

**Poverty and HIV/AIDS in Sub-Saharan Africa:
Alternative Formulations and Integrated Intervention Strategies**

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There is no simple relationship between poverty and HIV/AIDS, and recent scholarship certainly reflects an inherently complex interrelation. The link between poverty and HIV/AIDS has been referred to as a “vicious circle,” wherein the experience of poverty increases HIV infection, while AIDS contributes to poverty and forms of social deprivation.¹ This is a simplification, to be sure, and there exists only limited consensus concerning how poverty and AIDS impact each other. Some observers argue that AIDS is a disease of inequality, rather than a disease of poverty itself.² Indeed, poverty and HIV/AIDS are complex entities, yet the correspondence and interrelatedness of the issues associated with each are overwhelming. The connections between poverty and AIDS are multifaceted and mutually reinforcing, while including dimensions of inequality and disempowerment.

This paper argues that the conventional definition of poverty offered by the World Bank, and reiterated by the United Nations (UN) in poverty and AIDS intervention strategies, is inadequate. Furthermore, the ways in which this definition shapes AIDS policy is detrimental to AIDS containment and prevention, while failing to alleviate poverty. Thus, poverty and AIDS remain mutually reinforcing, exacerbating the AIDS epidemic, and the plight of the impoverished. This paper suggests that an alternative conceptualization of poverty which officially encompasses the qualitative aspects of impoverishment is fundamentally necessary in order to address the AIDS epidemic in a meaningful way. By drawing on the experiences, perspectives, and voices of the poor, a more contextualized and nuanced understanding of how

poverty impacts lives will facilitate the development of effective AIDS and poverty intervention policies. An alternative framework for poverty which incorporates the perspective of the poor and acknowledges the historical processes which led to current understandings of poverty has tremendous potential and implications for addressing the HIV/AIDS epidemic. Such a formulation of poverty presents numerous opportunities for poverty and HIV/AIDS intervention at different levels simultaneously. Beyond a reconceptualization of poverty, this paper advocates an extensive integration of poverty and HIV/AIDS reduction strategies. An historical analysis of the social, economic, and political forces which create and exacerbate the dual epidemics of poverty and AIDS lends valuable insight into the possibility for meaningful interventions, which begin with the perspectives of the poor.

This paper will begin by briefly outlining some of the direct effects that HIV/AIDS and poverty have on each other, in specific reference to the context of sub-Saharan Africa. This will firmly establish the notion that they are mutually reinforcing phenomena, while emphasizing the need for policy integration. From this point of departure, an historical exploration of how poverty has been constructed and addressed will inform the validity of alternative approaches and methodologies as they relate to poverty and HIV/AIDS reduction. Special attention will be given to the rise of globalization and transnational neoliberal economics, as encapsulated by a case study of the World Bank. The observed inadequacies of the Bank's approach have given rise to alternative formulations of poverty. Most notably, the idea of poverty as disempowerment is especially relevant, and its implications are investigated. An analysis of poor people's perspectives point to the narrowness and inadequacies of World Bank formulations, and, it is suggested, should serve as a fundamental premise for poverty alleviation strategies. Lastly, the

reasons for the lacuna in poverty-AIDS integrated policy are presented and discredited, before presenting the advantages of an explicit integration.

The Conditions of Poverty, HIV/AIDS, and the ‘Vicious Circle’

The increasing influence of the World Bank, IMF, and international creditors on health policy has occurred concomitantly with their increasing influence on poverty intervention strategies. The intricacies of the ‘AIDS-poverty’ complex demand an historical grounding in the definitions and policies which have been formulated at levels beyond the individuals who experience impoverishment and the AIDS epidemic daily. Beginning with the 1948 *World Development Report (WDR)*, the World Bank established that the key to poverty alleviation was to “raise the income level of the underdeveloped countries,” through “an expansion of their production, primarily through technological development and increased capital investment.”³ This fundamental belief continues to find resonance within the World Bank today, as indicated by unambiguous statements such as “[e]conomic growth is the key to permanent poverty alleviation.”⁴ While this may seem straightforward and obvious, it is problematic insofar as it assumes equal or near-equal distribution of economic growth. Moreover, the World Bank continues its perverse obsession with GDP growth as poverty alleviation, despite widespread recognition that poverty, and the experience of poverty, is comprised of far more dimensions than merely low income. To be sure, the Bank’s definition of poverty is not only decontextualized, but ahistorical. With the advent of the 1948 World Bank annual report, and for the first time in history, “entire nations and countries came to be considered (and consider themselves) as poor, on the grounds that their overall income is insignificant in comparison with those now dominating the world economy.”⁵

A broad corpus of literature exists which explores the relationship between AIDS and poverty, and whether or not they are mutually reinforcing. Poverty and AIDS are both complex entities, and causation is irreducible to single pathways. AIDS can have a devastating effect on economies at the national, community, and household levels. At the national and community levels, the loss of young adults in their most productive years will diminish economic output, while increasing the cost of, and strain on, medical care and treatment provision.⁶ At the household level, when an adult develops AIDS, the family experiences a loss of income, increased medical expenditures, and other members of the family are forced from work and school to become care-givers.⁷ Poor households are particularly susceptible to the devastation of AIDS, as they have few assets by which to sustain themselves and little economic/resource reserves.⁸ Furthermore, as households and families dissolve, millions of AIDS orphans increase the strain on the economy.⁹ Beyond its effects on GDP and household economies, AIDS is likely to increase income inequality and poverty.¹⁰

On the subject of how poverty impacts HIV transmission and the experience of AIDS, Eileen Stillwaggon has perhaps most clearly articulated the connection. Stillwaggon argues that HIV spread cannot be reduced simply to sexual behaviour. Instead, she suggests that the conditions of poverty facilitate HIV transmission and increase susceptibility to infection both biologically and socially. Biologically, conditions of poverty, such as malnutrition, parasitic and infectious disease, increase susceptibility to HIV. This susceptibility refers not only to HIV transmission itself, but also to opportunistic infections following HIV infection.¹¹ Across sub-Saharan Africa, malnutrition, parasitic infection, and malaria are endemic, and all undermine immune system response.¹² To be sure, impoverished individuals (especially women) with

limited access to basic services are disproportionately exposed to infection with parasites and pathogens such as worms, bilharzia, malaria, and tuberculosis, all of which contribute to malnutrition, reduced immune resistance, and increasing viral load.¹³ For example, women infected with bilharzia often end up with lesions in the urogenital tract which can lead to a threefold increase in their vulnerability to HIV. Mothers have a seven times greater risk of passing HIV to their babies when infected by worms.¹⁴ HIV-positive individuals co-infected with malaria can also be up to seven times more contagious than those without.¹⁵ Increased susceptibility to infection also results from both protein-energy malnutrition and deficiencies in micro-nutrients, such as iron, zinc, and vitamins.¹⁶ Overall malnutrition is widespread in sub-Saharan Africa, and weakens every component of the immune system.¹⁷ Protein deficiency is especially devastating, as the immune system relies on protein for cell replication.¹⁸

At a social level, poverty shapes the risk environments for HIV transmission in complex, multidimensional ways.¹⁹ The ways in which poverty influences HIV transmission is not reducible to malnutrition and susceptibility to infections. Gender inequality represents another dimension of both poverty and HIV transmission. In many sub-Saharan African contexts, social norms permit men to engage in sex with multiple partners, and to dominate sexual decision-making.²⁰ Furthermore, women's ability to negotiate condom use or transactional sex is shaped by economic dependence upon men.²¹ These conditions make women more susceptible to being infected with HIV, often from their husbands.

