

# How Poverty Affects Health Threefold -Toxic Waste in CÃte d'Ivoire™

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It happened overnight. On the morning of the 20th of August 2006 the people of Abidjan found that roughly 600 tons of chemical waste containing highly toxic substances had been distributed across various dumping sites throughout the city. A European cargo ship had brought illness to the city, leaving its heavy load on the shoulders of 4 million inhabitants of CÃte d'Ivoire's economic capital: Hydrogensulphides and hydrocarbons began to leak into the ground and floated through the warm African air.

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Consequently health centres were overrun by citizens who had been affected and were now seeking treatment or advice. In at least six reported cases, all the efforts were in vain and the intoxication ended fatal. The following days brought about the search for a culprit. Naturally the government was accused, and resigned. And naturally the practice of Trafigura, the multinational oil company who owned the waste, was questioned. But there is yet another responsible for bringing about this tragedy: Poverty. People fall ill because they are poor.

In CÃte d'Ivoire 49% of the population live on less than 2 Dollars a day (The World Bank 2006). This condition results in the inability to afford basic necessities such as food, education and basic health care. It becomes clear that income is only one factor that characterizes a poverty stricken population (&ldquo;income poverty&rdquo;).

A broader definition takes into account also social and political factors such as access to resources, health services, clean water and sanitation, literacy levels, security, political participation, social representation etc., leading to the term &ldquo;human poverty&rdquo;. The example from Abidjan shows quite plainly how human poverty leads to disease. Unable to defend themselves juridically from having toxic substances illegally disposed of in their back yard, unable to move away from a threatening environment, unable to reach medical advice and assistance in time and unable to make themselves heard, those living near the harbor and the city's dumping sites are now experiencing the full impact of health inequality. The findings from this case can be extrapolated to other developing countries. One third of the world's urban population are living in slums, like those who were most affected in the toxic waste incident of Abidjan. Regularly they find themselves without clean water and sanitation and exposed to hazards such as dumping sites or industrial plants nearby. Each day your newspaper could show the scandalous headline &ldquo;6000 people dead yesterday due to contaminated water&rdquo;. Poverty puts those affected by it into a very vulnerable position. Their economic, social and political weakness results in lack of nutritious food, adequate living and working conditions, education or access to preventive services. Due to this delicate situation, the poor are more susceptible to contract illness: Pov8

oem poverty is the main cause of death in the world today (Haines 1997). However, not only are poor persons more likely to become ill. Due to difficult access to health care and medicines they also have less chances of recovering from their condition. And in many cases the burden of disease further impoverishes individuals or whole families. While a large proportion of the available resources is spent on treatment, weakness seeps the patient from being economically productive, thereby closing the vicious circle of poverty (Schwefel 2006). People fall ill because their health and education systems are poor.

In our case from Abidjan no public information campaigns were sent under way, chances for prevention of exposition to the toxic fumes were not seized. In addition, not enough medical personnel was available in the health centres for those affected, hospital services were maintained with the help of volunteer doctors. Their ability to help the immense number of patients (an estimate of 10.000 consultations) was derogated due to shortage of necessary drugs and insufficient supporting infrastructure. Again, this is only one focus out of the scope of public health problems which like CÃte d'Ivoire many countries in sub-Saharan Africa and elsewhere are facing. In CÃte d'Ivoire only 68% of births are attended by skilled health staff, contributing to the saddening fact that in 690 out of 100.000 live births the mother does not live to see the child she delivered. Out of 1000 children born alive, 194 will die before the age of 5 (Source: WHO country database, figures from 2002). The weakness of essential social services in some regions of CÃte

poverty can be attributed to political instabilities in the recent years, which through population movements have led to the emergence of medically underserved regions (For an in-depth discussion of this phenomenon see the article "The Medic Brain Drain in the Sudan" in this issue). Highly effective measures such as vaccinations could prevent disease and reduce illness and disability at relatively low cost. Basic care for common serious illness of young children (e.g. diarrhea, respiratory infections, acute malnutrition) can substantially reduce the loss of disability-adjusted life years (DALYs, a measure used to describe the loss of healthy life years and therefore the impact of a disease or a treatment on the individual and the community as a whole). The World Bank calculated in 1993 that with an annual spending of 12 \$ per capita essential clinical healthcare and public health programmes to tackle the most imminent dangers to health in developing countries could be put under way. In spite of this, health expenditure in Côte d'Ivoire is only 3,6% of GDP. Furthermore, studies have shown that there is a strong correlation between the level of education of a woman and the health status of her family. Being the one who in most cases takes care of raising the children and feeding the family, access to education especially for women is an important determinant of health in a community. Nevertheless just about half of the girls in Côte d'Ivoire are enrolled in primary school while average per capita spending on education has fallen by over a third in sub-Saharan Africa since 1980 (Source: UNESCO). People fall ill because their country is poor. The shortage of funding for universal health coverage, preventive measures and education is partially due to the political structures found in the countries concerned. Corruption and questionable use of funds (for example high military spending compared to low health expenditures) are obstacles on the way to obtain health for all. Bad Governance and dubious practices of the elites often stand in the way of establishing a reliable social infrastructure. But also the international community is contributing to the difficult economic standing of developing countries. Free trade agreements under WTO regulations which allegedly were designed to bring economic growth that would "trickle down" to the poor have forced developing countries into the international markets, where protectionist trade barriers and export-subsidies by industrialized nations threaten their domestic markets. Meanwhile, debt burden forces the so-called "Highly Indebted Poor Countries" (HIPCs) like Côte d'Ivoire to give nearly three times more on debt repayments to the donor community than they spend on health services (In many cases over 20% of their national budgets). Multinational entities (such as the Royal Dutch/Shell Group, Toyota Motors or Wal Mart Stores, to name but a few) have annual sales totalling more than the GDP of entire countries like Côte d'Ivoire. These companies have a big impact on living conditions of populations. However, in many cases their social responsibilities are being ignored – as happened recently in Abidjan. All the same, there are no binding international rules for the actions and movements of such powerful global players. Europe regularly dedicates 0,33% of its GDP to Development Aid (less than half of what nations had committed to in 1970). However, the mechanisms described above result in the net flow of financial resources towards the opposite direction. Africa continues to be exploited. What does eventually trickle down to the poor is not wealth, but the effect of bankrupt economies: Cuts to health and/or education systems. Instead of improving the situation of its people, the state leaves them alone to cope with their diseases of poverty. Reversely, an unhealthy society is not able to make the efforts necessary to improve national economies. Epicrisis: It all comes back to us These thoughts and facts let us perceive poverty as a symptom of wrong social and economic structures. Eradicating poverty – and with it the diseases of poverty – is in the first line a political challenge. Main points to achieve are education, equal distribution of benefits of growth, gender equality, public participation in political life and government commitment. This requires changes from inside the developing countries themselves as well as a change of the international framework which is dictated mainly by the industrialised countries. In Europe we will have to ask ourselves how our actions as a citizen and as a consumer influence on national and corporate policies and eventually on those who without our solidarity will not stand a chance of breaking out of the vicious circle of poverty. "It all comes back to us" is Jeffrey Sachs' invitation to take action in his book "The End of Poverty". It is up to the leaders in civil society both in the south and in the north to work towards putting an end to this major threat to health. In this context, the role of youth NGOs (such as AEGEE) must not be underestimated. Particularly in the fields of intercultural collaboration, Human Rights, education and active citizenship we can make ourselves heard and have an impact both in our own countries and in the whole of Europe.