In: Global Health Conference, 07 May 2021, Newcastle University. (Unpublished)

Downloaded from: http://sure.sunderland.ac.uk/id/eprint/16780/

#### Usage guidelines

Please refer to the usage guidelines at http://sure.sunderland.ac.uk/policies.html or alternatively contact sure@sunderland.ac.uk.





# A conceptual understanding...

- Globalisation is creating changes to how we perceive and experience physical or territorial space.
- The physical world has not changed in size, but what has, is the way in which human beings interact with that space. How we move across distances, for example, in population mobility and travel. Globalisation is also economic, cultural, social and political.
- What is global health? Macfarlane, et al (2008: 383)
  usefully describe global health as being the,
  "worldwide improvement of health, reduction of
  disparities, and protection against global threats that
  disregard national borders."
- Poverty: Contested and political term! Absolute?
   Relative? Thread which underlines global health problems and which deepens levels of inequality.



# **Absolute poverty**

Condition where household income is insufficient to afford basic necessities of life. (food, shelter, clothing)

Criteria not changed by economic growth

# Relative poverty

When households receive 50% less income than average median incomes.

Criteria will change with economic growth

www.economicshelp.org

# Why is global health important?

- 1. Diseases do not respect boundaries: HIV has spread worldwide and a person with TB can infect 15 people a year, wherever they are. West Nile Virus appeared in Egypt but is spread across the world and influenza spreads rapidly. The health of each of us depends upon the health of others.
- 2. Ethical dimension to the health and well-being of other people: Many children, young people and adults die due to easily treatable illnesses and many die in poorer nations because they lack access to medicines that richer countries give people in abundance. We must aim to take steps to help them.
- 3. Health is linked to economics and social development in an interdependent world: HIV leads to AIDS if untreated and this can kill off people in farmlands who then do not grow crops. Sick children less likely to become healthy adults who will provide for their family. Outbreaks of cholera, SARS (Severe Acute Respitary Syndrome) stop peoples engagement in economic pursuits.
- 4. E.g. 1991 outbreak of cholera in Peru cost \$1 billion and SARS in Asian countries cost them \$18 billion in lost economic activity.

Why is global health important?

5. Link between health and a countries development: ill health of children delay their entry into, and performance in, school. Huge economic impacts and effects on a nations poverty and ability to get out of it. Unhealthy, ill-educated and undernourished people create a health, economic and security aspect.

6. Many health problems can only be tackled using a global approach: Countries must work together to provide financial and technical cooperation, as well as setting global protocols for dealing with diseases such as malaria or developing joint teams to find a cure.



### The World Bank and IMF...

- Initial function was to assist in the reconstruction efforts in Europe after World War II and into the 1950s.
- Unlike the WHO, the World Bank can provide funding resources which it gets from private assets and nation states. It provides interest bearing loans to states to assist them with development projects that private banks would not support.
- There are political and economic conditions often attached to these loans, which the World Bank believe will promote economic development in the state who loans from them.
- This practice is called a 'Structural Adjustment Programme' (SAP) and they began due to the debt crisis of the 1980s. Often these SAPs promote neo-liberalist ideas which harm a countries development. Privatisation of state assets.
- Much more of a role in global health since the 1990s, recognising that better economic conditions can happen if households can improve their health (World Bank, 1993).
- World Bank is the largest external health care funder in the world (Ruger, 2005).

# SAPs and poverty...

- SAPs: The Neoliberal World Bank responded to this crisis in the 1970s by implementing SAPs for developing countries in return for financial assistance.
- By the end of the 1980s, 187 SAPs had been set up for 64 developing nations, with 25% of all World Bank lending now about structural adjustment (Dickenson, et al, 1996).
- The IMF insisted that African nations 'tighten their belts' by freezing wages, devaluing their currency, spending less on social welfare and halting certain development projects.
- Internal mismanagement: Many nation states underfunded agriculture and education, preferring symbols of modernity such as airlines and steel plants, alongside excessive military spending (Ayittey, 1992, Hopper, 2018).
- Certain African leaders squandered and embezzled funds meant for their populations.
- Governing elites in parts of the developing world were also guilty of capital flight putting their money in private overseas bank accounts in the West. 70% of all loans to the largest debtor nations in the South returned to the North in the form of capital flight (Potter, 2010).
- This all led to a cycle of borrowing and debt. Huge implications for global health.

# The role of debt relief and aid...

- For many anti-debt groups, the cancellation of debt is vital. They argue that the causes of debt are unfair and it is a structural inequality.
- Developing countries have paid enormous interest rates and in most cases, many more times than the original sums that were borrowed (Hopper, 2018).
- The human consequences of debt are obvious and indebtedness means that future chances of getting out of debt is more difficult. Indebted nation states are not attractive to foreign funders.
- George (1992) argues that debt is responsible for deforestation in the Global South, international drugs trafficking and illegal immigration. Wider global effects on health.



