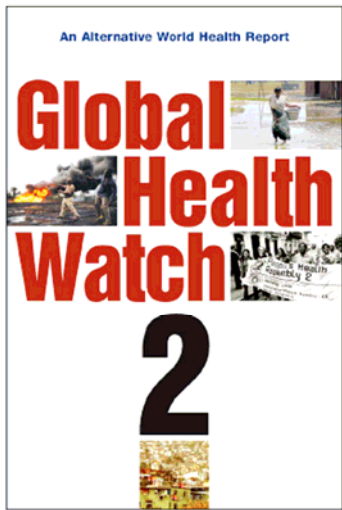


# Poverty, Health and a bit about the Global Health Watch

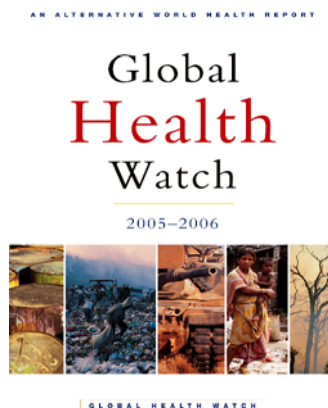


Dr. David McCoy

Centre for International Health  
and Development, UCL

Peoples Health Movement

## Announcing GHW 2





# Poverty

- How do we measure poverty?
  - Main measurement is of 'income poverty'
  - Poverty lines have been set as \$1/day and \$2/day
  - Adjusted for inflation; exchange rates and purchasing power
  - Done by the World Bank

# Poverty

- How do we measure poverty?
  - World Bank measures have been criticised for methodological faults
  - Systematic bias towards under-counting the poor (based on how purchasing power is controlled for and how exchange rate fluctuations are dealt with)
    - Thomas Pogge and Sanjay Reddy (2006) "Unknown: the Extent, Distribution, and Trend of Global Income Poverty"
    - Sanjay Reddy and Thomas Pogge (2005) "How *Not* to Count the Poor". Version 6.2, UNDP Poverty Centre
    - David Woodward and Saamah Abdallah (forthcoming) "How Poor is 'Poor'? Towards a Rights-Based Poverty Line".

# Poverty

- How do we measure poverty?
  - World Bank measures have been criticised
  - \$1/day and \$2/day are too low
  
  - Peter Edward – ‘Ethical Poverty Line’
    - defined as the income level below which further income losses materially shorten life expectancy
    - estimated at between \$2.80 - \$3.90 / day
  
  - Peter Edward (2006) “The ethical poverty line: a moral quantification of absolute poverty”. *Third World Quarterly*, 37(2): 377-393

## Nonetheless ...

Poverty line		1981	2004	Change	
\$1		1,470	970	- 500 m	- 34.0%
	(excl China)	836	841	+ 5 m	+ 0.1
\$2		2,450	2,550	+ 100 m	+ 4.1%
	(excl China)	1,576	2,096	+ 520 m	+ 33%

# Nonetheless ...

Poverty line		1981	2004	Change	
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	(excl China)	1,576	2,096	+ 520 m	+ 33%
<b>\$2.80</b>		<b>2,640</b>	<b>3,240</b>	<b>+ 600 m</b>	<b>+ 22.7%</b>
<b>\$3.90</b>		<b>2,920</b>	<b>3,810</b>	<b>+ 890</b>	<b>+ 30.5%</b>

## Poverty reduction as a proportion of total population is falling

But .....

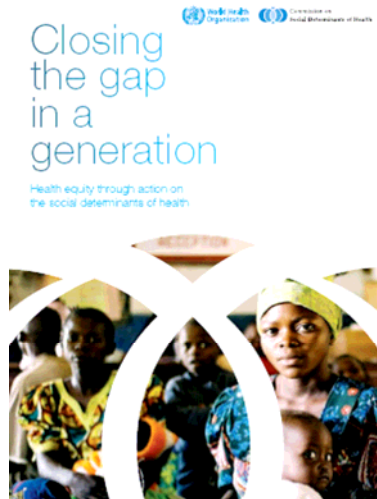
- At current proportional rate of reduction, it would take 209 years to halve poverty based on the \$3.90 line, and 116 years based on the \$2.80 line
- These figures calculated before the recent surge in fuel and food prices
- Climate change threatens to unravel the whole picture

## What is 'alternative' about the report?

- Explicitly political
- Not a consensus report - clear normative position / principles
  - non-neoliberal
  - equity-focussed, not just pro-poor
  - globalisation
- Radical
- Social and political determinants emphasised
- Multi-sectoral
- Accountability instrument

## What is 'alternative' about the report?

- Explicitly political
- Social and structural determinants emphasised



## **Commission on Social Determinants in Health, 2008**

### **The CSDH highlights the fundamental issues of power and politics**

“The poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally ..” (p 1)

The unequal distribution of health-damaging experiences “is not in any sense a ‘natural’ phenomenon but is the result of a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics” (p. 1).

