

Health And Poverty Global Health Problems And Solutions

Poverty, inequality and health: an international perspective raises new and critical issues about health inequalities. It is unique in that it provides that first truly international perspective on this problem, with contributions from the developed and developing world. The outcome of a Public Health Forum organized by the London School of Hygiene and Tropical Medicine, this book brings together material from internationally recognized contributors from a wide range of disciplines and countries. The chapters reflect this diversity, ranging from the micro- to the macro-level, from aetiology to intervention. Topics covered include: - the over-arching concepts linking economic and social forces and health status - the extent to which ethical concerns lie at the heart of the issue of inequalities in health and attempts to ameliorate them - macro-level features of inequalities in health within between countries - an overview of the main body of work on inequalities in health in developed countries and those in transition within Europe - specific pathways and mechanisms at the individual level that link poverty and inequality to health status - the interaction of social and biological influences on health status throughout life - specific disease-specific links - issues of policy and interventions aimed at reducing inequalities in health The book brings together people from very varied disciplines to discuss an area of clear international interest and global importance. As such it will be of value to the broad public health audience as well as research epidemiologists, international policy analysts and policy makers and those concerned with economic developed and health.

This publication is a comprehensive assessment of leading risks to global health. It provides detailed global and regional estimates of premature mortality, disability and loss of health attributable to 24 global risk factors.--Publisher's description.

A physician-anthropologist explores how public health practices--from epidemiological modeling to outbreak containment--help perpetuate global inequities. In *Epidemic Illusions*, Eugene Richardson, a physician and an anthropologist, contends that public health practices--from epidemiological modeling and outbreak containment to Big Data and causal inference--play an essential role in perpetuating a range of global inequities. Drawing on postcolonial theory, medical anthropology, and critical science studies, Richardson demonstrates the ways in which the flagship discipline of epidemiology has been shaped by the colonial, racist, and patriarchal system that had its inception in 1492.

Over the past fifteen years, people in low- and middle-income countries have experienced a health revolution—one that has created new opportunities and brought new challenges. It is a revolution that keeps mothers and babies alive, helps children grow, and enables adults to thrive. *Millions Saved: New Cases of Proven Success in Global Health* chronicles the global health revolution from the ground up, showcasing twenty-two local, national, and regional health programs that have been part of this global change. The book profiles eighteen remarkable cases in which large-scale efforts to improve health in low- and middle-income countries succeeded, and four examples of promising interventions that fell short of their health targets when scaled-up in real world conditions. Each case demonstrates how much effort—and sometimes luck—is required to fight illness and sustain good health. The cases are grouped into four main categories, reflecting the diversity of strategies to improve population health in low-and middle-income countries: rolling out medicines and technologies; expanding access to health services; targeting cash transfers to improve health; and promoting population-wide behavior change to decrease risk. The programs covered also come from various regions around the world: seven from sub-Saharan Africa, six from Latin America and the Caribbean, five from East and Southeast Asia, and four from South Asia.

Introducing Global Health: Practice, Policy, and Solutions is a contemporary overview of the major issues in global public health. The book explores how population health might be maximized with the right blend of health system, education, antipoverty, infectious disease, urban development, governance, and incentive-based policies. It covers topics critical for understanding the state of the world today, including wars for natural resources, the missing women phenomenon, and whether global aid really works. The book's case studies focus on developing economies, mixed economies, and new emerging superpowers. Thematic chapters are interwoven with running motifs, such as the health risks and benefits associated with different totalitarian, capitalist, and market socialist economies. Moving beyond statistics, the book represents a major innovation in the teaching of global health by presenting technical concepts including the incidence and prevalence of disease within the context of more accessible topics such as global poverty. This helps students contextualize otherwise challenging but critical concepts, such as the burden of infectious disease. By encouraging reflection, focusing on what works, and using activities and exercises, *Introducing Global Health* both teaches fundamentals of global public health and cultivates a policy perspective that is appealing and compelling for today's students.