Indeed, Peter Piot argues that because HIV is acquired through sex, it is distinguishable from other 'diseases of poverty,' like tuberculosis and malaria.²² The nature of sexual transmission, in combination with a rampant AIDS epidemic in Africa, has led to western moral

judgment of excessive African sexuality. Part of the result has been stigmatization and marginalization of HIV-infected persons. Stigma prevents people from coming forward with their disease, which elevates and exacerbates the risk of transmission.²³ Current HIV/AIDS intervention strategies in Africa are intensely individualistic, and depend primarily upon condom distribution, and secondarily upon STD treatment, reinforcing the commonly accepted notion that high HIV prevalence in Africa is due to excessive sexuality and frequent sexual partner change.²⁴ Although completely unsubstantiated by data, exceptional African sexuality has been tacitly accepted in much of the literature surrounding HIV transmission.²⁵ As a result, AIDS intervention strategies have largely focused upon modifying individual behaviour. Despite the evidence, Dr. Yuichi Shiokawa from the University of Tokyo perpetuates false notions of African sexuality: “The AIDS crisis in Africa could be brought under control only if Africans restrained their sexual cravings...it follows that Africans should change their sexual behaviour.”²⁶ This behaviour model has enjoyed success in Europe and North America, but HIV transmission depends on interrelated factors beyond sexual contact, including general health, gender relations, and poverty.²⁷

Structures, Policies, Ideologies, and the World Bank

The fact that these conditions of poverty as well as AIDS are rampant throughout sub-Saharan Africa strongly suggests a correlation. The conditions of poverty which exacerbate the AIDS epidemic are perpetuated at numerous levels of power relations: gender, household, community, national, and international. An historical understanding of the ways in which these power differentials have been perpetuated offers valuable insight into the dual epidemics of AIDS and poverty in sub-Saharan Africa. Some of these developments have occurred far beyond

the control of individuals. The advent of globalization has uniquely affected the HIV/AIDS pandemic, and presents numerous implications for its spread and containment.

In addition to aggravating worldwide HIV spread, globalization has meant that formulation of AIDS policy occurs at a transnational level, most notably by the World Bank and the UN. Each AIDS epidemic is unique for a number of reasons, which include social, economic, cultural, and political contexts, in addition to geography, and the type of strain. At the same time, all AIDS epidemics can be located in the same historical world order, broadly characterized by transnational neoliberalism.²⁸ This combination of globalization and international order has impacted HIV transmission in at least two fundamental ways. First, the spread of HIV has been facilitated by the resultant changes in the spatial dimension of human relations. For example, an unprecedented increase in global mobility of people within and across national borders has assumed the forms of migrant labour, tourism, displacement, occupying military forces, and rapid urbanization.²⁹ Second, the ability of individuals, societies, and countries to adapt to the process of globalization has been unequal, creating new risk environments for those less able to adapt, under conditions of poor access to health care.³⁰

The emphasis on biomedical and neoliberal AIDS intervention strategies has fostered the idea that poor health is a product of resource allocation inefficiencies and technological shortcomings. The result has been an elevation of economic criteria, and a subordination of issues such as human rights and gender equality.³¹ Neoliberal economic principles such as market-driven resource allocation, privatization, economic deregulation, and free trade have influenced national and international health policy in at least three ways. First, the rise of neoliberalism within the health sector during the 1970s and 1980s was accompanied by the

increased prominence of the World Bank in international health policy. Since the early 1970s, the World Bank has become the largest financial contributor to health-related projects, committing more than US\$1 billion annually toward the health, nutrition, and population sector.³² The “financial clout” of the Bank has been followed by a greater voice in policy development, with the Bank’s publications widely influencing the international health policy agenda.³³ Second, neoliberal discourse has increased the emphasis on non-state health care financing and service delivery as viable alternatives to weakened, or even nonexistent, government institutions. As part of this shift in emphasis, the worldwide health care sector has witnessed an increase in for-profit transnational corporations, and a proliferation of not-for-profit non-government organizations (NGOs).³⁴ Third, neoliberal discourse has defined the race for biomedical technologies to treat and prevent HIV/AIDS. The key agents in this race have been pharmaceutical and biotechnological companies, motivated partly by public subsidies, but primarily by the prospect of a profitable payoff, in the event of discovering an effective treatment or vaccine.³⁵ Leaving this development to the private sector raises serious concerns, especially as relates to access, and reliance upon market-driven research, should the perceived market prove unprofitable.³⁶

Solomon Benatar argues that while the biomedical approach has done much for the AIDS epidemic, it cannot improve the health of populations in isolation. Benatar proposes a perspective which acknowledges the social and economic forces that create widening global disparities in wealth and health, focusing primarily upon the disempowering effects of the exploitation, discrimination, and imperialism that characterizes the current world order.³⁷ To be

sure, the very policies urged by international bodies and economic theorists to promote development have contributed to the conditions which increase vulnerability to HIV infection.³⁸

Structural Adjustment Programs and their Legacies

The Structural Adjustment Programs (SAPs), instituted in the 1980s, have had a profound impact on the shape of both poverty and inequality in sub-Saharan Africa, and in turn, the AIDS epidemic. The implementation of SAPs was the response of the World Bank and International Monetary Fund (IMF) to the debt crisis of the late 1970s and early 1980s, aimed at maximizing the prospects for, and amounts of, repayments by debtor countries.³⁹ In practice, structural adjustment meant that loans were granted, but with conditions of structural economic reform attached, known as ‘conditionalities.’⁴⁰ SAPs were seen as increasing the dependence of debtor countries on international financing institutions (IFIs), and were criticized for addressing economic problems superficially.⁴¹ To be sure, the instability of international financial markets, inequalities of the global trading system, and the weakness of social and economic structures dating back to colonialism were ignored, which led to unjustified blaming of debtor countries for poor economic management, poor governance, and failing to implement the adjustment policies correctly.⁴² Most countries that were required by the World Bank to pursue SAPs are in greater debt than ever before.⁴³ Thus, SAPs represent an example of the World Bank failing to contextualize the economic crises facing debtor countries. Furthermore, it is interesting to note that the theme of blame pervades perceptions of both impoverishment and HIV/AIDS epidemics. This continuity seems neither arbitrary nor coincidental, as poverty and AIDS are seen increasingly as interdependent phenomena.

Over the last twenty-five years, the World Bank and IMF have held the balance of power in formulating global health policy. They have encouraged liberalization of economies, cut subsidies from basic foods, and shifted agricultural policy to promote export crops to the detriment of home-grown subsistence production.⁴⁴ The result of these policies was increased malnutrition, especially in Africa.⁴⁵ Benatar argues that it is an indictment of SAPs that they required governments to reduce spending on health care, education, and other social services, while encouraging privatization, even within health care.⁴⁶ For example, availability of condoms, STD treatments, anti-tuberculosis therapy and treatments for co-infections of HIV are subject to user-charges. This practice was introduced and is still encouraged by the World Bank in many African countries. Any contemporary discussion of AIDS intervention strategies cannot be divorced from the historical processes and structures which have perpetuated and exacerbated the epidemic.

The World Bank's Attack on Poverty

Within the historical context of the World Bank, the 2000/2001 *WDR*, entitled *Attacking Poverty*, should be regarded as a landmark publication for a number of reasons. For the first time, the World Bank commissioned a study which sought to establish a nuanced, multi-dimensional understanding of poverty. In a departure from its typical income/GDP framework, the World Bank commissioned a comprehensive background study, based on consultations with 60,000 poor women and men in sixty countries. The result was *Voices of the Poor*, a three-volume collection which brought together the experiences of the poor from around the world. What emerges from the consultations is not a definition of poverty strictly in terms of income, but a multi-dimensional definition which encompasses a plurality of perspectives according to

gender, age, culture, and other social, economic, and political factors.⁴⁷ However, rather than formulate an official definition which embraces these aspects, *Attacking Poverty* reverted to defining poverty according to a global poverty line of US\$1.08 per day (extreme poverty), and an upper poverty line of US\$2.00 per day.⁴⁸ The World Bank definition of poverty is similarly used by the UN, dividing individuals into producers and consumers, and defining the poor according to their ability, or inability, to consume.⁴⁹

Attacking Poverty is of considerable interest regarding the ways in which international and global forces impact the lives of individuals living in the conditions of poverty, or in the context of an AIDS epidemic. *Attacking Poverty* acknowledges that economic growth is the engine of poverty reduction, but that there are other central factors: opportunity, empowerment, and security.⁵⁰ Initial drafts of the report drew harsh criticism from within the Bank for minimizing the importance of economic growth, while maximizing the importance of income inequality. Earlier drafts also indicated that economic openness was not necessarily good for poverty reduction, which conflicted with the Bank's unequivocal stance that openness is good for the poor.⁵¹ This, according to critics, was a "politically biased" finding and a blurring of the Bank's core message to borrowers with "academic-style qualifications."⁵² Perhaps even more controversial was the report's section on democracy and the empowerment of the poor, which was seen as further distraction from economic growth, and a radical departure from the Bank's mission.⁵³ The U.S. Treasury particularly stressed the need for faster economic growth and freer markets, instead of discussing the widening gap in world income distribution, and how such a gap is detrimental to growth.⁵⁴ In the face of this pressure to change the central arguments of the report, research leader Ravi Kanbur resigned.⁵⁵ The central tension in the making of *Attacking*

