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Making Health Central to Sustainable Development

Planning the Health Agenda for the World Summit on Sustainable Development

Report of a WHO Meeting

Hosted by the Government of Norway
Oslo, Norway
29 November-1 December 2001

World Health Organization

UTENRIKSDEPARTEMENTET
Norwegian Ministry of Foreign Affairs

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1 Preface

The Department of Health and Development, WHO, organised a meeting on the theme "Making Health Central to Sustainable Development – Planning the Health Agenda for the World Summit on Sustainable Development" from 29 November to 1 December 2001 in Oslo, Norway. The meeting was hosted by the Government of Norway, and was one of a series of planning milestones in WHO's preparations for the World Summit on Sustainable Development (WSSD), to be held in Johannesburg, South Africa from 26 August to 4 September 2002.

The objective of the meeting was to help identify the key policy issues and action strategies for health in relation to sustainable development. The meeting brought together participants from all regions, representing a wide range of sectors in government, academia and research, non-governmental organisations, the private sector, as well as partners in the United Nations system.

The format of the meeting was designed to encourage interactive discussion among participants, and was organised around a series of panel discussions in plenary, as well as small working groups in thematic areas which included the following:

- Poverty and vulnerability;
- Globalisation, trade and the global economy;
- Environmental degradation, resource depletion, unhealthy lifestyles;
- Intersectoral action for health and sustainable development.

Lively discussions in both plenary and small working groups resulted in a number of suggested outcomes in regard to key policy issues and action strategies in thematic areas, as well as ideas for placing health more centrally on the sustainable development agenda for the WSSD. Issues highlighted and discussed included the need to focus increased attention on investing in health and health services for the poor and most vulnerable groups; strengthening the health component of sustainable development and poverty reduction strategies; the need to ensure policy coherence at all levels of policy and decision-making – both within and across sectors whose actions impact on health; addressing the burden of disease due to environmental conditions, and working towards sustainable production and consumption processes, encouraging healthier lifestyles.

Also highlighted were the need to address both the opportunities and threats associated with globalization to ensure that health is promoted and protected; the development of norms and standards needed to protect and promote health in sustainable development; increased commitment to the Millennium Development Goals and other international goals and targets; and strengthening the evidence base for health and sustainable development linkages across the three dimensions (economic, social and environmental).

The World Summit on Sustainable Development was seen as an important opportunity to advance the health and sustainable development agenda. The key issues and policy priorities identified in Norway will feed into a high-level intergovernmental ministerial meeting on health and sustainable development being held in Johannesburg, South Africa from 19 to 22 January 2002. This meeting has the objective of further identifying and refining inputs for the health agenda for the WSSD.

The World Health Organization expresses its sincere thanks to the Government of Norway for hosting this meeting, and for providing generous financial support. Special thanks also to Catherine Mulholland, Kristin Skamanga, Nadia Hilal and Colette Desigaud for their help with the meeting.

Yasmin von Schirnding
Focal Point: Agenda 21

2 Organisation of Meeting

1. The meeting commenced with a series of opening plenary addresses, followed by panel discussions in plenary, and small working groups. Three panel discussions were held with panellists sharing different perspectives on key policy issues, and action strategies in health and sustainable development. A third panel focused on process issues and strategies for the health and sustainable development agenda at the World Summit on Sustainable Development (WSSD).

2. Building on panel discussions, meeting participants broke into four small working groups in two different sessions during the meeting. The first session identified **key policy issues in thematic areas**. The second session identified **key action strategies in thematic areas**. The thematic areas included the following:

   - Poverty and vulnerability;
   - Globalisation, trade and the global economy;
   - Environmental degradation, resource depletion, unhealthy lifestyles;
   - Intersectoral action for health and sustainable development.

3. In the small working groups, participants considered a number of questions to guide discussions (see Annex 1). In identifying key issues and action strategies, each working group considered:

   - Criteria for identifying key issues (e.g. burden of disease/ill-health; impact/risk (economic, social, health and environmental - current and future); established links with development policies, economic/environmental strategies; likelihood of being able to modify policy outcomes at global, regional, national and local levels).
   - Notable successes/achievements of action strategies (e.g. identifying effective policy responses, "win-win" strategies that protect and promote health and environmental well-being while contributing to economic development).
   - Major obstacles to implementation of policies/action strategies, and lessons learned for how these can be addressed in the health and sustainable development agenda.

3 Summary Highlights of Opening Sessions

Address by Mr Olav Kjörven, State Secretary for International Development, Royal Norwegian Ministry of Foreign Affairs.

