The World Bank estimates that

- there are almost 1.2 billion people living on less than $1 per day.

A study conducted by the World Bank, entitled “Voices of the poor”, highlighted the multi-dimensional nature of poverty. The study suggested that poverty includes a lack of material, well-being, absence of infrastructure, lack of power and voice, and an unravelling of social structures.

The World Health Organization estimates that

- approximately one-third of the world’s population is infected with tuberculosis (TB).

- Globally, low and lower middle income countries (i.e. annual GNP per capita less than US$2995) account for more than 90% of TB cases and deaths. 76% of the world’s population lives in these countries.

- Low income countries (i.e. annual GNP per capita less than US$755) account for 65% of TB cases and 71% of deaths. 42% of the world’s population lives in these countries.

The cycle of TB and poverty

A symbiotic relationship exists between TB and poverty. New TB infection is not just the product of poverty, but also creates poverty. Understanding the connection between TB and poverty is a powerful first step towards breaking this vicious cycle. Fighting TB and poverty together is necessary to accelerate economic and social growth and consequently reduce the global burden of TB.

Poverty fuels tuberculosis

- TB is a disease of poverty. It is widely recognised that the poorer the community, the greater the likelihood of being infected with the TB germ and developing clinical disease.

- A lack of basic health services, poor nutrition and inadequate living conditions all contribute to the spread of TB and its impact upon the community.

- An absence of good quality health care facilities is common in poor communities. With no health services to diagnose or treat patients, there is a longer delay between disease and cure, perpetuating the spread of TB.
What is the relationship between TB and poverty?

- Poor nutrition and an inadequate diet weaken the immune system and increase the chances of infection and developing active TB.
- Overcrowded and poorly ventilated home and work environments make TB transmission more likely.

> The poor lack access to essential medicines for reasons including poverty itself, lack of outreach, shortages of health workers, taxes and duties on imported drugs, and burdensome procedures. These reasons apply to TB drugs, even those that are off-patent.


Tuberculosis fuels poverty

The economic and human impact of TB is many times greater on poor households and poor nations than on the developed world. The high incidence levels of TB found in many poor nations means a sick labour force, extra strain on limited health services and shackled economic growth.

- The burden of TB is estimated to swallow an economic toll of US$12 billion from the incomes of the world’s poorest communities every year.
- Studies suggest that the average patient loses three to four months of work time as a result of TB. Lost earnings can total up to 30% of annual household income.
- In economic terms, TB decreases the output of a country’s labour force and consequently reduces its gross domestic product.

> TB is a giant poverty producing mechanism.

Jacob Kumaresan, Executive Secretary of the Stop TB partnership Secretariat.

Next steps in fighting TB and poverty

- Emphasising the fact that poverty contributes to the spread of TB and that TB contributes to the persistence of poverty stimulates a global dialogue which is highly relevant both to reversing the spread of TB and to poverty reduction.
- The global strategy to fight the TB epidemic and expansion of DOTS are ways to fight TB and alleviate poverty and inequity.
- By securing global political resolve and mobilising an adequate flow of resources from high-income to low-income countries we can tackle TB and poverty together.