This WHO's report provides a global overview of progress towards each of the health MDGs to date and identifies the challenges to be addressed if we are to meet the goals. It presents the essential elements - the strategies and inputs - that will help the international community working collectively, to tackle the health crisis facing many poor countries, and in doing so, contribute to poverty reduction. In this book ethnographic, historical and epidemiologic data are brought to bear on the subject of the Acquired Immune Deficiency Syndrome (AIDS) in Haiti. The forces that have helped to determine rates and pattern of spread of Human Immunodeficiency Virus (HIV) are examined, as are social responses to AIDS in rural and urban Haiti, and in parts of North America. History and its calculus of economic and symbolic power also help to explain why residents of a small village in rural Haiti came to understand AIDS in the manner that they did. Drawing on several years of fieldwork, the evolution of a cultural model of AIDS is traced. In a small village in rural Haiti, it was possible to document first the lack of such a model, and then the elaboration over time of a widely shared representation of AIDS. The experience of three villagers who died of complications of AIDS is examined in detail, and the importance of their suffering to the evolution of a cultural model is demonstrated. Epidemiologic and ethnographic studies are prefaced by a geographically broad historical analysis, which suggests the outlines of relations between a powerful center (the United States) and a peripheral client state (Haiti). These relations constitute an important part of a political-economic network termed the "West Atlantic system." The epidemiology of HIV and AIDS in Haiti and elsewhere in the Caribbean is reviewed, and the relation between the degree of involvement in the West Atlantic system and the prevalence of HIV is suggested. It is further suggested that the history of HIV in the Dominican Republic, Jamaica, Trinidad and Tobago, and the Bahamas is similar to that documented here for Haiti.

Protecting and promoting health is inherently a political endeavor that requires a sophisticated understanding of the distribution and use of power. Yet while the global nature of health is widely recognized, its political nature is less well understood. In recent decades, the interdisciplinary field of global health politics has emerged to demonstrate the interconnections of health and core political topics, including foreign and security policy, trade, economics, and development. Today a growing body of scholarship examines how the global health landscape has both shaped and been shaped by political actors and structures. The *Oxford Handbook of Global Health Politics* provides an authoritative overview and assessment of research on this important and complicated subject. The volume is motivated by two arguments. First, health is not simply a technical subject, requiring evidence-based solutions to real-world problems, but an arena of political contestation where norms, values, and interests also compete and collide. Second, globalization has fundamentally changed the nature of health politics in terms of the ideas, interests, and institutions involved. The volume comprises more than 30 chapters by leading experts in global health and politics. Each chapter provides an overview of the state of the art on a given theoretical perspective, major actor, or global health issue. The Handbook offers both an excellent

introduction to scholars new to the field and also an invaluable teaching and research resource for experts seeking to understand global health politics and its future directions.

This book offers an interdisciplinary effort to address global health issues grounded on a human rights framework seen from the perspective of those who are more vulnerable to be sick and die prematurely: the poor. Combining his scholarship and service in impoverished communities, the author examines the connection between poverty and health inequalities from an ethical perspective that considers contributions from different disciplines and the voices of the poor.

"What Mukherjee attempts, and succeeds in doing, is to offer what many students -- undergraduates as well as students of medicine, nursing, and public health -- have long clamored for: a primer not only of recent developments in global health, but also a patient dissection of what has worked less well (and what hasn't worked at all)." --Paul Farmer, from the foreword
The field of global health has roots in the AIDS pandemic of the late 20th century, when the installation of health care systems supplanted older, low-cost prevention programs to help stem the spread of HIV in low- and middle-income Africa. Today's global health is rooted the belief that health care is a human right, and that by promoting health we can cultivate equity and social justice in places where such values aren't always found. An Introduction to Global Health Delivery is a short but immersive introduction to global health's origins, actors, interventions, and challenges. Informed by physician Joia Mukherjee's quarter-century of experience fighting disease and poverty in more than a dozen countries, it delivers a clear-eyed overview of the movement underway to reduce global health disparities and establish sustainable access to care, including details of what has worked so far -- and what hasn't. Grounded in the historical and social factors that propagate health disparities and enriched with case studies and exercises that encourage readers to think critically about the subject matter, this text is the essential starting point for readers of any background seeking a practical grounding in global health's promise and progress.