1. The meeting was officially opened on Thursday 29 November 2001 by Mr Olav Kjörven, State Secretary for International Development, Royal Norwegian Ministry of Foreign Affairs. Mr Kjörven called attention to the concept of sustainable development which is useful and powerful, as it forces one to think holistically and comprehensively about challenges such as poverty and environmental degradation. In the words of the State Secretary "sustainable development means integrating economic, environmental and social concerns. Its ultimate goal is to create a better quality of life for everyone". Mr Kjörven reminded participants that the UN Millennium Declaration reaffirms support for the principles of sustainable development as set out in Agenda 21, and stresses that special measures will be taken to address the challenges of poverty eradication and sustainable development, particularly in Africa.

2. The State Secretary shared with participants his view that poverty is the principal moral and political challenge of our times. He highlighted the Norwegian government's emphasis on poverty eradication as essential to the realization of the objectives set out in Agenda 21. Safeguarding health is high on the agenda in the Norwegian development cooperation policy. Investment in health, and the provision of health services for the poor has been a priority area for Norwegian development cooperation for many years. Mr Kjörven stated that this will continue to be so because the Norwegian government is convinced that good health is absolutely vital if people are to make their way out of poverty. Mr Kjörven cited the importance of moving forward with the establishment and effective functioning of the Global Fund to Fight HIV/AIDS, tuberculosis and malaria as a significant means of focusing attention and resources on the major poverty-related killers.

3. He also called attention to the burden of disease and ill-health which is directly related to environmental factors, and a lack of basic health services. Of priority concern to the Norwegian government is clean water and its links to preventable diseases such as diarrhoea. Mr Kjörven also highlighted the environmental changes at the global level, as well as changes at the micro level which have an impact on health and economic development. At the same time, changes in livelihoods and lifestyles have an impact on the environment, and may in turn adversely affect human health and productivity. He reiterated the necessity of strengthening the social, political and institutional mechanisms needed to cope with environment-related health problems, and reverse negative trends. Rapid globalization will have both positive and negative impacts on health, including the globalization of unhealthy lifestyles, and the emergence of new threats to health associated with global climate change, depletion of the ozone layer, changes in the biosphere and environmental degradation. The State Secretary called attention to the usefulness of the precautionary principle in safeguarding human health against environmental problems.

4. By hosting and actively participating in this meeting, the Norwegian government hopes to bring together the health, environment and poverty reduction agendas. It was the hope of the State Secretary that the meeting would result in progress in terms of leading to real action. Mr Kjörven cited the progress that had been made since the United Nations Conference on Environment and Development in Rio de Janeiro in 1992, where the adoption of Agenda 21 had been greeted with high hopes. He called attention to the implementation of Local Agenda 21s which had been particularly successful and served as practical guidelines for the development of urban and rural communities in many regions across the world. At the same time, efforts to follow up Agenda 21 had not fulfilled all the hopes entertained in 1992. It was, therefore, important to review the main achievements and the lessons learned so far, and identify the major constraints. This would allow one to decide on specific commitments and targets to further and progressively implement Agenda 21.

5. The State Secretary reminded participants of the role that governments play in ensuring that the principles of sustainable development are included at all levels of political decision-making processes. In order to avoid an implementation gap, it is important that governments invite major groups and stakeholders to contribute to the process of evaluating implementation of Agenda 21, as well as next steps.

6. Mr Kjörven shared the message that the World Summit on Sustainable Development provides a unique opportunity to address the links between health and sustainable development, and to commit ourselves to concrete measures to enhance the implementation of the first principle of the Rio Declaration which states that "human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature". This meeting allowed for valuable communication and exchange of knowledge and experience from different fields. He reiterated the Norwegian government's commitment to promoting a concerted effort at the global and national levels, based on a shared understanding of the links between health and sustainable development.

Address by Dr Wilfried Kreisel, Executive Director, World Health Organization.

7. Dr Wilfried Kreisel welcomed participants on behalf of the World Health Organization, and the Director-General, Dr Gro Harlem Brundtland. The World Health Organization has, he indicated, been working for many years to put health at the centre of the development agenda. Progress has definitely been made, even if this progress has been fuelled by the growing seriousness of many health problems. However, Dr Kreisel called attention to the fact that, in order to keep health issues high on the political agenda, new audiences must understand the problems faced in addressing health and sustainable development, as well as what is possible and realistic in terms of actions.

