

what do YOU buy in a day?

COFFEE groceries haircut clothes
LUNCH bus fare
new shoes medicine SODA

\$2/DAY
challenge

Poverty and Health

In a world of unprecedented wealth, almost half the world's population (2.1 billion people) lives on less than \$2 a day.^[1] In the most impoverished region, Sub-Saharan Africa, 76% of the population lives on less than \$2 a day.^[2] Poverty remains a key determinant of the poor health of people living in developing countries. Living in poverty is a major reason for insufficient and improper nutrition, poor sanitation and hygiene, and limited access to healthcare and health education.^[3] The burden of disease on societies and on individuals impedes both social progress and economic development.^[4]

If you live on less than \$2 a day these are a few things you may not have access to:

1. **Water and Sanitation:** Almost 2 million children die each year from lack of clean water and adequate sanitation.^[5] Worldwide, there are about 1.2 billion people without access to safe water and 2.6 billion without access to sanitation.^[6] Without clean water and sanitation, people are extremely vulnerable to neglected diseases such as chronic diarrhea, which is a waterborne sickness that infects millions of people each year, but can be treated for less than \$1 person per year. Dirty and standing water contributes to the spread of malaria in tropical regions. In addition, the time spent in order to acquire water is a burden that reduces productivity, particularly that of women and girls. ^[7]
2. **Nutrition:** 140 million children are at risk of blindness, 500,000 children are blinded each year and half of them will die within a year as a result of Vitamin A deficiency (VAD).^[8] VAD is caused by chronic malnutrition and a lack of fruits and vegetables in diets.^[9] It only costs about 25 cents to treat one child for one year with VAD, but even this is out of the price range of many families living on less than \$2 a day. Gender constraints play a large role, as women are especially affected by the inability to acquire an adequate diet because they typically feed their husbands and children first and eat only the meager leftovers. As a result, their reproductive health is also put at risk.
3. **Protection from Vector-Borne Diseases:** A \$10 insecticide-treated bed net can prevent the transmission of Malaria. However, Malaria infects more than 500 million people a year and kills more than a million people who cannot afford or do not have access to bed nets.^[10]
4. **Childhood Vaccinations:** Effective, low-cost vaccines exist for all major childhood diseases, such as polio, diphtheria, measles, and tetanus.^[11] Yet 1.12 million children die each year of these preventable diseases.^[12] In addition, oral rehydration therapy (ORT) can prevent 90% of deaths from diarrheal dehydration at the cost of 10 cents per treatment.^[13] Still, 1.8 million deaths result from diarrhea each year.^[14]
5. **Pre-Natal and Post-Natal Care:** Poverty accounts for much higher mortality rates amongst mothers and babies in developing countries because it increases the likelihood of complications due to malnutrition, disease, and heavy physical labor during the pregnancy. The lack of financial resources and health care workers, coupled with socio-cultural norms limit women's mobility, inhibit mothers from obtaining proper medical assistance and care and increase the likelihood of labor problems, including mother-to-child disease transmission, child deformities, and in the worst cases death of the mother and/or child while in labor. In addition, poverty reduces the likelihood of women's education. Women's education, indicated by literacy rates and rates of school attendance, is strongly correlated with positive maternal health outcomes. ^[15]

6. **Family Planning Options and Contraceptives:** A male condom costs about 20 cents to \$2.50 and female contraception such the birth control pill costs about \$35 per month.^[16] This is far out of the price range of anyone living on \$2 a day or less. While many organizations provide free condoms to populations around the world, there is still a lack of education and outreach regarding their importance in the protection of Sexually Transmitted Infections (STIs) such as HIV/AIDS. Women often bear more children than they can support because they lack family planning and contraception options. Poverty also spurs large family size: because so many children die as babies and as a result of disease and poverty, many families bear more children than they can economically support because they anticipate they will lose several children in childbirth or at an early age.
7. **Access to Medicine:** Ten million people die each year from curable diseases.^[17] Nearly a third of people do not have the finances to gain access to essential medicines, and in the poorest parts of Africa and Asia this figure rises to over 50%.^[18] A year's course of treatment for HIV-infection currently can cost as little as \$100 per person, per year, with the cost of producing such drugs being only pennies per patient per year.^[19] Unfortunately, less than one percent of Africans infected with HIV/AIDS can obtain treatment for the disease.^[20] This is a result of lack of health care facilities to provide the necessary treatment and soaring prices as a result of international patent agreements and pharmaceutical companies right to set prices of their drugs.