### **Urbanisation...**

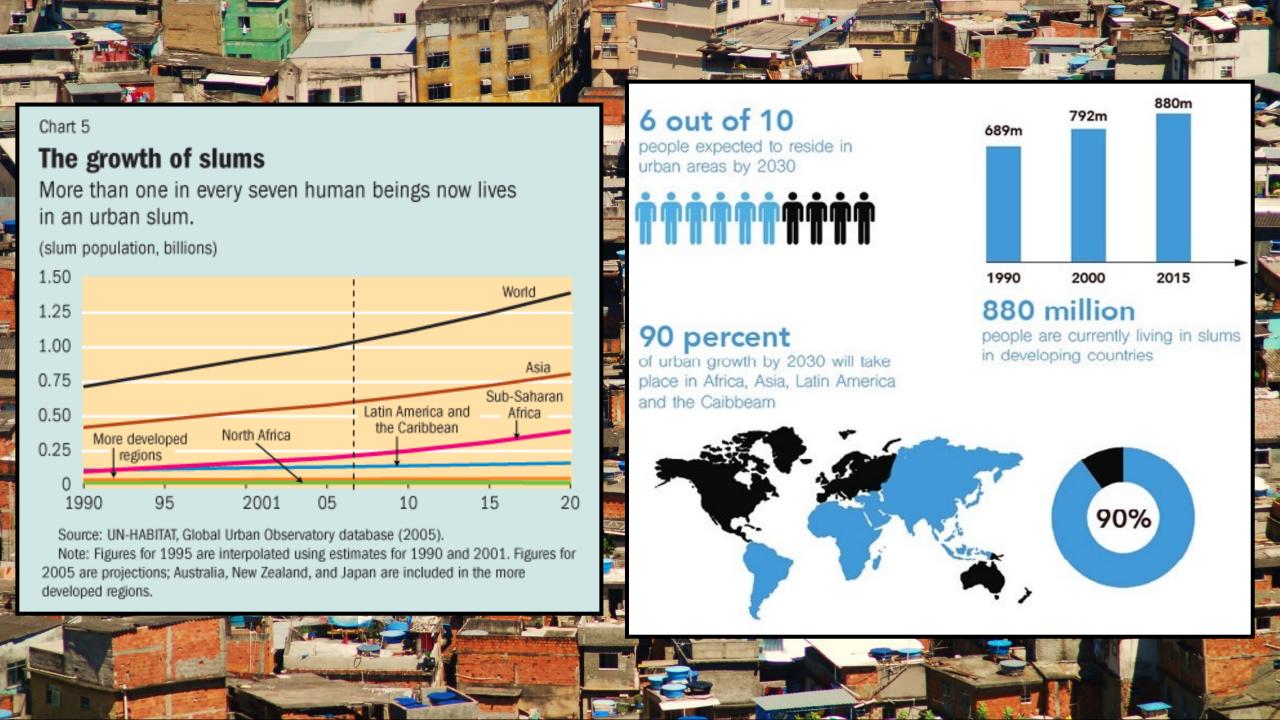
- Since 1800, proportion of the worlds population living in large towns and cities has gone from 5% to 50% (by 2030 twothirds will live in them if this continues) (McMichael, 2000).
- 'Megacities' have emerged (10 million inhabitants or more).
- Over-crowding, inadequate sanitation, unsafe water and poor solid waste removal are common. Socio-economic inequalities are rife and urban healthcare facilities often stretched or distorted to cater for the urban elite (McMichael, 2000).
- Led to nonbiodegradable plastic containers in which rainwater collects, which attracts mosquitos, which spread dengue fever (Barrera, et al, 1995). Major expansion of this within the last 40 years.
- Most urban settlements are located within 75 miles of the sea and city dwellers more vulnerable to effects of EWEs such as hurricanes or floods (Wilson, 1995).



# UN-HABITAT (2003) Project...

- Two-fifths of the economically active populations in the South and their families depend on the informal economy. Most live in cities.
- Lives fraught with tensions that stem from poverty – activities expand outside of the modern economy.
- Southern urban poor are structurally irrelevant to and excluded from, global capitalism.
- "The detached" (Standing, 2009: 115) those who are 'cut off' from the mainstream of economic life.
- The cities they inhabit function as containers for the world's, "surplus humanity" (Davis, 2006: 174).