8. Dr Kreisel reminded participants of the targets set by the major international conferences of the 1990s and how these targets help reinforce the importance of the links between health and poverty reduction, health and environment, and health and sustainable development. He called attention to the numerous successes and achievements since the Rio conference. A significant achievement is that sustainable development is now on the agenda of governments, the private sector and non-governmental organizations. Other achievements include the establishment or strengthening of ministries or departments of environment in countries, national commissions on sustainable development, increased participation of civil society in sustainable development issues, and intensified focus on global sustainable development issues, including climate change and the implications of increasing global interdependency. He also underscored the setbacks affecting health, including the rise in the global spread of disease and infection, increased incidence of food poisoning and foodborne disease outbreaks, rising environmental pollution levels and the globalization of unhealthy lifestyles. At the same time, the world was still faced with age-old public health problems associated with poverty, including lack of access to clean water and sanitation, inadequate housing, pollution and poor hygiene.

9. Dr Kreisel underscored that there is still inadequate recognition of the human and social dimensions of development, and the links between health and sustainable development, including the contribution of health to poverty alleviation. This has begun to change, however, with the recognition of the HIV/AIDS epidemic as a key global development issue. In this light, health has now taken a central place in the global debate of how we ensure equitable and sustainable development. Health issues feature increasingly on the agendas of the G8 countries. Investing in health is seen, not only as a goal in its own right, but also as a strategy for poverty reduction.

10. Dr Kreisel focused attention on what needs to be done to meet the health and sustainable development needs of populations, including strengthening and enhancing the institutions of government, governance for sustainable development, forming new types of partnerships at all levels, instituting good policies and practices across government departments, developing tools, strategies and governance institutions to act more effectively on knowledge at our disposal, and enhancing policy coherence between and within sectors. An area of concern which was highlighted was the decline in Official Development Assistance (ODA) since Rio. This trend needs to be reversed. However, this should not be a limiting factor and attention should be focused on strengthening nationally-led development processes, he said.

11. He also reminded participants not to lose sight of the most important goal, which is decreasing inequities in health outcomes. This can be achieved by helping poor people get a better deal through improving and protecting their health, and by ensuring that the earth's life-support systems remain healthy so that people's health can be maintained and enhanced within, and across generations. Dr Kreisel left participants with the challenge to work hard in the next few days to put health where it belongs – central to the sustainable development agenda.

Address by Advocate Patricia Lambert, Legal Adviser to the Minister of Health of South Africa.

12. Advocate Patricia Lambert, shared with participants an overview of preparations underway in South Africa for the convening of the World Summit on Sustainable Development.

13. Advocate Lambert conveyed to participants the greetings of Dr Manto Tshabalala-Msimang, Minister of Health of South Africa. Advocate Lambert called attention to the vital links between health and the environment, and between health and sustainable development. She illustrated her remarks with the example of the recent cholera outbreak in the province of Kwa Zulu Natal. The media had portrayed the outbreak as a serious health crisis and called on the Department of Health for urgent action. While recognizing that the outbreak was indeed a health crisis, it is important to recognize that the solution to the problem lay not only in the actions of the Department of Health, but with the Department of Water Affairs for the provision of adequate water and sanitation, the Department of Finance for additional funding, and the Department of Defence for labour to build sanitary facilities. In addition, all of these departments needed to participate in the education drive to prevent further outbreaks.

14. Advocate Lambert told participants that responding to the cholera outbreak in an intersectoral way had been a learning process for all involved. From this, she highlighted two essential elements which she shared with participants. The first is that it is not helpful to think in traditional sectoral ways. Problems can only be solved through acting together in a concerted and orchestrated way. This also has spin-offs in terms of future health protection and development. The second is that this illustrates what can be done with the power of political will and commitment, which is the key to co-operation, speed, efficiency, change and ultimate success.

15. Lessons can also be drawn from this for the WSSD process. Placing sustainable development as the central issue in environmental concerns was one milestone. This must now be followed by another step to place health as a central issue in sustainable development. Advocate Lambert saw this meeting as a springboard towards a concerted and sustained effort to place health at the centre of sustainable development, and at the top of the WSSD agenda.

16. Advocate Lambert also shared with participants the plans for the ministerial level health and sustainable development meeting to be held in Johannesburg in January 2002. The meeting would bring together Ministers of Health from the SADC region, and from the E9 countries. These nine countries, when taken together, have a disproportionate effect on the world's environment, in that they are home to 57% of the world's population, and account for almost 82% of the world's income. The goal of the Johannesburg meeting is to produce a declaration on health and sustainable development to be used in the preparatory process of the WSSD, including at the Preparatory Committees and the World Health Assembly of WHO, to place health at the centre of sustainable development.