Poverty is the same tension running through all *WDRs*: to what extent is the report the work of independent researchers, and to what extent is it the voice piece of the Bank.⁵⁶

The *WDRs* are the flagship publication of the World Bank. Published annually, they are supposed to represent cutting-edge, independent research.⁵⁷ However, the situation and controversy resulting from *Attacking Poverty* helps illuminate pressures which seriously compromise the Bank's claims to independence. The U.S. government, U.S. Treasury, and U.S.-based NGOs exert copious influence on the actions and statements of the Bank. Robert Wade argues that the U.S. uses the Bank as an instrument of its own foreign economic policy to open developing countries' markets for goods and capital.⁵⁸ The pressure from critics resulted in partial revision of *Attacking Poverty*, manifested as precisely what Kanbur's critics claimed it ought not to do – blur the message. Following Kanbur's resignation, critics inserted sentences into the report which spun the message in the direction of growth, openness, and optimism. However, when these sections on growth and openness were added to initial drafts, they were not well reconciled with the other sections on opportunity, empowerment, and security.⁵⁹ Thus, upon close reading, *Attacking Poverty* is often inconsistent and self-contradicting. It is not always clear whether the Bank is advocating growth or empowerment or both, and seems as though it would be thoroughly confusing to policy-makers around the world.

Conceptualizations of Poverty and their Implications for HIV/AIDS

The World Bank definition of poverty has serious implications for poverty alleviation strategies, and consequently, AIDS intervention strategies. Significantly, *Attacking Poverty* makes little mention of HIV/AIDS, nor does it incorporate the pandemic into its overarching strategy of poverty reduction. In terms of policy formation, it is easy to see the advantages of

employing a definition of poverty in terms of income. Poverty, when defined in this way, is simplified, measurable, quantifiable, and lends a sort of ‘scientificness’ to the process of poverty reduction. Consequently, however, this construct fails to embrace the view that poverty is a multi-faceted human predicament. Instead, following the consensus reached among the world elites in the 1948 World Bank annual report on the diagnosis of the ‘disease’ (underdevelopment, lack of income) as well as its ‘cure’ (economic and technological development), self-proclaimed experts from a variety of disciplines began acting as “pauperologists, seeking to refine the discourse and practices related to world poverty.”⁶⁰ The resulting programmes of action against poverty, according to Majid Rahnema,

represented a universalist, one-track, income-based, and totally acultural recipe for abstract ‘patients’...The new technological approach to poverty developed its own cognitive bases in such new fields of study and intervention as employment policy, production strategy, and the measurement of poverty, etc. It certainly overshadowed the exploration of such deeper and more sensitive issues as the processes of political and cultural domination, the pervasive role of institutions, and the very nature of the industrial production system.⁶¹

Furthermore, the emerging world economy not only helped pauperizing economic and political systems to reinforce and legitimize their positions, but it also led the global poor to perceive their own situations in the same terms.⁶²

The World Bank continues to depend on global poverty lines in their assessments of poverty prevalence. Poverty lines have been criticized for numerous reasons. First, they merely differentiate kind, not degree, failing to account for how far people live below a given poverty line.⁶³ Second, poverty lines only identify who lacks resources at a given time, without accounting for those who lack the capacity to achieve access to resources.⁶⁴ Third, data is typically collected at the household level, ignoring intra-household inequalities in resource

allocation, which appears to systematically disadvantage women and children.⁶⁵ Fourth, these measurements exclude income generated in the informal sector, which often represents a substantial portion of the poor's income. Income from the informal sector is often vital in coping strategies of those who are ill.⁶⁶ The advantage of poverty lines is that they are quantifiable and easily measured, making the success or failure of poverty reduction strategies measurable. However, ease should not be the primary criterion for a policy's implementation. To be sure, superior methods exist which address poverty's many dimensions, and although these approaches may be more difficult to implement, they should supplant the existing dominance of the poverty line approach.

An alternative to devising poverty lines is a qualitative assessment, which seeks to incorporate subjective components of poverty, and the perceptions of the poor themselves. These methods are often criticized for being difficult to measure, and thus, not easily incorporated into policy formation.⁶⁷ Although the use of participatory studies can be problematic,⁶⁸ qualitative approaches offer the opportunity to incorporate the perceptions of the poor into policy formation, while accounting for dimensions of poverty beyond income. Poverty alleviation programmes claim to be based on an assessment of 'needs,' yet what planners, politicians, and economists consider as 'needs' often has little or nothing to do with what different categories of the poor perceive as their needs.⁶⁹ Qualitative approaches can integrate the voices of the poor in order to gain a more complete picture of the characteristics and experiences of poverty, which has enormous potential to better inform policy.

The Voices of the Poor

The perspective of the poor is essential in understanding the experience of poverty, recognizing the plurality of categories of impoverishment, and formulating effective reduction strategies. *Voices of the Poor* provides insight into first-hand accounts from poor women and men, describing an experience of poverty which is multi-dimensional and nuanced. The picture of poverty which emerges from this study has serious implications for HIV/AIDS intervention strategies. There is significant correspondence of themes and categories used to describe poverty and AIDS respectively. It is argued here that such overlap is not coincidental, and the relationship between HIV/AIDS and poverty merits exploration to better inform policy. An examination of the voices of the poor will help elucidate some of the subtleties and complexities inherent in a holistic conceptualization of poverty. While the accuracy and truth of these statements are subjective, the concerns which emerge from the voices are concrete, and deserve attention.

Deepa Narayan, author of the *Voices* series, emphasizes the implications that *Voices* holds for policymakers:

For poor people, empowerment, security, and opportunity must all be experienced at the local level. Without physical, psychological, and economic security, participation and empowerment remain meaningless slogans on paper. Poverty is experienced at the local level, in a specific context, in a specific place, in a specific interaction. Those who plan for poverty reduction are far away. While participatory poverty assessments such as those reviewed here give us some idea about poor people's realities, the danger is that development agencies will simply continue "business as usual."⁷⁰

Deepa Narayan argues unequivocally that any strategy for change must begin with an understanding and consideration of poor people's realities.⁷¹ However, this fundamentally critical point of departure for poverty reduction policy has been overtly disregarded by the World Bank.

Instead of beginning with poor people's realities, the World Bank has subordinated the perspective of the poor to other concerns, such as open markets. While *Attacking Poverty* is precedent-setting insofar as recognizing that perceptions of poverty differ depending on time and place, the World Bank assumed that the perceptions in question shared the common belief that economic growth and prosperity was the indispensable ingredient for poverty reduction.⁷² *Voices of the Poor* are quite clear in regard to establishing a view of poverty which recognizes the need for political and social change to accompany economic growth, if poverty is to be alleviated globally.

Significantly, the world's poor do not define their condition strictly in terms of income, assets, or material well-being. In addition to these categories, dimensions of physical well-being, freedom of choice and action, security, and social relations contribute to the conditions of poverty.⁷³ Indeed, these dimensions are interrelated and persist at local, national, and international levels. Certain systematic problems, such as corruption, violence, powerlessness, and insecure livelihoods are repeatedly identified as limiting the ability of the poor to overcome obstacles to well-being. This suggests that the world's poor see their own governments as being at least partly responsible for the persistence of poverty. A discussion group in Nigeria stated that "there is enough money to go around the country and make life worth living, but corrupt practices would not allow us to share in the national wealth."⁷⁴ In South Africa, frustration with the channeling of money is apparent: "We keep hearing about monies that the government allocates for projects, and nothing happens on the ground."⁷⁵ Others reinforce notions of state ineffectiveness, with sentiments such as, "[p]eople now place their hopes in God, since the government is no longer involved in such matters,"⁷⁶ and, "[n]obody is able to communicate our

problems. Who represents us? Nobody.”⁷⁷

A prominent concern of the impoverished is physical well-being, in which health and access to health care are of utmost importance. In Malawi, poor people in every visited community related their vulnerability to illness and disease, identifying numerous health dangers including hunger, strenuous labour, extreme weather, inadequate shelters, contaminated water, poor sanitation, promiscuity, and unprotected sex.⁷⁸ The outbreak of diseases, in addition to the HIV/AIDS epidemic leave many people orphaned, widowed, or disabled, aggravating existing vulnerabilities.⁷⁹ Poor people emphasize the desire for health care and medicine, especially in Africa, where the HIV/AIDS incidences contribute to diminishing access to affordable treatment.⁸⁰ In Zambia, “each day there is a funeral in a nearby village because of the distance to the hospital.”⁸¹ A common sentiment is how good health contributes to both physical and psychological well being: “A better life for me is to be healthy.”⁸² However, illness can exacerbate poverty, and vice-versa: “If you don’t have money today, your disease will lead you to your grave;” “If a poor man gets sick, who will support the household?”; “We are all ill because of poverty – poverty is like an illness.”⁸³ To be sure, illness stands out as a catalyst for descent into poverty,⁸⁴ which is especially significant in the context of an AIDS epidemic.