Any and all proceeds from this book are used to support the work of Christian Health Service Corps missionaries serving in hospitals and health programs around the world.

Obesity and overweight have been under estimated as public health problems in Latin America and the Caribbean and both conditions are on the rise in the region. This book is a review of the prevalence of the problem and the medium and long term adverse effects of the conditions and the implications for planning public health actions.

Health Sciences & Professions

There is growing interest and concern about the unacceptable differentials in health between and within countries. This comes out of the realization that poor people will only be able to prosper, and emerge from poverty, if they enjoy better health. Healthy populations are a precondition for sustainable development. Using a novel combination of the personal studies of patients and description of conditions or diseases, this book provides a highly original and accessible introduction to key issues in global health today. Especially during the past decade, global health initiatives have become a prominent part of the international aid picture, bringing new resources, political commitment, and more attention for international health issues in the media. The author provides examples of diseases and problems related to health that disproportionately impact the poor, and gives their experiences 'a human face' through individual case studies. A specific case study of a health problem, such as malaria, tuberculosis and HIV or health financing, introduces each chapter and is followed by a historical review of the problem, why it is still now a problem for poor people or poor countries, and what can be done about it. These will inspire the reader to become more engaged with international health and development.

This book helps both undergraduate and beginning graduate students, professors, healthcare administrators, public policy administrators, public health clinicians and administrators, and anyone preparing to enter the healthcare field and planning to improve healthcare systems. The book provides useful information for both educators and students in engaging in a productive discussion and igniting interaction in the classroom.

This report describes the current situation with regard to universal health coverage and global quality of care, and outlines the steps governments, health services and their workers, together with citizens and patients need to urgently take.

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Bringing together the experience, perspective and expertise of Paul Farmer, Jim Yong Kim, and Arthur Kleinman, Reimagining Global Health provides an original, compelling introduction to the field of global health. Drawn from a Harvard course developed by their student Matthew Basilio, this work provides an accessible and engaging framework for the study of global health. Insisting on an approach that is historically deep and geographically broad, the authors underline the importance of a transdisciplinary approach, and offer a highly readable distillation of several historical and ethnographic perspectives of contemporary global health problems. The case studies presented throughout Reimagining Global Health bring together ethnographic, theoretical, and historical perspectives into a wholly new and exciting investigation of global health. The interdisciplinary approach outlined in this text should prove useful not only in schools of public health, nursing, and medicine, but also in undergraduate and graduate classes in anthropology, sociology, political economy, and history, among others.

When discussing health, we talk about ailments and afflictions, the potential of modern medicine and the behaviours that affect our health. Yet although these relationships exist, they undermine a more socio-economic understanding of health. This timely book takes a critical perspective to argue that urban poverty and health inequalities are intimately interconnected, and that the increasing disparity between rich and poor will necessarily exacerbate health issues within urban communities. Urban Poverty and Health Inequalities documents how life has become increasingly insecure and stressful for growing numbers of people due to increased insecurities in employment, income and housing, rising living costs, and the retrenchment of welfare and social services. The book explores the role of history and media depictions of poverty and health inequalities in influencing the current situation. A central objective is to advance ways to understand and respond to urban poverty as a key social determinant of health. The authors pay particular attention to the ways in which punitive responses to urban poverty are further exacerbating the hardships faced by people living in urban poverty. Looking at issues of class, age, gender, ethnic and disability-based inequalities, the book offers both critical theory and grounded solutions to enable those living in poverty to live healthier lives. The collateral damage resulting from current socio-economic arrangements reflects political choices regarding the distribution of resources in societies that needs to be challenged and changed. The authors attend to initiatives for change, offering practical responses to address urban poverty, including efforts to address wealth distribution, the potential of living wage and Universal Basic Income initiatives, social housing and anti-oppressive welfare systems.