Address by Dr Gopolang Sekobe, Chief Director, Non-Personal Health Services, Ministry of Health of South Africa.

17. Dr Sekobe gave an overview of the preparatory process for the World Summit on Sustainable Development, including the different environment, social and economic "cluster" meetings which are being organized.

18. He examined the Rio legacy and outlined some of the major accomplishments of the past ten years which include the following:
- Agenda 21 with its stated environment and development linkages including health;
- The agreed upon Overseas Development Aid target of 0.7% of GNP;
- The establishment and functioning of the Commission for Sustainable Development;
- The Convention on Biological Diversity and Convention on International Trade in Endangered Species (CITES);
- The Montreal Protocol on Substances that Deplete the Ozone Layer;
- The Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal, and the Convention for prior informed consent for trans-boundary movement of hazardous waste;
- The United Nations Framework Convention on Climate Change and the Kyoto protocol;
- The Stockholm Convention on Persistent Organic Pollutants (POPs).

19. At the same time, Dr Sekobe called attention to the fact that the post-Rio globalisation process had reinforced global inequality, and that sustainable development programmes and commitments have been unable to reverse this process. He also noted the failure to integrate international systems for trade, finance, and investment with sustainable development commitments.

20. Dr Sekobe outlined the factors which South Africa believed would determine the "Johannesburg legacy". These included: a properly managed consensus between gover nments and between stakeholders; ownership and participation by global leaders; concrete outputs and deliverables; excellent logistics; security as well as symbolism, branding and legacy.

21. He outlined what, in the South African view, the WSSD needed to achieve in order to facilitate sustainable economic development:
- Renewed commitment to the implementation of Agenda 21;
- Implementation of a global commitment to combat poverty for sustainable development;
- Impact on economic factors underpinning the marginalisation of Africa and the developing world, particularly in the areas of trade, finance, and investment;
- Development of a Johannesburg programme of action with clear commitments, targets, delivery mechanisms, resources and monitoring.

22. In addition, the WSSD would need to make headway in the following areas:
    - Obtaining agreements to reform and replenish global financing mechanisms;
    - Aligning resources, investment and finances behind the Sustainable Development agenda and mobilising resources for the New Partnership for Africa's Development (NEPAD);
    - Obtaining agreements on instruments to address gaps in the international governance framework, and focus on capacity building for equitable global governance.

    In the area of governance, Dr Sekobe reiterated the importance of peace, democracy, security and stability as key factors in the promotion of sustainable development. He examined some problem areas holding back sustainable development efforts, and elaborated on the elements of sound governance that would be necessary to take the sustainable development agenda forward.

23. Dr Sekobe then shared with participants South Africa's message for the WSSD: poverty and inequality are the greatest threat to sustainable global development in the 21st century. He reminded participants that tackling inequality cannot be accomplished by any one sector or actor alone. It must include those in the international arena including international financial institutions, organizations and agencies of the United Nations system, national governments, business and non-governmental organizations, and other actors in civil society. Dr Sekobe looked forward to the outputs from Johannesburg which should include:
    - A global partnership to address inequality and poverty with sound governance;
    - A Programme of Action to deliver on the WSSD outcomes and on the Millennium Summit targets, with monitoring and delivery mechanisms, financing mechanisms, timeframes;
    - The integration of trade, finance and investment issues into the Sustainable Development agenda;
    - Specific sectoral agreements and programmes.

Address by Dr Desmond McNeill, Research Director, Centre for Development and the Environment, University of Oslo.

24. Dr Desmond McNeill reviewed the concept of sustainable development and how it is understood and used from different points of view, including that of the academic researcher, the activist and the policy-maker. In order for the concept to be useful, it must aid in good decision-making, clarify thinking and assist in focusing on the highest priority concerns.

25. In all cases, sustainable development has to do with poverty/affluence, the local environment and the global environment. Dr McNeill outlined the way in which all of these are linked to health. He highlighted the fact that sustainable development is not concerned solely with global environmental issues. Dr McNeill drew on experience of work in the water sector to illustrate how a local environmental issue such as water supply and sanitation is of crucial importance for health in poor countries and potentially suffers when

linked to the global environmental agenda. He emphasized that sustainable development is not just about environment. It is equally about development and the eradication of poverty.

26. Dr McNeill also called attention to differing perspectives between North and South on the importance of global versus local issues and the priority that is accorded to each. He highlighted the role of WHO in obtaining and disseminating knowledge about global issues concerning health, and underscored the potential of the precautionary principle and the knowledge of health specialists in providing guidance and assessing the risks to future generations of new technologies and other major human-induced changes.

