Poverty, Global Health, and Infectious Disease: Lessons from Haiti and Rwanda

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KEYWORDS

• Poverty • Global health • Infectious disease • HIV/AIDS
• Malaria and inequality

The association between poverty and communicable disease is evident from a cursory exercise in cartography. The maps of those living on less than US $2 a day and the epidemiology of human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS), malaria, tuberculosis (TB), and many other infectious diseases coincide nearly exactly (**Fig. 1**). Countries with higher incomes per capita tend to enjoy longer life expectancies (**Fig. 2**). Although notable exceptions exist in some low

Potential conflicts of interest: the authors have no conflicts of interest or financial support to disclose.
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Infect Dis Clin N Am 25 (2011) 611–622
doi:10.1016/j.idc.2011.05.004 **id.theclinics.com**
0891-5520/11/$ – see front matter

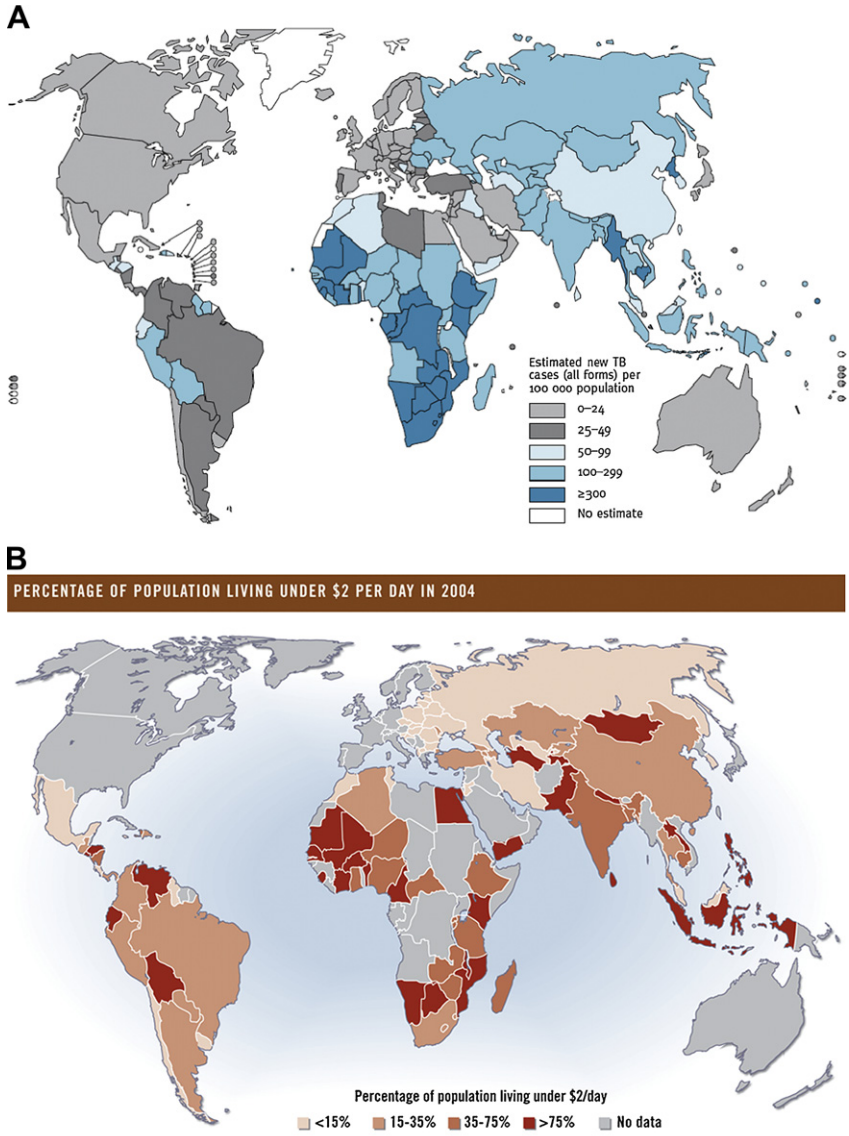

Fig. 1. (*A*) Estimated TB incidence by country, 2009. (*Adapted from* WHO Global Tuberculosis Control, 2010.) (*B*) Global poverty map. (*Reprinted from* The World Resources Institute; with permission.)

income settings, such as Cuba or Kerala State, where India has an excellent performance on population health measures, these instances represent important exceptions to the general rule. What are the linkages between poverty and ill health? How can the vicious cycle of destitution and sickness be broken?

Poverty is arguably the greatest risk factor for acquiring and succumbing to disease worldwide, but has historically received less attention from the medical community than genetic or environmental risk factors. Several factors likely contributed to this oversight: first, being poor is not considered a disruption of normal physiologic