



HEALTH & LIVELIHOODS

The poverty-illness trap

Across the developing world, poverty fuels sickness, disease and malnutrition by forcing people to live in unhealthy environments, often without decent shelter, clean water or adequate food. It's a vicious cycle: poverty makes people more vulnerable to disease, while disease simultaneously erodes economic development and keeps them poor.¹ In addition, illness can trap an entire household in a downward spiral of lost income and high health care costs.²

LWR's Approach

LWR works with partners in rural areas around the world to address pressing health concerns that threaten communities and choke economic development. With a special focus on **malaria**, as well as a long history of responding to **HIV/AIDS**, LWR works to help rural communities prevent and effectively treat these diseases of poverty. LWR often works with local implementers that are faith-based and have national reach, such as the Evangelical Lutheran Church of Tanzania, which provides approximately 15 percent of the country's rural health care. Simultaneously, LWR's cross cutting commitment to food and water security complements its work in health and livelihoods by increasing community assets and resilience.



Malaria

Malaria, a preventable and treatable disease, kills nearly one million people a year.

On average, a child in Africa dies every 45 seconds.³

People living in poverty are disproportionately vulnerable to malaria, with 58 percent of malaria deaths occurring in the poorest 20 percent of the world's population. LWR, through the Lutheran Malaria Initiative,

works with community organizations to teach people to recognize malaria

symptoms, promote prevention, and provide

treatment and prevention resources such as bed nets and medication.

LWR works with partners in rural communities to:

1. Increase accessibility of malaria prevention and treatment, by:

- creating community-managed health insurance mechanisms that remove economic barriers to care and prevention;
- strengthening referral mechanisms; and
- providing insecticide-treated bed nets and training on their use, through a partnership with the United Nations Foundation's Nothing But Nets™ Campaign.

¹WHO: Poverty and Health. <http://www.who.int/hdp/poverty/en/>

²OECD. Policy Brief: Poverty and Health in Developing Countries: Key Actions. November 2003

³WHO. MDG#6. http://www.who.int/topics/millennium_development_goals/diseases/en/index.html

2. Ensure availability of tools and information necessary for malaria control. LWR works with rural health facilities, often the last leg of the supply chain, to:

- establish data collection and stock management and reporting systems;
- train and support health care staff on malaria diagnosis and treatment; and
- advocate for consistent supply of essential commodities.

3. Mobilize and encourage behavior change, by:

- educating rural communities about malaria transmission and consequences of the disease;
- working with at-risk groups to recognize signs and symptoms of malaria and seek prompt treatment; and
- targeting pregnant women and families with children under 5 with malaria prevention messages.

LUTHERAN MALARIA INITIATIVE:

The Lutheran Malaria Initiative is a partnership of Lutheran World Relief and The Lutheran Church—Missouri Synod to mobilize U.S. Lutherans in the global fight to eliminate malaria deaths in Africa by 2015. LMI is made possible through support from the United Nations Foundation. lutheranmalaria.org

HIV/AIDS

HIV/AIDS has had an unprecedented impact not only on the health sector, but in education, industry, agriculture, transport, human resources – all of which affect local and national economies. It decimates the workforce, fractures and impoverishes families, orphans millions, and shreds the social fabric of both rural and urban communities. LWR responds to HIV/AIDS by investing in community support systems that protect human, economic and social resources through livelihoods support, grassroots advocacy and community-based protection and empowerment. This asset-based approach targets families, communities and institutions to adapt and respond to the growing pandemic by:

1. Identifying and strengthening sustainable livelihoods options, by:

- expanding and improving smallholder farming; and
- strengthening community enterprises.

2. Building systems to sustain and support marginalized populations, including widows, orphans and other vulnerable children, by:

- strengthening communities and groups to scale-up and sustain care;
- leveraging additional resources for community-based programming; and
- empowering communities to develop prevention and mitigation strategies.

Food and Water Security

In addition to increasing resilience to disease, LWR recognizes that, to be healthy, communities must have an adequate supply of food to meet basic needs. LWR works in rural communities around the world to sustainably improve food availability, access and use through a focus on strengthening rural economies and rural livelihoods. In addition to food, ensuring community access to sufficient quantity and quality of water for human consumption and agricultural needs is a critical component of healthy, vibrant communities. LWR works with partners to address water security by developing water harvesting systems, promoting watershed management, protecting springs and water sources, and reducing water contamination.

CASE STUDY: IN MALI, LWR is working with farmers' associations to set up financial mechanisms for subsidizing members' health care costs.

Establishing Community Health Solidarity Funds, a type of community-led health insurance mechanism, can ensure access to timely diagnosis and treatment in more than 60 community health centers, and directly contribute to increased access to malaria prevention and treatment. In addition, this increased health utilization will increase the health facilities' revenue and their financial assets to improve preventive health strategies.