27. Dr McNeill shared his views on "making health central to sustainable development". Where this term expressed a deeply-held and well-founded conviction of the merits of the argument, he suggested that the case for health is stronger, and the contribution of WHO is greater, if one emphasizes the development side of the equation. He reiterated that health is crucial to sustainable development, but primarily because it has to do with poverty. In this light, Dr McNeill suggested that the best path to follow is to demonstrate how sustainable development is centrally concerned with poverty and the local environment – where health is a key, perhaps the key, issue.

Address by Dr Yasmin von Schirnding, Focal Point: Agenda 21, World Health Organization.

28. The background to work on health and sustainable development, and the context to this meeting, was given by Dr Yasmin von Schirnding.

29. Dr von Schirnding highlighted the fact that this meeting was a key milestone in planning the health and sustainable development agenda for the World Summit on Sustainable Development. In order to set the scene for this meeting, Dr von Schirnding traced briefly the history and origins of the term "sustainable development". She reminded participants of the World Commission on Environment and Development (the "Brundtland Commission") which had been instrumental in launching the concept of sustainable development prior to the United Nations Conference on Environment and Development (UNCED). In the report of the Brundtland Commission, sustainable development was defined as "development that meets the needs of the present without compromising the ability of future generations to meet their own needs".

30. While noting that the definition was as appropriate today as it was nearly 15 years ago, Dr von Schirnding called attention to the importance of focusing on **development** within the concept of sustainable development. Seen in this way, it was essential that we conserve our environmental capital for future generations, but also our social and economic capital. "The economic, social and environmental dimensions of sustainable development must be viewed in a holistic and integrated way, and cannot be addressed in isolation. We cannot have sustainable development unless we pursue development policies and strategies that are environmentally, socially and economically sustainable", she said.

31. Dr von Schirnding then looked at the key role that health plays in integrating these three elements. There was increasing evidence of strong two-way linkages between health and each of the three dimensions of sustainable development. For example, the role that poverty alleviation could play in contributing to better health, and the importance of good health in furthering economic development. Health was also a key issue in its own right, irrespective of these linkages.

32. Dr von Schirnding outlined the different outcomes of UNCED, including the Rio Declaration which enshrined the importance of health in the first principle, as well as Chapter 6 of Agenda 21 which was devoted to health. Dr von Schirnding outlined the "Rio Legacy" in terms of health, and also pointed out the gaps in this legacy. The gaps included inadequate attention to: health and poverty alleviation; health risks and determinants beyond communicable diseases; health impacts of development policies and practices; and globalization and health.

33. The WSSD, therefore, provided an unprecedented opportunity to show why health needs to be seen as central to the development process. Dr von Schirnding shared with participants some important themes/messages in this regard:
    - Ill-health hampers poverty alleviation and socio-economic development;
    - Environmental degradation, mismanagement of natural resources and unhealthy consumption patterns/lifestyles impact on health, particularly of the poor;
    - Development policies and practices need to take into account current and future impacts on health;
    - New partnerships and reform measures are needed both inside and outside the health sector.

34. Key elements of WHO's strategy for the WSSD revolved around:
    - Assessing the evidence and tracking progress, such as through various reports that had been prepared for the United Nations;
    - Defining the issues and policy positions in dialogue with key partners on health (of which this meeting was an essential part). Other key meetings included the WHO meeting on "Health and Environment in Sustainable Development Planning – Strengthening the Basis of Cross-sectoral Collaboration" held at South Bank University, London, United Kingdom from 21 to 22 May 2001, and the upcoming Ministerial meeting on "Health and Sustainable Development" to be held in Johannesburg, South Africa from 19-22 January 2002;
    - Carrying out advocacy and awareness-raising through briefings with key target groups in different fora, production and dissemination of fact sheets, issue and policy briefs etc.

35. Dr von Schirnding ended by highlighting some key outcomes that WHO would like to see from the WSSD. These included:
    - Health issues featuring centrally in the final conference documentation and declaration;
    - Renewed commitment to the implementation of the health aspects of Agenda 21;
    - Concrete plan of action put in place on identified priorities for health and sustainable development;
    - Agreement on mechanisms to improve intersectoral action, including institutional strengthening for health impact assessment;
    - New partnerships and alliances put in place for health and sustainable development.