# THE CYCLE OF HUNGER

MERCY CORPS

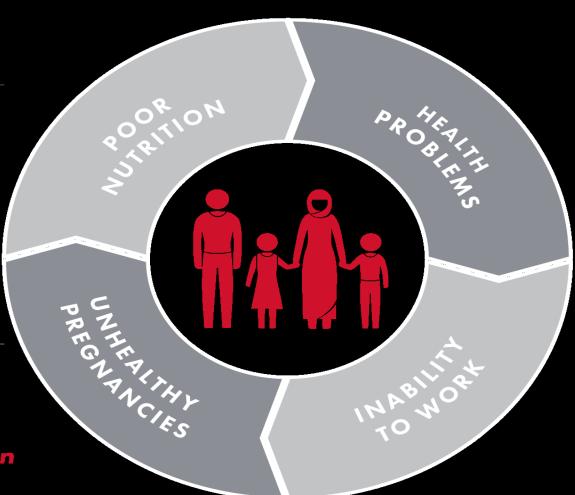
There are many ways hunger can trap people in a cycle of poverty and need. Here is how it can burden someone for a lifetime, and pass it on to the next generation.

#### **CHILDREN**

Poor nutrition stunts physical and mental development

#### **FAMILY**

Poor health during pregnancy leads to an undernourished child—
starting the cycle again



#### YOUTH

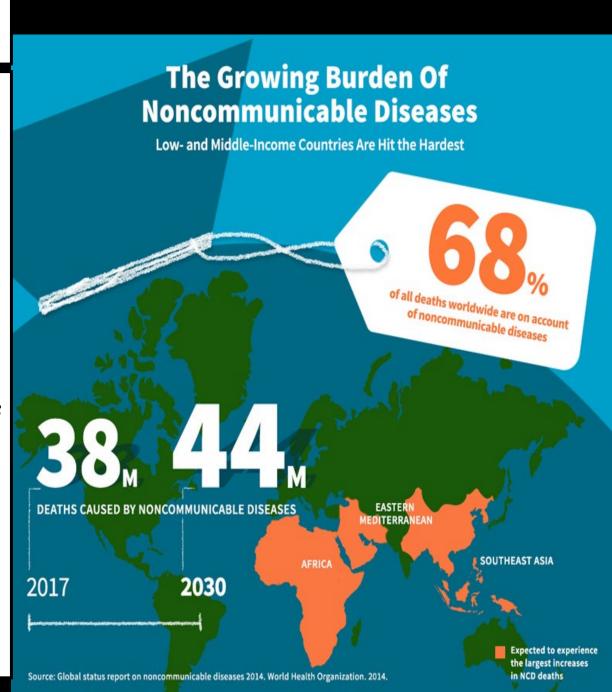
Chronic health problems keep kids out of school

#### **ADULTS**

A lack of education limits the ability to work

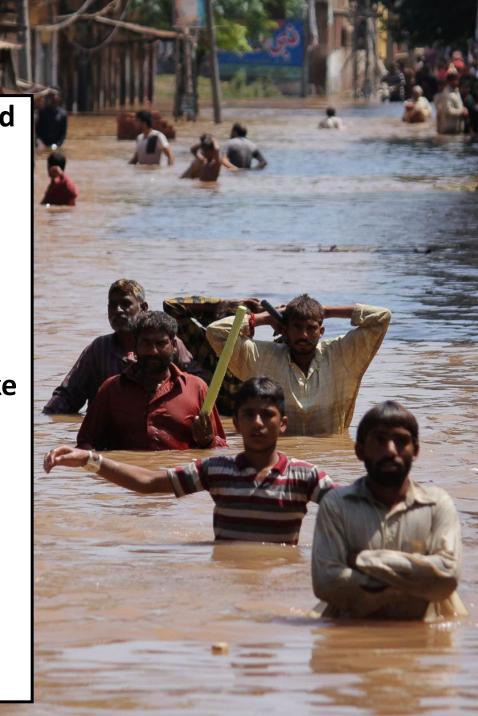
### Non-communicable diseases

- "Non-communicable or chronic diseases are diseases of long duration and generally slow progression. The four main types of noncommunicable diseases are cardiovascular diseases (like heart attacks and stroke), cancer, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma) and diabetes" (WHO website, 2017).
- Non-communicable diseases (NCDs) kill 40 million people each year, equivalent to 68% of all deaths globally.
- Each year, 15 million people die from a NCD between the ages of 30 and 69 years; over 80% of these "premature" deaths occur in low- and middle-income countries (WHO, 2017).