Health is a highly valued, visible, and concrete investment that has the power to both save lives and enhance the credibility of the United States in the eyes of the world. While the United States has made a major commitment to global health, there remains a wide gap between existing knowledge and tools that could improve health if applied universally, and the utilization of these known tools across the globe. The U.S. Commitment to Global Health concludes that the U.S. government and U.S.-based foundations, universities, nongovernmental organizations, and commercial entities have an opportunity to improve global health. The book includes recommendations that these U.S. institutions increase the utilization of existing interventions to achieve significant health gains; generate and share knowledge to address prevalent health problems in disadvantaged countries; invest in people, institutions, and capacity building with global partners; increase the quantity and quality of U.S. financial commitments to global health; and engage in respectful partnerships to improve global health. In doing so, the U.S. can play a major role in saving lives and improving the quality of life for millions around the world.

In a timely and relevant work of social commentary, *Poverty and the Continuing Global Health Crisis* examines the problem of world poverty and its impact on health with embarrassment, while being totally cognizant of the complex issues linked to both poverty and health. Poverty continues to touch the consciousness of humanity, challenging our piety, and questioning our concerns about equality and the plight of society's least fortunate people. This book amplifies the hopelessness of the poverty stricken masses in a world of plenty, and links poverty to a chain of problems in the campaign to stop this crisis, indicting the traditional approaches that have failed to accomplish established objectives. Through a variety of examples and viewpoints, this compelling book encourages not just worldwide humanitarian groups, but individuals as well, to confront the elements of poverty if global health is to be improved or realized, while accepting the truth that success will take a long time and is dependent on collective will, commitment, governance, and a concerted unified effort in a world fraught with uncertainties. Dr. Don A. Franco has degrees in veterinary medicine and public health, and is board certified by the American College of Veterinary Preventive Medicine with an interest in the diseases transmissible from animals to man (zoonoses). He has also been an ardent advocate of the 'One Medicine' concept, convinced that the continued progression of medicine necessitates a concerted interrelatedness between veterinary medicine and human medicine in the challenging quest for the prevention and control of zoonotic diseases that the global poor are most at risk from. He has had adjunct faculty appointments at both veterinary and medical institutions, and has published extensively over the years, receiving a Superior Service Award from the Secretary of Agriculture in 1990, 'For notable authorship which has brought national and international recognition to the U.S. Department of Agriculture, Food Safety and Inspection Service,' an agency that he served for twenty-five years.

Although poverty and gender significantly influence health and socio-economic development, health professionals are not always adequately prepared to address such issues in their work. This publication, one of a set of modules intended for use in pre-service and in-service training of health professionals in the Western Pacific Region, focuses on the inter-relationship between poverty and health, including definitions of poverty and its multiple dimensions; indicators of poverty including methods of determining the prevalence of poverty and inequality within a community; how the health care system can address issues of poverty, with a special focus on low-income women and those from other marginalised or vulnerable groups.

"Pathologies of Power" uses harrowing stories of life and death to argue that the promotion of social and economic rights of the poor is the most important human rights struggle of our times.