36. The opening sessions concluded with discussions of the presentations that had been made, as well as of some of the central issues in health and sustainable development. A general issue emerged from these discussions: Which message did the affirmative statement "making health central to sustainable development" convey? Firstly, it conveyed the message that health, as defined by the WHO Constitution, was indispensable in achieving development that was sustainable. This did not mean that health would replace other fundamental goods, such as a healthy physical environment, which are also essential to the aims of sustainability (and centrally linked to health). It simply meant that health had not been given the same level of importance in earlier debates on sustainable development. Thus, it was critical to ensure a more central place for health on the sustainable development agenda, in all its dimensions – social, economic and environmental.

4 Summary Highlights of Working Group Discussions

Working Group 1: Poverty and Vulnerability
Chair: Prof E. Buch

1. This working group explored the link between poverty, vulnerability, and ill-health, and recommended strategies to address these linkages in a sustainable way. The group considered **key diseases and ill-health** conditions linked to poverty, for example tuberculosis, HIV/AIDS and malaria. Attention was also drawn to conditions such as: maternal and child morbidity and mortality, undernutrition, obesity, respiratory and waterborne diseases, as well as psychosocial conditions linked to poverty, vulnerability and ill-health (e.g. violence in families, homicides and depression).

2. Developing countries faced a double burden of disease, with a continuing high burden of communicable diseases, and an increasing burden of non-communicable diseases. It was felt that there was a wide range of diseases and ill-health conditions linked to poverty and vulnerability that needed to be considered.

3. The group then examined **key trends** in these diseases and health conditions over the past decade. It was felt that there had been some overall improvements in certain indicators of health, but that gaps in health status between groups had widened. The group drew attention to the increase in non-communicable diseases, the massive increase in HIV/AIDS, and the re-emergence of communicable diseases such as tuberculosis. Along with these trends in diseases, the shift from public to private sector in provision and financing of health care, and the lack of development of needed new drugs for diseases associated with poverty were highlighted.

4. The factors *influencing* these trends were felt to be complex, and difficult to tease out in a simple way. An attempt was made to divide these influencing factors into generally "positive" factors, and generally "negative" factors, with examples given to illustrate. **Positive** factors included simple solutions such as the provision of oral rehydration for treatment of diarrhoea, measures to address environmental determinants of ill-health, international campaigns such as polio eradication, a global focus on primary health care, and improved access for many to health care infrastructure. There had also been advances in the education of women, and reduced fertility.

5. **Negative** factors influencing trends included:
   - conflict and violence with attendant displacement of people;
   - the privatization of health services;
   - the effects of unmanaged urbanization and environmental degradation;
   - the phenomenon of ageing;
   - changes in international terms of trade through the process of globalization;
   - increasing income inequity;
   - rising unemployment;
   - the failure of governance systems;
   - cultural factors such as gender roles, and sexual behaviour.

6. A number of **pathways** linking poverty and ill-health were identified. Some of the most important pathways were:
   - Food security and nutrition;
   - The physical environment (including housing);
   - Health care access and use;
   - Information and education;
   - Working conditions;
   - Levels of income;
   - Land access and agricultural conditions;
   - Gender related oppression.

7. The group concluded that improvements in health could contribute to a lessening of poverty and vulnerability through "positive pathways". For example, improved health leads to increased productivity, better learning abilities and increased access to information, an enhanced sense of well-being, an increase in employment opportunities, healthier lifestyles, longer lives with less disability, and decreased violence.

8. In summary, the group identified the following as among the most critical issues in addressing poverty, vulnerability and ill-health:
   - Address equity issues (including fair income distribution and access to health and education services);
   - Concentrate on those diseases which burden the poor;
   - Implement the commitments of the international community to invest in poverty reduction strategies;
   - Empower communities to improve health and decrease poverty;
   - Foster new partnerships to address health, poverty and vulnerability.

9. The group also considered **past** strategies from which lessons could be learned to guide us in future action. For example, action strategies to address health and poverty reduction **should not**:
   - Focus on specific diseases without considering the underlying determinants of ill-health and the requirements of sustainable health systems;
   - Invest in inappropriate technology;
   - Focus exclusively on hospital-centred medical education;
   - Engage in unsustainable debt that blocks investment in health services;
   - Implement from the top down;
   - Allow "dipstick" funding by donors in which short-term donor commitment may undermine sustainability;
   - Maintaining closed markets;
   - Exclude the poorest while pursuing economic growth.