Solutions:

The solutions to these problems are of course very complex. Many pieces of legislation seek to combat these problems, but they cannot effectively correct these problems without incorporating gender equality and women's empowerment, increasing community-led health outcomes, relying on local and rural health care providers as well as training and supporting the increase in health care workers, and creating infrastructure for health improvements, such as water sanitation programs, children's education programs, women's reproductive health, family planning, and HIV/AIDS and other disease prevention and treatment services. The Paul Simon Water Act and The United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 have both taken incredible leaps in improving health worldwide. But there is far more that must be done, and you can plan an important role in this challenge!

1. Support increased U.S. development assistance to improve access to affordable healthcare and health education in low-income countries.
2. Support mechanisms for young people in the U.S. and around the world to be involved in shaping health programs and policies in their communities.
3. Ensure that gender equity as well as youth perspectives are reflected in leadership, programming, and implementation of U.S. health policies and programs.

Take Action:

1. Raise awareness about this issue by participating in AID's \$2 a day challenge.
2. Get your Member of Congress to take part in the \$2 a Day Challenge.
3. Fundraise for an organization like Nothing But Nets, which sends insecticide-treated bed nets and information to Africa. Go to <http://aidemocracy.org/health/buzzcuts.php> for information on how AID could provide your campus with a mini-grant to start a Malaria-related campaign.

4. Start or support a Universities Allied for Essential Medicines chapter at your university. UAEM pressures academic laboratories to make more globally responsible licensing and patenting decisions for medicines that they develop.
5. Take part in the Take Back the Tap Campaign, organized by Food and Water Watch, which fights against water privatization internationally and nationally in order to increase access to clean drinking water. Go to: <http://www.foodandwaterwatch.org/water/pubs/reports/take-back-the-tap>.
6. Join the End Water Poverty global coalition to provide sanitation and clean water to the world's poorest people. Find out more at: <http://www.endwaterpoverty.org/> or www.wateraid.org/usa.
7. Go to <http://aidemocracy.org/health/overview.php> for information and support on how to organize your own global health campaign or event!

FOR MORE INFORMATION OR TO TAKE ACTION, CONTACT COURTNEY@AIDEMOCRACY.ORG

[1] World Development Report 2008.

[2] WHO "The African Regional Health Report" (2006).

[3] International Federation of Pharmaceutical Manufacturers Associations "Research and Development for Neglected Diseases (2004)", page 9.

[4] WHO "The African Regional Health Report" (2006).

[5] UNDP, HDR 2006 Report <hdr.undp.org>.

[6] UNDP, HDR 2006 Report <hdr.undp.org>.

[7] International Federation of Pharmaceutical Manufacturers Associations "Research and Development for Neglected Diseases (2004)", page 11.

[8] WHO "Global Prevalence of Vitamin A deficiency" (1995).

[9] <www.vitaminangels.org>

[10] <nothingbutnets.net>

[11] International Federation of Pharmaceutical Manufacturers Associations "Research and Development for Neglected Diseases (2004)", page 11.

[12] WHO World Report 2004.

[13] International Federation of Pharmaceutical Manufacturers Associations "Research and Development for Neglected Diseases (2004)", page 11.

[14] WHO World Report 2004.

[15] <prcdc.org>.

[16] <americanpregnancy.org>

[17] <essentialmedicine.org>

[18] <essentialmedicine.org>

[19] <www.avert.org>

[20] Irwin, Millen, and Fallows, Global AIDS: Myths and Facts, 2003.