The United States has been a generous sponsor of global health programs for the past 25 years or more. This investment has contributed to meaningful changes, especially for women and children, who suffer the brunt of the world's disease and disability. Development experts have long debated the relative merits of vertical health programming, targeted to a specific service or patient group, and horizontal programming, supporting more comprehensive care. The U.S. government has invested heavily in vertical programs, most notably through the President's Emergency Plan for AIDS Relief (PEPFAR), its flagship initiative for HIV and AIDS. PEPFAR and programs like it have met with good success. Protecting these successes and continuing progress in the future depends on the judicious integration of vertical programs with local health systems. A strong health system is the best insurance developing countries can have against a disease burden that is shifting rapidly and in ways that history has not prepared us for. Reaching the poor with development assistance is an increasingly complicated task. The majority of the roughly 1 billion people living in dire poverty are in middle-income countries, where foreign assistance is not necessarily needed or welcome. Many of the rest live in fragile states, where political volatility and weak infrastructure make it difficult to use aid effectively. The poorest people in the world are also the sickest; they are most exposed to disease vectors and infection. Nevertheless, they are less likely to access health services. Improving their lot means removing the systemic barriers that keep the most vulnerable people from gaining such access. Investing in Global Health Systems discusses the past and future of global health. First, the report gives context by laying out broad trends in global health. Next, it discusses the timeliness of American investment in health systems abroad and explains how functional health systems support health, encourage prosperity, and advance global security. Lastly, it lays out, in broad terms, an effective donor strategy for health, suggesting directions for both the manner and substance of foreign aid given. The challenge of the future of aid programming is to sustain the successes of the past 25 years, while reducing dependence on foreign aid. Investing in Global Health Systems aims to help government decision makers assess the rapidly changing social and economic situation in developing countries and its implications for effective development assistance. This report explains how health systems improvements can lead to better health, reduce poverty, and make donor investment in health sustainable.

Every four minutes, over 50 children under the age of five die. In the same four minutes, 2 mothers lose their lives in childbirth. Every year, malaria kills nearly 1.2 million people, despite the fact that it can be prevented with a mosquito net and treated for less than \$1.50. Sadly, this list goes on and on. Millions are dying from diseases that we can easily and inexpensively prevent, diagnose, and treat. Why? Because even though we know exactly what people need, we just can't get it to them. They are dying not because we can't solve a medical problem but because we can't solve a logistics problem. In this profoundly important book, Eric G. Bing and Marc J. Epstein lay out a solution: a new kind of bottom-up health care that is delivered at the source. We need microclinics, micropharmacies, and microentrepreneurs located in the remote, hard-to-reach communities they serve. By building a new model that "scales down" to train and incentivize all kinds of health-care providers in their own villages and towns, we can create an army of on-site professionals who can prevent tragedy at a fraction of the cost of top-down bureaucratic programs. Bing and Epstein have seen the model work, and they provide example after example of the extraordinary results it has achieved in Africa, Asia, and Latin America. This is a book about taking health care the last mile—sometimes literally—to prevent widespread, unnecessary, and easily avoided death and suffering. *Pharmacy on a Bicycle* shows how the same forces of innovation and entrepreneurship that work in first-world business cultures can be unleashed to save the lives of millions.

Only a few decades ago, we were ready to declare victory over infectious diseases. Today, infectious diseases are responsible for significant morbidity and mortality throughout the world. This book examines the epidemiology and social impact of past and present infectious disease epidemics in the developing and developed world. In the introduction, the authors define global health as a discipline, justify its critical importance in the modern era, and introduce the Millennium Development Goals, which have become critical targets for most of the developing world. The first half of the volume provides an epidemiological overview, exploring early and contemporary perspectives on disease and disease control. An analysis of nutrition, water, and sanitation anchors the discussion of basic human needs. Specific diseases representing both "loud" and "silent" emergencies are investigated within broader structures of ecological and biological health such as economics, education, state infrastructure, culture, and personal liberty. The authors also examine antibiotic resistance, AIDS, malaria, tuberculosis, and pandemic influenza, and offer an epilogue on diseases of affluence, which now threaten citizens of countries both rich and poor. A readable guide to specific diseases, richly contextualized in environment and geography, this book will be used by health professionals in all disciplines interested in global health and its history and as a textbook in university courses on global health.

Investment in health is a strategically important and often underestimated component of economic development. This study sets out a systematic approach to improving health in poor

countries. For emerging countries, substantially improved health outcomes are a prerequisite to breaking out of the poverty cycle. This book on poverty and health, jointly published by the OECD and WHO, sets out the essential components of a broad-scope "pro-poor" health approach for action within the health system and beyond it. It is for development practitioners in the area of health issues.