10. From the key issues identified above by the group, a list of suggested strategies to address poverty and ill-health linkages was presented.
For example:
- Awareness must be raised of the crucial role that health plays in fighting poverty based on the socioeconomic determinants of health;
- The evidence base for the health-poverty link must be strengthened;
- Effective strategies to address poverty and health will require a shift in thinking to a more *intersectoral* way of **thinking** and **working** at all levels, with essential community involvement;
- It is essential to invest in the social environment when addressing health and poverty;
- The local level should be the focus of **implementation** of strategies;
- It is important to ensure that the poor are the clear target of strategies, with a focus on the poorest and most vulnerable;
- The provision of basic, effective and accessible health services in poor countries are essential to addressing health and poverty issues and breaking the "health care barrier" among the poor;
- Principles of universality and equity should underpin all strategies;
- Debt relief can be an important strategy measure, but it is important to ensure that it is tied to poverty alleviation and health improvement initiatives;
- Strategies can be based on "demonstration" projects that provide the evidence base for effective action;
- Strategies that guarantee nutrition and food security for the poorest and most vulnerable are effective in addressing poverty and health linkages;
- Strategies that provide micro-finance to the poorest and most vulnerable combined with empowerment have also been shown to be effective in addressing both poverty and health concerns.

Working Group 2: Globalization, Trade and the Global Economy
Chair: Dr R. Labonte

1. The group felt that it was important not to emphasize only the **negative** aspects of market and trade liberalization. There are important opportunities, as well as threats to health. The **precautionary principle** was seen as providing guidance in ensuring that liberalization did not lead to negative health outcomes. In addition, it was important to conduct health, environment and social impact assessments of policies, **before** they are endorsed.

2. The group then called attention to the **gap in governance**, with the absence of rules to ensure that health interests were taken into account in trade liberalization. For example, the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), was not examined from a health perspective when it was first developed. Another example was concern with the health impacts of trade in services. There was also a lack of policy coherence at all levels. The example was given of different policies on tobacco by the European Union. While legally binding directives were developed to control the content and the advertising of tobacco products, huge subsidies were paid to tobacco growing farmers in several EU Member States.

3. There was a consensus on the need for a coherent set of rules. However, there was much discussion on the kind of rules needed, and whether these should be binding or not. In this regard, WHO's normative role was seen as being important in standard-setting at the international level, as well as in providing guidelines for use at the national level.

4. The group also raised the question of how ministries of health saw themselves, and the power that they had in government which would allow them to influence policies and decisions in the arena of international trade and global economics.

5. Key **policy issues** identified included:
   - The effects of market liberalization on national and international abilities to regulate for health-promoting living conditions;
   - The move from public towards private sector provision of essential health-promoting services, and its impact on equitable access;
   - The need for coherence in multilateral policies;
   - The increasing dependency of developing countries on international markets and developed countries as a result of globalization;
   - The need for sustainable forms of production and consumption processes in developed countries.

6. The group considered the question of how **large** versus how **focused** key action strategies should be to address key issues in globalization, trade and the global economy. It was felt that it was important to keep the big picture while focusing on areas that have real potential to protect and promote health in the process of globalization.

7. The following action strategies were identified:
   - Increase public tax capacities in developing countries that allow for redistributive use to provide for essential health-promoting and poverty-reducing services. Issues in this strategy area that would need to be addressed included eliminating/reducing tax havens, transfer pricing, tax breaks to attract foreign direct investment and alternative tax capacities to compensate poorer countries for decreased revenues from reductions in tariffs;
   - Work toward greater policy coherence at the international level. Ongoing work on health impact assessments of trade agreements could be used to provide the evidence base for protecting and promoting health in the context of trade liberalization;
   - Other specific policy actions might include the exclusion of essential health-enhancing services from the "progressive liberalization" within the General Agreement on Trade in Services (GATS), developing the argument for "reverse onus" in GATT XX(b), and ensuring that use of the precautionary principle/approach in Multilateral Environment Agreements (MEAs) is not compromised when World Trade Organization (WTO) agreements are in conflict with MEAs;
   - Develop international guidelines and model national regulations to guide privatization of essential health-promoting services to ensure that goals of equity and sustainability are guaranteed along with goals of economic efficiency;
   - Develop codes of conduct for multinational enterprises that protect and promote health and sustainable development in business;
   - Make multinational enterprises more accountable to the local communities within which natural resources are found. National governments need to ensure that local communities have ownership and more control in order to exploit the health benefits from local resources, as well as protect resources for the future;
   - Extend reforms of TRIPS. These reforms would be based on recognizing the value of intellectual property rights, but at the same time recognizing that "excessive" intellectual property rights have health care and public cost implications for all nations. Examples here might include shortening patent periods, banning life-form/genetic patents, determining how compulsory license fees can be set and paid equitably, determining how countries lacking generic production capacities can obtain drugs;
   - Undertake health and sustainability impact assessments of IMF monetary policies and poverty reduction strategies;
   - Increase ODA to the target of 0.7 % of GNP set at the Rio summit and provide a greater proportion of ODA for health-promoting and enhancing services.