### Deforestation...

- The UN Food and Agriculture Organisation (FAO) reported in 2012 that the destruction of the world's tropical rainforests continues at a high rate (FAO, 2012).
- Whilst many countries such as Russia, the USA, China, India and European nations increased their forest coverage from 2005-2010 (UN, 2012), other forests were cut down in areas never previously logged (UN, 2012).
- Greatest threat is from logging (much of it illegal) to make pasture for cattle, agricultural crops such as palm oil in Brazil and Indonesia.
- Deforestation leads to water moving to the wrong areas. Serious floods appearing in India and Pakistan due to cutting down of trees in the Himalayan mountains.
- Much of the logging in Brazil is due to raising of cattle to supply the fast food hamburger market in the USA and worldwide (Hite and Seitz, 2016).



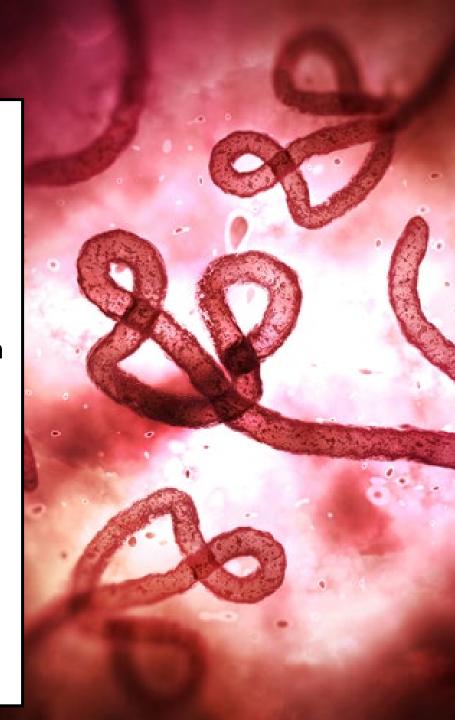
# New and emergent infections...

- Worldwide, since 1975, more than 30 'new' or 'emergent' infections have appeared (WHO, 2017).
- Pathogens brought out of obscurity and given an advantage due to land clearance. However, this can give recognition to unknown human infections (Wilson, 1995) and therefore, treatment of them.
- Deforestation has, "created vast new swathes of open land, which may act as 'motorways' allowing mosquitos and other vectors to migrate to regions they would hithero be unable to reach" (Kawachi and Wamala, 2007: 27).
- Chagas disease can now be found in urban areas of South America and across the continent. Lyme disease in Europe in USA due to transportation and human access to forests (Steere, 1994).

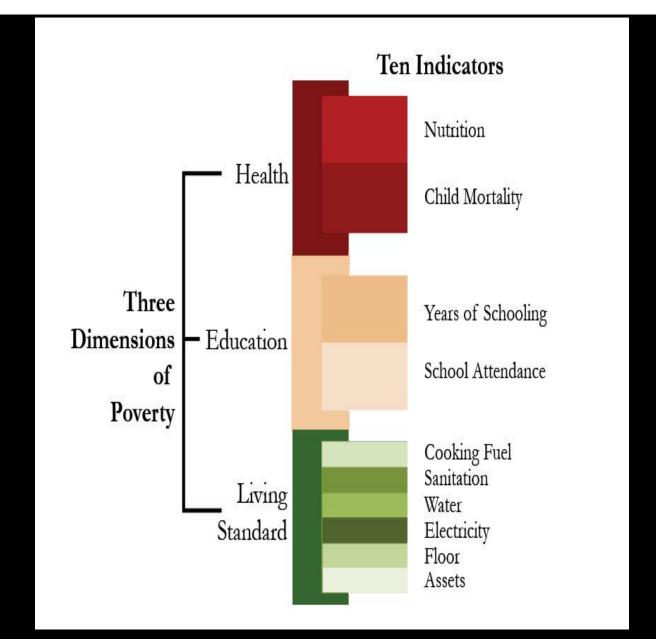


### **Global health and Ebola...**

- It hit Western African nations. Weak governments and health infrastructures;
- History of colonialism leading to national debt;
- Under-funded organisations which could not keep on top of the contact tracing of people who had been in contact with Ebola; 'brain drain' of healthcare workers to the West;
- Cultural issues (poor literacy due to poverty, distrust of Western doctors, virus a hoax, burial and washing of the dead);
- Political issues (lack of strong borders between states);
- Environmental issues (climate change and deforestation led animals to move, led to closer contact to humans);
- Social issues (population growth, war, mental health, migration to urban centres, contaminated water supplies, unemployment and poverty);
- Global movement of people and travel led to Ebola shifting outside of Western Africa...global health affects us all...



# Multidimensional poverty index (Alikire and Santos, 2010)



# SUSTAINABLE GALS