The psychological distress caused by the conditions of poverty is repeatedly emphasized throughout *Voices*. This distress manifests itself in the form of frustration with corruption, powerlessness, fear of violence, despair of illness, humiliation and shame of dependency, or stigma of marginalization. Some of the voices relate a lack of self-worth:

For a poor person everything is terrible – illness, humiliation, shame. We are cripples; we are afraid of everything; we depend on everyone. No one needs us. We are like garbage that everyone wants to get rid of.⁸⁵

For others, “poverty is humiliation, the sense of being dependent on [others], and of being forced to accept rudeness, insults, and indifference when we seek help.”⁸⁶ The frustration of powerlessness also pervades *Voices*: “[poverty is] like living in a jail, living under bondage, waiting to be free;”⁸⁷ “poverty is lack of freedom, enslaved by crushing daily burden, by depression and fear of what the future will bring;”⁸⁸ “If you want to do something and have no power to do it, it is *talauchi* (poverty).”⁸⁹

The links between increases in poverty and STDs, including HIV/AIDS, are mentioned in many of the study’s participatory poverty assessments (PPAs). Of course, the link between poverty and HIV/AIDS is not direct, nor is it simple. The issue of HIV/AIDS and its severe consequences on households and society were discussed in most PPA reports from Africa, including South Africa, Uganda, Tanzania, Mali, Togo, Benin, Burkina Faso, Zambia, Swaziland, Senegal, Ethiopia, and Cameroon.⁹⁰ Indeed, many African PPAs associate poverty with prostitution and migrancy, which in turn, are associated with HIV transmission.⁹¹

Lacking in *Voices* is any mention of how international economic systems and policies affect poor individuals. This is likely due primarily to the fact that policy formulation often occurs within structures in which the poor either have no access or no representation.⁹² However, *Voices* indicates that the poor see the results of these policies manifested on the ground, and this experience grounds their belief in corruption and their own powerlessness. This is a critical point, because it means that policy formation should not be conducted exclusively at either the transnational or local level. What is required, it seems, is a calculated incorporation of both the perspectives of the poor and international policy-forming bodies.

Implications of the Voices of the Poor for Poverty and HIV/AIDS

Voices of the Poor makes it unequivocally clear that the World Bank's narrow definition of poverty is completely inadequate. By extension, poverty reduction strategies are also inadequate. This has a profound impact on the AIDS epidemic in sub-Saharan Africa. Nana Poku argues that until poverty is reduced, AIDS intervention strategies will have little success.⁹³ This argument can be extended to suggest that the opposite is equally true, that until the AIDS epidemic is contained, poverty reduction will have little success. Moreover, this paper suggests that unless the World Bank's definition of poverty is reformulated to encompass a more nuanced understanding of the issue, poverty reduction strategies will be futile. A more productive approach is to define poverty in terms of disempowerment, a framework widely cited in *Voices*. Robert Friedmann advocates such a definition of poverty, suggesting three dimensions of disempowerment to be particularly relevant: social, psychological, and political.⁹⁴ If the voices of the poor suggest that poverty is primarily characterized by disempowerment, then the logical solution is collective empowerment.

Social disempowerment refers to "poor people's relative lack of access to the resources essential for the self-production of their livelihood."⁹⁵ The World Bank's definition of poverty assumes that household activities are primarily concerned with consumption. However, for poor households, real production takes place primarily within, not outside the household.⁹⁶ This work is not always rewarded by paid income, but is tremendously important to poor households.⁹⁷ However, poverty reduction policy is geared to "capital accumulation and therefore to the improvement of the material conditions of those who are creatures of the market economy and are able to benefit from its expansion."⁹⁸ Thus, policy tends to ignore and discourage the

contribution of nonmarket relations to the production of livelihood, which are fundamentally important to the well-being of poor populations.⁹⁹

Psychological disempowerment refers to “poor people’s internalized sense of worthlessness and passive submission to authority.”¹⁰⁰ This theme is emphasized repeatedly throughout *Voices*, where numerous references are made to low self-esteem, hopelessness, and humiliation. The psychological strains of the epidemic can lead to familial dissolution, causing various support structures to collapse, such as care of the elderly, who increasingly shoulder the burden of child care.¹⁰¹ The psychological element of hope is an interesting factor, as it deviates from the emphasis on markets to incorporate non-monetary values and nonmarket inputs, perhaps filling gaps in understanding.¹⁰² As *Voices* indicates, hopelessness is a common expression of the impoverished. Furthermore, AIDS can have a decisively negative impact on hope, which can be considered a helpful dimension in assessing behaviour trends.¹⁰³

Political disempowerment refers to “poor people’s lack of a clear political agenda and voice.”¹⁰⁴ What this means is having little or no say in how one’s life is shaped and determined within political communities.¹⁰⁵ As discussed above, poverty alleviation policies are formulated within structures to which the poor have no access. Although *Voices* attempted to grant this access, policy formation continues to be conducted according to neoliberal international economic models. As Rahnema has argued, this policy continues to disregard deeper issues of political domination, while perpetuating the “myth” that poverty could be conquered through increased productivity and ‘trickle-down’ effects.¹⁰⁶ In the context of sub-Saharan Africa, political exclusion can be identified at the international level through colonialism, and later with the implementation of SAPs, of which political disempowerment seems the only ‘trickle-down’

effect. Consequently, these structural conditions seem to keep the poor in perpetual impoverishment, systematically confining and sometimes excluding their access to structures of power.¹⁰⁷

These three sources of disempowerment are interrelated, and perpetuated at numerous levels, presenting numerous opportunities for forms of empowerment. Poku has suggested that in response to the pressure for structural adjustment, African governments have capitulated to the will of the World Bank and IMF, specifically in terms of formulating health and social policy. As a result, a dramatic change in the philosophy of health care provision has shifted emphasis away from traditional notions of social justice and equity toward markets and efficiency.¹⁰⁸ With the enormous pressure that HIV/AIDS places on health care systems, public health services and care are often perceived amongst policy-makers as the major obstacle threatening the economic growth of African states.¹⁰⁹ Benatar echoes many of Poku's arguments that an overemphasis on the market has eclipsed considerations of democracy and social justice.¹¹⁰ This presents a certain discord between the market-based, growth-promoting poverty reduction strategies of the World Bank and the nonmarket-based production generated by many impoverished households. The emphasis on markets perpetuates political disempowerment, by emphasizing structures which have little relevance to the plight of the impoverished.

