

# Foreword

In his 2001 address to the World Health Assembly, UN Secretary General Kofi Annan said: “The biggest enemy of health in the developing world is poverty”. Globally, there is a stark relationship between poverty and poor health: in the Least Developed Countries, life expectancy is just 49 years, and one in ten children do not reach their first birthday. In high-income countries, by contrast, the average life span is 77 years and the infant mortality rate is six per 1000 live births.

Poverty creates ill-health because it forces people to live in environments that make them sick, without decent shelter, clean water or adequate sanitation. Poverty creates hunger, which in turn leaves people vulnerable to disease. Poverty denies people access to reliable health services and affordable medicines, and causes children to miss out on routine vaccinations. Poverty creates illiteracy, leaving people poorly informed about health risks and forced into dangerous jobs that harm their health.

The World Bank study *Voices of the Poor*, which gathered the views of more than 60,000 poor people across the globe, highlights many of these issues. *Voices of the Poor* looks broadly at poverty, its determinants and consequences. Health and ill-health emerged as central concerns of those consulted, prompting WHO and the World Bank to collaborate on a separate publication that would highlight the relationship between poverty and poor health from the perspective of poor people.

*Dying for Change* is the result. It aims to illuminate from a human, qualitative perspective what many quantitative studies have already recorded: how poverty creates ill-health, and how ill-health leads to poverty. It also highlights the link between good health and economic survival. Poor people everywhere say how much they value good health. A fit, strong body is an asset that allows poor adults to work and poor children to learn. A sick, weak body is a liability, both to individuals and those who must support them.

In particular, poor families are concerned about the health of their breadwinner – when he or she dies, or needs expensive medical treatment, the costs can be devastating. The family may be thrown into a cycle of poverty from which it cannot escape.

One of the strongest messages to emerge from the study is that poor people are angry and frustrated at their exclusion. They understand why they are ill and why they are poor, and often have ideas about what can be done. But the majority are ignored and marginalised by those with power, including health service authorities.

In 2000 world leaders issued the Millennium Declaration, pledging to halve the numbers of people living in extreme poverty by 2015. If we are to succeed in this task, we must include, involve and *listen* to poor people and their representatives. The poor have long

recognised the link between good health and development. But until recently, this link has been neglected in mainstream development thinking.

As good health is crucial to protect the family from poverty, so better health is central to poverty reduction. Improving the health of the poor must become a priority, not only for public health but also for other sectors of development — economic,



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environmental and social. As Kofi Annan said: “We shall not finally defeat AIDS, tuberculosis, malaria or any of the other infectious diseases that plague the developing world until we have also won the battle for safe drinking water, sanitation and basic health care ... The best cure for all these ills is economic growth and broad-based development”



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