Affliction inaugurates a novel way of understanding the trajectories of health and disease in the context of poverty. Focusing on low-income neighborhoods in Delhi, it stitches together three different sets of issues. First, it examines the different trajectories of illness: What are the circumstances under which illness is absorbed within the normal and when does it exceed the normal—putting resources, relationships, and even one's world into jeopardy? A second set of issues involves how different healers understand their own practices. The astonishing range of practitioners found in the local markets in the poor neighborhoods of Delhi shows how the magical and the technical are knotted together in the therapeutic experience of healers and patients. The book asks: What is expert knowledge? What is it that the practitioner knows and what does the patient know? How are these different forms of knowledge brought together in the clinical encounter, broadly defined? How does this event of everyday life bear the traces of larger policies at the national and global levels? Finally, the book interrogates the models of disease prevalence and global programming that emphasize surveillance over care and deflect attention away from the specificities of local worlds. Yet the analysis offered retains an openness to different ways of conceptualizing "what is happening" and stimulates a conversation between different disciplinary orientations to health, disease, and poverty. Most studies of health and disease focus on the encounter between patient and practitioner within the space of the clinic. This book instead privileges the networks of relations, institutions, and knowledge over which the experience of illness is dispersed. Instead of thinking of illness as an event set apart from everyday life, it shows the texture of everyday life, the political economy of neighborhoods, as well as the dark side of care. It helps us see how illness is bound by the contexts in which it occurs, while also showing how illness transcends these contexts to say something about the nature of everyday life and the making of subjects.

While much progress has been made on achieving the Millennium Development Goals over the last decade, the number and complexity of global health challenges has persisted. Growing forces for globalization have increased the interconnectedness of the world and our interdependency on other countries, economies, and cultures. Monumental growth in international travel and trade have brought improved access to goods and services for many, but also carry ongoing and ever-present threats of zoonotic spillover and infectious disease outbreaks that threaten all. *Global Health and the Future Role of the United States* identifies global health priorities in light of current and emerging world threats. This report assesses the current global health landscape and how challenges, actions, and players have evolved over the last decade across a wide range of issues, and provides recommendations on how to increase responsiveness, coordination, and efficiency — both within the U.S. government and across the global health field.

The United States is among the wealthiest nations in the world, but it is far from the healthiest. Although life expectancy and survival rates in the United States have improved dramatically over the past century, Americans live shorter lives and experience more injuries and illnesses than people in other high-income countries. The U.S. health disadvantage cannot be attributed solely to the adverse health status of racial or ethnic minorities or poor people: even highly advantaged Americans are in worse health than their counterparts in other, "peer" countries. In light of the new and growing evidence about the U.S. health disadvantage, the National Institutes of Health asked the National Research Council (NRC) and the Institute of Medicine (IOM) to convene a panel of experts to study the issue. The Panel on Understanding Cross-National Health Differences Among High-Income Countries examined whether the U.S. health disadvantage exists across the life span, considered potential explanations, and assessed the larger implications of the findings. *U.S. Health in International Perspective* presents detailed evidence on the issue, explores the possible explanations for the shorter and less healthy lives of Americans than those of people in comparable countries, and recommends actions by both government and nongovernment agencies and organizations to address the U.S. health disadvantage.

Accessible and edited by authors based at a top institution, this book provides readers with an excellent summary in an easy-to-read style of this burgeoning field of research. In this volume Bennett, Gilson and Mills have gathered together essays written by academics and experts in the fields of health policy and economic development, each underscoring the need for political commitment to meet the needs of the poor and the development of strategies to build this commitment, covering: evidence regarding the links between health, economic development and household poverty evidence on the extent to which health care systems address the needs of the poor and the near poor innovative measures to make health care interventions widely available to the poor. Current and topical, this book is of great relevance to policy makers and practitioners in the field of international health and development and researchers engaged with global health and poverty as well as being ideal reading for students of international health and development.

Rev. ed. of: *Essentials of global health*. c2008.