To this discord, Benatar attaches notions of morality and obligation. By "acknowledging the disempowering effects of the exploitation, discrimination and imperialism that characterize the current world system," it is possible to shame and discredit "those nations that believe that their military and economic strength imbues them with incontestable power."¹¹¹ Friedmann's emphasis on the household economy, in contrast with the current world order, shifts emphasis

away from markets, and suggests new forms of relations between state and civil society. Furthermore, a shift in emphasis toward the household can also better inform HIV/AIDS policy, as HIV tends to cluster within families at the household level.¹¹² Often, the effects of globalization and poverty facilitate and drive this trend, perhaps most notably by inducing increased mobility and migrant labour. In Africa, male migrant labourers working in mines work long, grueling hours and often rely on self-brewed alcohol and sex for leisure. Miners face a one in forty chance of being crushed by a falling rock, so the delayed risk of HIV seems relatively remote.¹¹³ The mining community in Carletonville, South Africa, has an astonishing sixty-five per cent HIV seroprevalence rate, higher than any other region in the world.¹¹⁴ When these men return to their families, they often carry the virus with them into the household and community. Wives of migrant workers often become infected, and HIV can then be passed on to children born afterward.¹¹⁵

AIDS puts enormous economic strain on families and households.¹¹⁶ Stuart Gillespie et al argue that poor individuals and households are more likely to be hit harder by the downstream impacts of the AIDS epidemic, but their chances of being exposed to HIV in the first place are not necessarily greater than wealthy individuals and households. However, their study is problematic for a number of reasons. Their conclusion rests on the relationship between national wealth (GDP per capita) and HIV prevalence rates, excluding factors of income inequality, which they admit shows a strong correlation in sub-Saharan Africa, Latin America, and Asia. Furthermore, the study also admits that poor people are more likely to die quickly after testing positive for HIV, while wealthier people are able to survive longer, and remain in test populations longer. Other factors, such as strain type, religious or cultural practices

(circumcision, for example), or national HIV/AIDS policies were not considered. This must distort their data significantly. Indeed, the study's reliance upon World Bank-established global poverty lines are thoroughly unhelpful in assessing the relationship between poverty and HIV, because they fail to consider distribution of GDP. In the same study, a clear relationship was found between HIV prevalence and income inequality.¹¹⁷

Despite an abundance of literature around the various 'coping' mechanisms of households affected by HIV/AIDS, Tony Barnett and Alan Whiteside denounce coping as a myth.¹¹⁸ Households, they argue, do not cope – they dissolve. The primary coping mechanism is the sale of assets, which might allay short-term economic hardship, but the sale of productive assets in the long-term is economically disastrous.¹¹⁹ Decisions and actions taken by poor households affected by AIDS do not reflect a carefully thought-out long-term strategy or actionplan, but rather, are reflective of short-term efforts to survive.¹²⁰ Coping is about dealing with risk, but risk, like income and HIV-prevalence, is not equally distributed. Barnett and Whiteside suggest that emphasis on coping fits comfortably with neoliberal ideologies, which implicitly make moral judgments about the stance of a household toward the world.¹²¹ In practice, poor people are often told by outsiders that they are 'coping,' and have their 'strategies' studied and reported "for little purpose other than to provide assurances to major lenders such as the World Bank that their policies are in some sense working."¹²²

Linking the Epidemics of AIDS and Poverty

If poverty and AIDS are so inextricably interrelated, then surely policy formulation must reflect this relationship. At the international level, however, there appears to be reluctance in linking these two complex entities, opting instead for separation and individual treatment.

Perhaps the most significant piece of recent development policy has been the UN's Millennium Development Goals (MDGs). The Millennium Declaration contains two goals which are of particular significance here: First, "to halve, by the year 2015, the proportion of the world's people whose income is less than one dollar a day;" second, "to have, by [2015], halted, and begun to reverse, the spread of HIV/AIDS."¹²³ There are a couple significant items of note in these goals. First, the UN unequivocally employs World Bank standards and measurements of poverty, citing the neatly-packaged 'one dollar a day' designation. Second, these goals are not linked together in the General Assembly's resolution, nor are there concerted UN efforts to lead large intervention strategies targeting both goals simultaneously.¹²⁴ These points are of utmost importance, as "the MDGs have become all-important, not just within the UN, but also as the *zeitgeist* of the global development enterprise."¹²⁵

The UN report on population and HIV/AIDS for 2005 reports that "by placing a severe burden on individuals, families, households and governments, AIDS has increased poverty."¹²⁶ However, completely absent is the other side of the 'vicious circle,' as no mention is made of how poverty facilitates HIV transmission. Furthermore, the report cites low health expenditures per capita in sub-Saharan Africa as a primary factor influencing the insufficient medical resources mobilized to address the AIDS epidemic.¹²⁷ However, the report fails to provide contextualization of the situation, which includes the influence of colonialism and SAPs. By 2007, the UN report no longer includes a category for poverty.¹²⁸ Essentially, these reports provide little more than decontextualized HIV/AIDS statistics, avoiding difficult issues and answers in favour of vague, imprecise rhetoric. The concept for the forthcoming World Bank *Global Monitoring Report 2010* is focused on achieving the MDGs in the aftermath of the

economic crisis. While critics such as Amir Attaran, Sylvia Chant, and Kathy McIlwaine have previously argued that the MDGs as they relate to poverty are unobtainable, the recent recession might bail out the UN and the World Bank for failing to deliver on these promises. It will be interesting to see how the recession becomes employed in World Bank and UN rhetoric around the MDGs.

To underscore this lacuna in AIDS-poverty integrated policy, the World Bank's *Attacking Poverty* devotes a meager page to the connection. In a box entitled "AIDS and Poverty," the report cites old disease demographics from the 1980s and early 1990s to suggest that poor people are not more likely to be infected.¹²⁹ On the basis of these outdated demographic statistics, the report argues that wealthy people are just as susceptible to HIV/AIDS as poor people. Furthermore, the report claims that intervention techniques which have been proven to be effective focus on individual behaviour modification, especially as it relates to sexual contact. This flies in the face of arguments made by Stillwaggon, Poku, and others, who insist that without poverty reduction and systematic adjustments, HIV/AIDS interventions will be ineffective. Proceeding along these individualistic lines, the report argues that "successful intervention programs...[will] include conducting public information campaigns to change individual behaviour and social norms for sexual contact."¹³⁰ Despite the fact that "AIDS is becoming a disease of poor people," *Attacking Poverty* does not incorporate HIV/AIDS reduction strategy into its plan of attack.¹³¹

Desmond Cohen argues that HIV-specific programs are often oblivious to the interests of the poor, and are rarely related to their needs.¹³² Similarly, Poku suggests that until poverty is reduced, there will be little progress with either reducing HIV transmission, or "creating an

enhanced capacity to cope with its socio-economic consequences.”¹³³ Indeed, *Voices* indicates that people living in poverty recognize and understand some of the inherent links between poverty and HIV/AIDS, yet the World Bank and the UN have either failed or refused to recognize the relationship. However, for many of those who have seen or experienced poverty, the relationship between HIV and poverty is unambiguously clear. In Malawi and Zambia, HIV/AIDS is seen as an acute problem, associated frequently with stress, anguish, and ill-being – all dimensions of poverty.¹³⁴ In Zambia, a focus group of youth constructed a causal diagram which indicated that poverty causes prostitution, which causes AIDS, which causes death.¹³⁵

In defining poverty by GDP, the link between poverty and AIDS becomes obscured, and thus, it can be argued that there is no inherent connection between them. Nicola Natrass is correct when she observes that there is no obvious relationship between per capita income and HIV prevalence.¹³⁶ However, per capita income is not a measure of inequality or disempowerment. The UN acknowledges that Southern Africa, which contains some of the highest HIV prevalence in the world, is also the most economically advanced region in sub-Saharan Africa.¹³⁷ Yet, these hardest-hit countries also have high levels of income inequality,¹³⁸ a dimension of poverty described in detail in *Voices*. However, with the World Bank’s definition prevailing, the link between AIDS and income is easily shown to be indirect, a finding which continues to have negative effects on any attempt to address the AIDS epidemic.

To some extent, the reluctance of the World Bank and UN to formulate policy which integrates poverty and HIV/AIDS reduction can be attributed to a fear of association with certain AIDS denialists, most notably Thabo Mbeki. Mbeki has questioned the causal relationship between HIV and AIDS, suggesting that the conditions of poverty have played a central role in

the collapse of Africans' immune systems – not everything can be blamed on a “single virus.”¹³⁹

Rather than link recent trends in African mortality rates to the AIDS epidemic, Mbeki argued that the “biggest killer and the greatest cause of ill health and suffering...is extreme poverty.”¹⁴⁰

These statements, made at the International AIDS Conference in Durban in 2000, certainly do not preclude a connection between HIV and AIDS, but rather, shift emphasis from AIDS to what he perceived to be the more significant epidemic – poverty. As Mbeki's denialism grew more radical, international policy seemed to shy away from linking poverty and AIDS, perhaps for fear of being associated with, or lending credence to, Mbeki's more controversial stance.