“.... unequal distribution is not in any sense a ‘natural’ phenomenon but is the result of policies that prize the interests of some over those of others – all too often of a rich and powerful minority over the interests of a disempowered majority”. (p 31)

“..... social injustice is killing people on a grand scale” (p 1)

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- Multi-sectoral

## GHW2 Contents

A: An alternative paradigm for development

C: Beyond health care

- C1 Carbon trading and climate change
- C2 Terror, war and health
- C3 Reflections on globalisation, trade, food and health
- C4 Urbanisation
- C5 The sanitation and water crisis
- C6 Oil extraction and health in the Niger delta
- C7 Humanitarian aid
- C8 Education

# GHW2 Contents

## B: The health care sector

- B1 Health systems advocacy
- B2 Mental health: culture, language and power
- B3 Access to health care for migrants and asylum-seekers
- B4 Prisoners
- B5 Medicine

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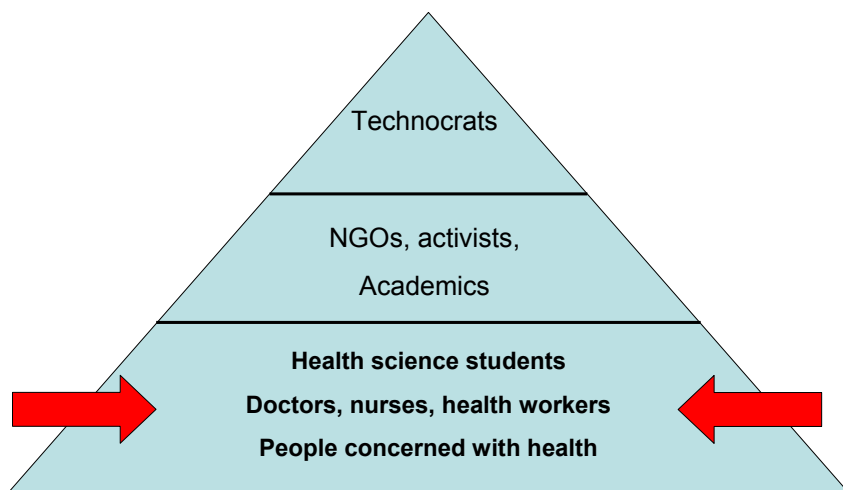
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# GHW2 Contents

## D: Holding to account

- D1 *Global health governance*
  - D1.1 The global health landscape
  - D1.2 The World Health Organization
  - D1.3 The Gates Foundation
  - D1.4 The Global Fund to Fight AIDS, Tuberculosis and Malaria
  - D1.5 The World Bank
- D2 *Government aid*
  - D2.1 US foreign assistance and health
  - D2.2 Canadian and Australian health aid
  - D2.3 Security and health
- D3 *Transnational corporations*
  - D3.1 Protecting breastfeeding
  - D3.2 Tobacco control: moving governments from inaction to action

## Who is Global Health Watch targeted at?



## The CSDH calls for social and political mobilisation

“Any serious effort to reduce health inequities will involve changing the distribution of power within society and global regions, empowering individuals and groups to represent strongly and effectively their needs and interests and, in so doing, to challenge and change the unfair and steeply graded distribution of social resources (the conditions for health) to which all, as citizens, have claims and rights” (p. 18)

“The Commission seeks to foster a global movement for change”. (p 27)

“Achieving this vision will take major changes in social policies, in economic arrangements, and in political action. At the centre of this action should be the empowerment of people, communities, and countries that currently do not have their fair share”. (p 28)

**Commission on Social Determinants in Health, 2008. Closing the gap in a generation: Health equity through action on the social determinants of health**





International Campaign for Justice in Bhopal

"THAT NIGHT"

PRESENT DAY POISONING

WHAT THE ICJB IS DOING

WHAT YOU CAN DO

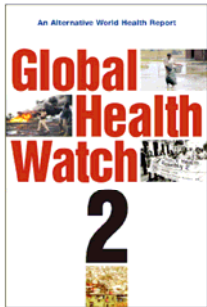
RESOURCES



Peoples Health Tribunals, India







Inform, describe, challenge



Propose solutions



Advocate, lobby and mobilise



What do we do?

What do we campaign for?

What do we mobilise against?

Who is 'we'?