In 2011, Dr. Peter J. Hotez relocated to Houston to launch Baylor's National School of Tropical Medicine. He was shocked to discover that a number of neglected diseases often associated with developing countries were widespread in impoverished Texas communities. Despite the United States' economic prowess and first-world status, an estimated 12 million Americans living at the poverty level currently suffer from at least one neglected tropical disease, or NTD. Hotez concluded that the world's neglected diseases—which include tuberculosis, hookworm infection, lymphatic filariasis, Chagas disease, and leishmaniasis—are born first and foremost of extreme poverty. In this book, Hotez describes a new global paradigm known as "blue marble health," through which he asserts that poor people living in wealthy countries account for most of the world's poverty-related illness. He explores the current state of neglected diseases in such disparate countries as Mexico, South Korea, Argentina, Australia, the United States, Japan, and Nigeria. By crafting public policy and relying on global partnerships to control or eliminate some of the world's worst poverty-related illnesses, Hotez believes, it is possible to eliminate life-threatening disease while at the same time creating unprecedented opportunities for science and diplomacy. Clear, compassionate, and timely, *Blue Marble Health* is a must-read for leaders in global health, tropical medicine, and international development, along with anyone committed to helping the millions of people who are caught in the desperate cycle of poverty and disease.

"While women in developing countries continue to die in large numbers in child birth, Population and Reproductive Health specialists and advocates around the world are struggling to keep the policy agenda focused on the rights and needs of poor women. The 1994 Cairo Conference and Program of Action changed how we do business, and opened many doors, but the agenda is not complete and has stalled in a number of ways. At the country level, governments and donors are making difficult choices about how and where to allocate scarce human and financial resources. Funding approaches have moved away

from the implementation of narrowly directed health programs to a broader approach of health system development and reform. At the same time, countries are also centering their development agenda on the broad goal of poverty reduction. This volume addresses a large knowledge and capacity gap in the Reproductive Health community and provides tools for key actors to empower faster positive change. It is a synopsis of the materials developed for WBI's learning program on Achieving the Millennium Development Goals: Poverty Reduction, Reproductive Health and Health Sector Reform. The volume brings together knowledge about epidemiology, demography, economics, and trends in global financial assistance. The volume also introduces practical tools such as benefit incidence analysis, costing, and stakeholder analysis to strengthen the evidence base for policy and to address the political economy factors for reform."

The first book to address the fundamental nexus that binds poverty and income inequality to soaring health care utilization and spending, *Poverty and the Myths of Health Care Reform* is a must-read for medical professionals, public health scholars, politicians, and anyone concerned with the heavy burden of inequality on the health of Americans.

Nowhere is the injustice of the global distribution of income and wealth more palpable than in health. While the world's affluent spend fortunes on the most trifling treatments, poor people's lives are ruined and often cut short prematurely by challenges that could easily be overcome at low cost: childbirth, diarrhoea, malnutrition, malaria, HIV/AIDS, measles, pneumonia. Millions are avoidably dying from such causes each year and billions of lives avoidably blighted by these diseases of poverty. Drawing on in-depth empirical research spanning Asia, Latin America, and Africa, this path-breaking collection offers fresh perspectives from critically engaged scholars. *Protecting the Health of the Poor* presents a call and a vision for unified efforts across geographies, levels and sectors to make the right to health truly universal. In the United States, some populations suffer from far greater disparities in health than others. Those disparities are caused not only by fundamental differences in health status across segments of the population, but also because of inequities in factors that impact health status, so-called determinants of health. Only part of an individual's health status depends on his or her behavior and choice; community-wide problems like poverty, unemployment, poor education, inadequate housing, poor public transportation, interpersonal violence, and decaying neighborhoods also contribute to health inequities, as well as the historic and ongoing interplay of structures, policies, and norms that shape lives. When these factors are not optimal in a community, it does not mean they are intractable: such inequities can be mitigated by social policies that can shape health in powerful ways. *Communities in Action: Pathways to Health Equity* seeks to delineate the causes of and the solutions to health inequities in the United States. This report focuses on what communities can do to promote health equity, what actions are needed by the many and varied stakeholders that are part of communities or support them, as well as the root causes and structural barriers that need to be overcome.

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