The discrepancy between observed connections between poverty and AIDS and the lacuna in policy informed by this connection is disconcerting, and one in dire need of correction. Fears of association with dissenting views, and perhaps most of all, a narrow, ahistorical definition of poverty, strictly defined by income, have contributed to the failure of policy to integrate AIDS and poverty reduction strategies. To be sure, if poverty is merely an issue of income, then the logical solution should be simple – get the poor more money. However, it has been firmly established above that the forces which influence the persistence of poverty are numerous, and operate on many levels, from historical contexts such as colonialism, to systematic and structural issues like SAPs and debt, to devastated health care systems, stigma, inequitable power relations, and HIV/AIDS. As such, the standard World Bank definitions of poverty and their resultant poverty alleviation strategies are grossly inadequate and ahistorical. The persistence of the World Bank's definition has the potential to exacerbate global income inequality, but also the African AIDS epidemic. Poverty reduction policy must begin with the perspectives of the impoverished, and upon this, *Voices* is unequivocally clear:

We could assume that no fundamental change is needed in the development approach to poverty reduction – only more money. Or, we could pause to reflect upon what should be done differently to respond to the voices of the poor. Indeed, our overarching conclusion is that poverty can be reduced only if we build strategies around what we have learned from poor people, from their realities as they experience them.¹⁴¹

Indeed, until pressures from the U.S. Treasury and others forced its revision, *Attacking Poverty* proposed precisely this. The revision of the report is a tragedy, as the World Bank and UN have continued to formulate development policy premised upon a narrow definition, which precludes the integration of poverty and HIV/AIDS intervention strategies.

What would development policy look like if it incorporated a more holistic understanding of the forces which create and perpetuate poverty? First, it would recognize the connections which the poor make among ill-health, AIDS, and poverty. Second, it would recognize the vicious circle of AIDS and poverty, by which they constitute a mutually reinforcing positive-feedback mechanism. Third, it would recognize the numerous structural and systematic forces and inequalities which exacerbate the dual epidemics of AIDS and poverty. Fourth, policy would recognize the value of non-market labour inputs, shifting emphasis from markets to empowerment, thus utilizing the moral economy based on trust, social relations, and reciprocity.¹⁴² Fifth, it would recognize the historical contexts which have impacted the ways in which poverty and AIDS are perceived and constructed. Sixth, it will recognize that opportunities for poverty and AIDS intervention exist at numerous levels, and are often interrelated. Lastly, it will challenge the fundamental assumption of the World Bank and UN that all perceptions in question share the belief that economic growth and prosperity is the only way to poverty eradication.¹⁴³

A more holistic conceptualization for poverty holds tremendous potential and implications for addressing the HIV/AIDS epidemic. By beginning with the experiences and perspectives of the poor, policy-makers can develop more comprehensive knowledge of how the conditions of poverty influence decision-making processes of individuals, families, households, communities, and nations. This would facilitate a move away from the behaviour model of HIV intervention, which continues to dominate. Additionally, it has the potential to directly address the connection between AIDS and poverty through policy hitherto unprecedented. Moreover, it would challenge the domination of market-based, neoliberal economic strategies for poverty alleviation, which to date have been thoroughly unsuccessful, and have only exacerbated inequality and poor health in sub-Saharan Africa. To be sure, if the economists are right, then the U.S. should have eradicated poverty long ago, as it has done everything that economists recommend: create a free market, allow the unhindered movement of labour, and maintain an adequate growth rate.¹⁴⁴ In spite of their best efforts, one-fifth of Americans live in poverty.¹⁴⁵

Conclusions

Any connection between poverty and AIDS must consider poverty beyond strict GDP measurements, as this is not representative of the experiences of poverty, nor of the relationship between AIDS and poverty. Barnett argues that the traditional economic analysis of HIV/AIDS focuses largely on the direct links between income and HIV infection, failing to include other factors, like non-market labour inputs, the effect of HIV on communities, and the destruction of social reproduction.¹⁴⁶ To be sure, the historical forces which wrought the ‘dollar-a-day’ definition of poverty have shifted emphasis to GDP, subordinating the numerous dimensions of impoverishment which exacerbate the AIDS epidemic: gender relations, income inequality,

cultural and social norms, stigma, poor health care systems, political disempowerment, and hopelessness. The World Bank has functioned as the arbiter of development norms and meanings,¹⁴⁷ and their emphasis on GDP has had negative consequences for HIV containment. However, as argued above, a nuanced conceptualization of poverty makes the connection between poverty and AIDS explicit, rendering these dimensions of poverty relevant, if not central, to intervention policies.

The preceding analysis helps underscore the complexity of HIV/AIDS, while demonstrating that intervention strategies premised solely on behaviour modification are hopelessly simplistic. Intervention opportunities exist on numerous levels, and no single one can halt and reverse the AIDS epidemic. Specifically, power relations drive both economic inequality and the HIV/AIDS epidemic, and as such, the disempowerment model of poverty espoused by Friedmann is especially apt. The implications of a new theoretical framework for poverty are enormous, presenting new modes of intervention premised specifically on the interrelatedness of poverty and AIDS. For example, debt cancellation could help balance power relations between developed and developing countries, while increasing the freedom of governments to spend, ideally within the social sector. This could help counteract the devastating effect that SAPs have had on African health-care systems, which in turn, have aggravated the AIDS epidemic. Additionally, a new poverty framework could facilitate a return to traditional moral economies, wherein communities are not forced to engage in market-input production, focusing instead on social relations and reciprocity, which could help absorb the devastating effect of AIDS of households. More obviously, equitable poverty reduction will

improve nutrition, education, sanitation, and susceptibility to infectious disease, all of which discourage the conditions poverty which facilitate HIV transmission.

A tremendous amount of political will is required to exact the necessary change in international policy to poverty and AIDS reduction strategies. Although vast global resources have been mobilized in the AIDS effort, state and international priorities must continue to shift. To put this into perspective, the US\$7-10 billion required to make the Global Fund for AIDS operational is equivalent to approximately one per cent of annual military spending.¹⁴⁸ Although this essay has focused largely on policy and change at international levels, the governments of sub-Saharan Africa and the affected poor are not exempt from responsibility. Governments cannot use global inequality to excuse their own failings.¹⁴⁹ Individuals must also assume partial responsibility for their own empowerment. However, individual interventions can only work to the extent that people foresee an incentive to engage in behaviour change. Without hope, interventions at this level fail.¹⁵⁰ Therefore, it is essential to begin with structural change, not behaviour change, in order to provide hope to the hopeless in the midst of the poverty and AIDS epidemics in sub-Saharan Africa.

Endnotes

¹ Peter Piot, Robert Greener, and Sarah Russell, “Squaring the Circle: AIDS, Poverty, and Human Development,” *PLoS Medicine* 4, no. 10 (2007): 1571.

² Julia Kim, Paul Pronyk, Tony Barnett, and Charlotte Watts, “Exploring the Role of Economic Empowerment in HIV Prevention,” *AIDS* 22, no. 4 (2008): S57.

³ World Bank, *Third Annual Report: 1947-1948* (Washington, D.C.: International Bank for Reconstruction and Development, 1948), 14-15.

⁴ L. Alan Winters, “Trade, Trade Policy and Poverty: What are the Links?” Discussion Paper No. 2382 (London: Centre for Economic Policy Research, 2000), 38.

⁵ Majid Rahnema, “Poverty,” in *The Development Dictionary: A Guide to Knowledge as Power*, ed. Wolfgang Sachs (London: Zed Books, 1992), 161.

⁶ John Stover and Lori Bollinger, “The Economic Impact of AIDS,” in *AIDS in Africa: A Pandemic on the Move*, ed. Garson J. Claton (New York: Novinka Books, 2006), 25-26.

⁷ *Ibid.*, 26.

⁸ Piot et al, 1572.

⁹ Alan Whiteside, “HIV/AIDS and Development: Failures of Vision and Imagination.” *International Affairs* 82, no. 2 (2006): 334.

One of Alan Whiteside’s favorite things to say is that AIDS is a “long-wave event,” meaning that we have yet to see the full impact of the epidemic. This is a scary thought, especially if some of the epidemic’s impacts are self-reinforcing.

¹⁰ United Nations Department of Economic and Social Affairs/Population Division (UNDESA), *Population, Development, and HIV/AIDS with Particular Emphasis on Poverty: The Concise Report* (New York: United Nations, 2005), 40.

¹¹ Eileen Stillwaggon, *AIDS and the Ecology of Poverty* (Oxford: Oxford University Press, 2006), 14.

¹² Eileen Stillwaggon, “HIV/AIDS in Africa: Fertile Terrain,” *The Journal of Development Studies* 38, no. 6 (2002): 3-4.

