March 2000 (Volume 41, Number 1)

Joining Together to Combat Poverty

Iona Heath¹, Andy Haines², Zoran Malenica³, Judith A. Oulton⁴, Zorayda Leopando⁵, Dan Kaseje⁶, Whitney W. Addington⁷, Olivier Giscard d'Estaing⁸, James K. Tumwine⁹, Meri Koivusalo¹⁰, Gillian Biscoe¹¹, Pat Nickson¹², Matko Marušiæ¹³, Stanimir Vu², Pat Nickson¹², Matko Marušiæ¹³, Stanimir Vu², Pat Nickson¹⁴

¹Intercollegiate Forum on Poverty and Health, London; ²Department of Primary Care and Population Sciences, Royal Free and University College Medical School, London, United Kingdom; ³University of Split Law School, Split, Croatia; ⁴The International Council of Nurses, Geneva, Switzerland; ⁵Asia-Pacific, World Alliance of National Colleges and Academies of Family Medicine and Family Practice (WONCA), Manila, The Philippines; ⁴Africa Community Action Network for Health (AFRI-CAN), Nairobi, Kenya; ¹The American College of Physicians, The American Society of Internal Medicine, Chicago, Ill, USA; ³BUSCO, Business Council to the UN, Paris, France; ³Department of Paediatrics and Child Health, Makerere University Medical School, Kampala, Uganda; ¹¹Globalism and Social Policy Programme, National Research and Development Centre for Welfare and Health, Helsinki, Finland; ¹¹The Bellettes Bay Company Inc., Hobart, Tasmania, Australia; ¹²Institut Pan Africain de Santé Communautaire, Nyankunde, Democratic Republic of Congo, and Abidjan, Côte d'Ivoire; ¹³Croatian Medical Journal, Zagreb University School of Medicine, Zagreb, Croatia; and 14Mayo Clinic Cancer Center, Mayo Clinic, Rochester, Minn, USA

The International Poverty and Health Network (IPHN) was created in December 1997 following a series of conferences organized by the World Health Organization, with the aim of integrating health into plans to eradicate poverty. Around 1.3 billion people live on less than US\$1 per day. Of the 4.4 billion people in developing countries nearly 60% lack access to sanitation, 30% do not have clean water, 20% have no health care, and 20% do not have enough dietary energy and protein. Even among rich nations there are gross socioeconomic inequalities. Many children are robbed of their physical and mental potential through poverty. Expressed in constant 1963 US dollars, an average Croatian family needed the annual income of US\$894 to meet the poverty line in 1960 and US\$9,027 in 1995. Accordingly, 9-25% of Croatian households were below the poverty line between 1960 and 1995. The increase in the poverty rate after 1991 was compounded by the war that destroyed almost a third of industrial capacity and infrastructure. Dissipation of the communist economy and inadequate privatization have contributed to the increase in unemployment rate, corruption, and other social ills. IPHN invited Croatian Medical Journal to publish this editorial to help push the issue of poverty up political and medical agendas on a global level. We argue that a factor contributing to the failure of most large-scale programs against poverty to date is the excessive emphasis on material and infrastructure assistance at the expense of spiritual, moral, and intellectual development.

Key words: child welfare; Croatia; cultural deprivation; health campaigns; indigency; life expectancy; low income population; medically underserved area; poverty; socioeconomic factors

Copyright © 2000 by the Croatian Medical Journal. All rights reserved. Created 3/3/00 - Last Modified 3/3/00 Created and maintained by: Tinman