¹³ Cecile Ambert, Katja Jassey, and Liz Thomas, “HIV, AIDS, and Urban Development Issues in SubSaharan Africa. Beyond Sex and Medicines: Why Getting the Basics Right is Part of the Response!” (Stockholm, Sweden: Swedish International Development Cooperation Agency, 2007, accessed 7 November 2009); available from <http://web.wits.ac.za/NR/rdonlyres/ EAF81477-F895-44C3-9CDA-7BC981098936/0/B68.pdf>; internet, ii.

¹⁴ *Ibid.*, 29.

Ambert et al. point out that women and girls often have higher infection rates of bilharzia (10), underscoring the disproportionate vulnerability to HIV experienced by women. ¹⁵ *Ibid.*, ii.

¹⁶ Stillwaggon, “HIV/AIDS in Africa,” 10.

¹⁷ *Ibid.*, 11-12.

¹⁸ Stillwaggon, *AIDS and the Ecology of Poverty*, 33.

¹⁹ Kim et al, 66.

²⁰ Stuart Gillespie, Suneetha Kadiyala, and Robert Greener. “Is Poverty or Wealth Driving HIV Transmission?” *AIDS* 21, supp. 7 (2007): S12.

Gender inequalities is a compelling argument in itself for the exacerbation of both poverty and HIV/AIDS. For brevity's sake, I have limited the discussion of gender inequalities, in hopes of focusing primarily upon conceptualizations of poverty and implications for the AIDS epidemic. While gender relations remain fundamentally important and at times implicit in these issues, to do the issue justice would be beyond the scope of this essay.

²¹ Piot et al, 1572.

The disempowerment of women is a common theme pervading *Voices of the Poor*. As one woman from Uganda intimated in *Can Anyone Hear Us?*, "Men rape within the marriage. Men believe that paying dowry means buying the wife, so they use her anyhow at all times. But no one talks about it" (152). Cultural norms and patriarchal societies oppress women, and make them more susceptible to both poverty, and to HIV.

²² Piot et al, 1571.

²³ Ibid., 1574.

²⁴ Eileen Stillwaggon, "HIV Transmission in Latin America: Comparison with Africa Policy Implications," *South African Journal of Economics* 68, no. 5 (2000):987.

²⁵ Ibid.

²⁶ Quoted in Nana Poku, "Poverty, Debt, and Africa's HIV/AIDS Crisis," *International Affairs* 78, no.3 (2002): 532.

²⁷ Stillwaggon, "HIV/AIDS in Africa," 16.

²⁸ Kelley Lee and Anthony B. Zwi, "A Global Political Economy Approach to AIDS: Ideology, Interests, and Implications," *New Political Economy* 1, no. 3 (1996): 359.

²⁹ Ibid., 359-360.

³⁰ Ibid., 360.

³¹ Ibid, 363.

³² Devi Sridhar, "Economic Ideology and Politics in the World Bank: Defining Hunger," *New Political Economy* 12, no. 4 (2007): 499.

³³ Lee and Zwi., 366.

³⁴ Ibid., 367.

³⁵ Ibid., 367-368.

³⁶ Ibid., 368.

This has been apparent in the development of antiretroviral drugs, which were initially prohibitively expensive for most AIDS patients who needed them.

Another consequence of market-driven research has been a focus on the B subtype of HIV, which predominates in Europe and North America. These markets are certainly not the largest, but are the most capable of paying for treatment (Lee and Zwi, 368).

³⁷ Solomon R. Benatar, "The HIV/AIDS Pandemic: A Sign of Instability in a Complex Global System," *Journal of Medicine and Philosophy* 27, no. 2 (2002): 163-164.

³⁸ Dennis Altman, "Globalization, Political Economy, and HIV/AIDS," *Theory and Society* 28 (1999): 565.

³⁹ Sylvia Chant and Cathy McIlwaine, *Geographies of Development in the 21st Century: An Introduction to the Global South* (Northampton, MA: Edward Elgar Publishing, 2009), 39-40.

Chant and McIlwaine argue that at this point, there was little thought in regard to national repercussions of these repayments for heavily indebted countries.

⁴⁰ *Ibid.*, 40.

⁴¹ *Ibid.*, 41.

⁴² *Ibid.*, 42.

⁴³ Benatar, 166.

⁴⁴ *Ibid.*, 169.

⁴⁵ *Ibid.*

⁴⁶ *Ibid.*

⁴⁷ Deepa Narayan, Ray Patel, Kai Schafft, Anne Rademacher, and Sarah Kock-Schulte, *Voices of the Poor: Can Anyone Hear Us?* (New York: Oxford University Press, 2000), 26.

For the 1990 *WDR*, the Bank used 1985 adjusted prices to establish that anyone living on less than US\$1.00 per day was living in poverty. For the 2000/2001 *WDR*, this standard was updated according to 1993 adjusted international prices to US\$1.08 per day as extreme poverty, and US\$2.00 per day as poverty (Chant and McIlwaine, 186). In 2008, the Bank once again updated the global poverty line according to 2005 purchasing power parity, increasing it to US\$1.25 (World Bank, "Dollar a Day Revisited," Policy Research Working Paper 4620 (Washington, D.C.: World Bank Development Research Group, 2008), 2.).

⁴⁸ World Bank, *World Development Report 2000/2001: Attacking Poverty* (New York: Oxford University Press, 2001), 17.

The US\$1.08 was a recalculation of the 1990 value of \$1.00 per day. What this means is that in 2000, US\$1.08 had the same purchasing power as US\$1.00 in 1990.

⁴⁹ John Friedmann and Leonie Sandercock, "Empowerment: An Escape Route from Poverty," *UNESCO Courier* 48, no. 3 (1995): 14-16.

⁵⁰ World Bank, *Attacking Poverty*, 37.

⁵¹ Robert Wade, "US Hegemony and the World Bank: The Fight Over People and Ideas," *Review of International Political Economy* 9, no. 2 (2002): 225.

⁵² *Ibid.*

⁵³ *Ibid.*

⁵⁴ *Ibid.*, 225-226.

⁵⁵ *Ibid.*, 227.

By resigning, Kanbur hoped to force the Bank to "take ownership" of the report. Had he not resigned, he believed that the Bank would be able to subtly distance itself from the report, by referring to it as "Kanbur's report." The report remains a marked departure from earlier World Bank conceptualizations of poverty, but the emphasis on growth, income, production and consumption remained as the cornerstones of poverty reduction policy.

⁵⁶ *Ibid.*, 233.

⁵⁷ *Ibid.*, 220-221.

⁵⁸ Robert Wade, "Making the World Development Report 2000: Attacking Poverty," *World Development* 29, no. 8 (2001): 1439.

At the same time, Wade acknowledges that the U.S. Treasury does not always get the Bank to do what it wants, nor does the Bank do or say what the U.S. Treasury wants for that reason alone: "Both organizations are committed to the same broad neoliberal ideology, and to the same notion of what constitutes good technical economics research" (Wade, "U.S. Hegemony and the World Bank," 233).

⁵⁹ Wade, "U.S. Hegemony," 229-230.

Wade cites an interesting example of this from page 51 of *Attacking Poverty*, in Box 3.3 on "Divergence and worldwide income inequality." Initially, the report reads that "income inequality between countries has increased sharply over the past 40 years." Toward the end of the box, however, a more cautious statement has been conspicuously inserted to read, "there have been some increases in worldwide inequality between individuals in past decades...[but] the evidence suggests that the increases in worldwide inequality in recent years are small relative to the much larger increases that occurred during the 19th century." This latter statement ignores the concern about 19th century data, which is subject to wide margins of error, along with the accompanying graph, which clearly indicates a sharper rise in world inequality in recent years than anything in the 19th century.

⁶⁰ Rahnema, 162.

⁶¹ Ibid.

⁶² Ibid., 163.

⁶³ Chant and McIlwaine, 189.

⁶⁴ Ibid.

⁶⁵ Ibid., 90.

⁶⁶ Ibid.

⁶⁷ Chant and McIlwaine, 191.

⁶⁸ Many participatory approaches use focus group discussions to gather information, which, in turn, represent a consensus of views. However, focus groups are not necessarily an environment in which everyone feels comfortable to speak her or his mind, and as such, some voices may be excluded (Chant and McIlwaine, 192). Despite these shortcomings, it is argued here that qualitative measurements are preferable, because they have much more potential to yield more nuanced, accurate data on the characteristics and experiences of poverty.

⁶⁹ Rahnema, 164.

⁷⁰ Ibid., 230.

⁷¹ Ibid., 223.

⁷² Rahnema, 163.

⁷³ Deepa Narayan, Robert Chambers, Meera K. Shah, and Patti Petesch. *Global Synthesis: Consultations with the Poor* (Washington, D.C.: World Bank, 1999), 8.

⁷⁴ Deepa Narayan and Patti Petesch, *Voices of the Poor: From Many Lands* (New York, Oxford University Press, 2002), 477.

⁷⁵ Deepa Narayan, Ray Patel, Kai Schafft, Anne Rademacher, and Sarah Kock-Schulte, *Voices of the Poor: Can Anyone Hear Us?* (New York: Oxford University Press, 2000), 67.

⁷⁶ *Ibid.*, 222.

⁷⁷ Deepa Narayan, Robert Chambers, Meera K. Shah, and Patti Petesch, *Voices of the Poor: Crying Out for Change* (New York: Oxford University Press, 2000), 139.

⁷⁸ Narayan and Petesch, *From Many Lands*, 65

⁷⁹ *Ibid.*

The frequency with which poor women and men in Africa referred to AIDS orphans was striking. Orphanhood, it was acknowledged, was being made far worse by the AIDS epidemic. These children lack many things which cannot be provided for them. In *Crying Out for a Change*, discussion groups from Malawi and Zambia highlighted the strain of caring for the orphaned. Furthermore, a group of women in Zambia, reflecting on the AIDS epidemic, pointed out that the elderly are also greatly affected, because they are the ones left with caring for the orphans while the “able-bodied women and men are dying” (Narayan et al, *Crying Out for a Change*, 147).

⁸⁰ Narayan et al, *Crying Out for a Change*, 58.

⁸¹ Narayan, et al, *Global Synthesis*, 30.

⁸² Narayan et al, *Crying Out for a Change*, 264.

⁸³ Narayan et al, *Can Anyone Hear Us?*, 87.

⁸⁴ Narayan, et al, *Global Synthesis*, 13.

⁸⁵ Narayan et al, *Can Anyone Hear Us?*, 52.

⁸⁶ *Ibid.*, 217.

⁸⁷ Narayan et al, *Crying Out for a Change*, 236.

⁸⁸ Narayan et al, *Can Anyone Hear Us?*, 31.

⁸⁹ Narayan et al, *Global Synthesis*, 26.

⁹⁰ Narayan et al, *Can Anyone Hear Us?*, 203.

⁹¹ *Ibid.*

⁹² Sridhar, 513.

Sridhar argues that the position and relative importance of any topic within the bank seems to depend on the charisma of representatives and spokespersons. Moreover, this influences their ability to form personal connections and to maneuver the system. It is important to retain the inner-workings of bodies like the World Bank and the UN, to remember that they are susceptible to these types of influences from within. It would not be a stretch to suggest that the poor have little formal representation at the World Bank, and if they did, their ideas would likely not find resonance or support from the ideological underpinnings of the Bank.

⁹³ Poku, 545.

⁹⁴ Robert Friedmann, “Rethinking Poverty: Empowerment and Citizen Rights,” *International Social Science Journal* 48, no. 2 (1996): 164.

⁹⁵ *Ibid.*

⁹⁶ *Ibid.*, 165.

⁹⁷ Robert Friedmann and Leonie Sandercock, 15.

⁹⁸ Robert Friedman, *Empowerment: The Politics of Alternative Development* (Cambridge: Blackwell, 1992), 45-46.

⁹⁹ Ibid., 46.

¹⁰⁰ Friedmann, "Rethinking Poverty," 164.

¹⁰¹ Desmond Cohen, "Joint Epidemics: Poverty and AIDS in Sub-Saharan Africa." *Harvard International Review*(Fall 2001): 56-57

¹⁰² Tony Barnett and Mark Weston, "Wealth, Health, HIV and the Economies of Hope." *AIDS* 22, supp.2 (2008): S27.

¹⁰³ Tony Barnett, "HIV/AIDS and Hope(lessness)." *Global Public Health* 3, no. 3 (2008): 233-242.

Barnett acknowledges that the dimension of hope might not be overly helpful when considering western epidemics, or HIV among MSM. Furthermore, he explicitly states that he is not suggesting that all HIV infections reflect relative hopelessness, only that it could be a helpful concept.

¹⁰⁴ Friedmann, "Rethinking Poverty," 164.

¹⁰⁵ Friedmann and Sandercock, 17-18.

¹⁰⁶ Rahnema, 162-163.

¹⁰⁷ Friedmann, *Empowerment*, 70.

¹⁰⁸ Poku, 531.

¹⁰⁹ Ibid.

¹¹⁰ Benatar, 165.

¹¹¹ Ibid., 164.

¹¹² Poku, 536.

¹¹³ Ibid.

¹¹⁴ Ibid.

¹¹⁵ Ibid.

¹¹⁶ Gillespie et al, S14.

¹¹⁷ Ibid., S5-S16.

¹¹⁸ Tony Barnett and Alan Whiteside, *Poverty and HIV: Impact, Coping and Mitigation Policy* (Florence, Italy: UNICEF Innocenti Research Centre, 2002), 23.

¹¹⁹ Ibid., 10-11.

¹²⁰ Ibid.

¹²¹ Ibid., 25.

¹²² Ibid.

¹²³ United Nations General Assembly, 55th Session, *United Nations Millennium Declaration* (A/RES/55/2), 18 September 2000; accessed 7 November 2009; available from <http://www.un.org/millennium/declaration/ares552e.pdf>; Internet, pg. 19.

¹²⁴ Barnett and Whiteside, 25-26.

¹²⁵ Amir Attaran, "An Immeasurable Crisis? A Criticism of the Millennium Development Goals and Why They Cannot be Measured," *PLoS Medicine* 2, no. 10 (2005): 955.

¹²⁶ United Nations Department of Economic and Social Affairs/Population Division, *Population and HIV/AIDS 2005* (New York: United Nations, 2005).

¹²⁷ Ibid.

¹²⁸ United Nations Department of Economic and Social Affairs/Population Division, *Population and HIV/AIDS 2007* (New York: United Nations, 2007).

¹²⁹ World Bank, *Attacking Poverty*, 139.

¹³⁰ Ibid.

¹³¹ Ibid.

¹³² Cohen, 56.

¹³³ Poku, 545.

¹³⁴ Narayan et al, *Crying Out for a Change*, 89-94.

¹³⁵ Ibid., 94.

¹³⁶ Nicola Natrass, "Poverty, Sex, and HIV." *AIDS and Behaviour* 13, no. 5 (2009): 834.

¹³⁷ UNDESA, *Population, Development, and HIV/AIDS*, 8.

¹³⁸ Ibid.

¹³⁹ Thabo Mbeki, "Speech at the Opening Session of the 13th International AIDS Conference," presented at International AIDS Conference, Durban, South Africa, 9 July 2000; accessed 15 November 2009, available from <http://www.anc.org.za/ancdocs/history/mbeki/2000/tm0709.html>; Internet.

¹⁴⁰ Ibid.

¹⁴¹ Narayan and Petesch, *From Many Lands*, 461.

¹⁴² Friedmann, "Rethinking Poverty," 169.

¹⁴³ Rahnema, 163.

¹⁴⁴ Friedmann, "Rethinking Poverty," 161.

¹⁴⁵ Ibid.

¹⁴⁶ Tony Barnett and Mark Weston, "Wealth, Health, HIV and the Economies of Hope," *AIDS* 22, supp.2 (2008): S28.

Social reproduction in this sense refers to the ways in which societies reproduce patterns, be they ideas, customs, social structures, ways of interacting generally, or working with others over generations. Barnett and Weston argue that in times of social, cultural, and economic disruption, social distinctions, roles, relationships, and responsibilities are confused: people do not have a clear view of the future, and their ability to hope is severely compromised.

¹⁴⁷ Sridhar, 499.

¹⁴⁸ Poku, 543.

Also, compared to the US\$400 billion price tag for developing a new fighter aircraft for the American and British forces, the Global Fund for AIDS' requirements seem disturbingly disproportionate.

¹⁴⁹ Altman, 574.

¹⁵⁰ Barnett, "Wealth, Health, HIV, and the Economies of Hope," 32.

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