8. A number of suggestions were made for ways in which WHO could support these strategies. For example:
   - WHO could play a role in galvanizing interest and participating in global multilateral discussions to ensure that the movement of global capital between countries does not adversely affect national health outcomes through this pathway;
   - WHO could play a role in making this evidence base available to ministries of health and assisting ministries of health in working with ministries responsible for trade negotiation to protect and promote health in trade negotiations;
   - At present there is no consensus on national regulations and guidelines to guide privatization of health-promoting services. Such guidelines may be difficult to define

and WHO may have a role to play in analysing the evidence and using its normative role to develop such guidelines;

- Building on ongoing work at WHO, the Organization could work with UNEP, UNDP, ILO and others to define and publicize criteria for private/public partnerships, develop codes of conduct and monitoring mechanisms for business in protecting and promoting health and sustainable development in international trade.

Working Group 3: Environmental Degradation, Resource Depletion, Unhealthy Lifestyles
Chair: Dr G. McGranahan

1. The group felt that the major **issue areas** in the thematic area had been identified and covered well in the background document to the meeting. These included both new and emerging issues related to climate change, stratospheric ozone depletion, biodiversity loss and invasive species, freshwater, deforestation as well as traditional issues related to chemical safety, water and sanitation, biomass burning resulting in indoor air pollution etc.

2. Attention was also focused on the challenge of linking local to global and the role that good governance has to play at every level. Local environmental burdens are physically localised, but are influenced by extra-local economic, social and political processes. Global environmental burdens are physically extensive, but originate in, and are experienced in localities.

3. The group felt that it was not possible to rank health and environment issues in relation to sustainable development, as the different issues needed to be seen in different ways in different contexts. The example of water was cited, with differing perceptions between developed and developing countries.

4. The group examined the role that health, and the health sector (understood in its broadest sense) could play in policies and strategies related to the environment. Presenting evidence of the health implications of different environmental changes could ensure that the impacts are made more immediately apparent to people. In addition, addressing health impacts:
   - Brings the relevant aspects of health and sustainable development into debates at the local level;
   - Allows for more appropriate assessments to be made;
   - Develops the capacity for communities to participate and respond.

5. The group worked on a set of **action strategies** to address the key policy issues highlighted in the background document. The group concentrated on defining promising strategies at the global, national and local levels, whilst recognizing that there was also scope for strategies at the regional levels (both sub-national and geographic regions).

6. Strategies at local level included:
   - Bringing health into local Agenda 21 initiatives (LA 21s);
   - Locally driven health impact assessments;
   - Ensuring community participation in developing and implementing action strategies;
   - Investing in the training of health personnel to integrate health issues in sustainable development policies and planning;
   - Bringing sustainable development issues more strongly into "Healthy Cities" type initiatives.

7. Strategies at national level included:
   - Undertaking health and environment impact assessments;
   - Establishing intersectoral national sustainable development commissions (NSDCs);
   - Increasing national rapid detection and response capacities for disease outbreaks;
   - Developing national strategies for sustainable development which address also health concerns;
   - Ratification of existing multilateral environment agreements (MEAs).

8. Strategies identified at the international level included:
   - Working for better interagency coordination, as well as coordination between governmental and non-governmental sectors in addressing health and sustainable development issues;
   - Addressing health in the implementation of MEAs. This might take the form of health protocols and/or the inclusion of health in the Global Environment Facility;
   - Increasing ODA and using to support national and local sustainable development initiatives;
   - Strengthening the sustainable development aspects of existing regional health-related initiatives (e.g. regional initiative to address malaria in Africa).

Working Group 4: Intersectoral Action for Health and Sustainable Development
Chair: Dr A. Jones

1. The group reviewed the objectives of intersectoral action for health and sustainable development. These have a focus on:
   - Improved health as the desired outcome of development activities;
   - People, and particularly vulnerable groups in the population;
   - Risk mitigation to protect health;
   - Action to move from words to implementation.

2. The group considered areas where there is a perceived **conflict** between health and non-health sectors, as well as areas where there is **confluence** of interest. Participants were able to share examples of conflicts between sectors from country perspectives. These included: between health and education; health and financing relating to conflicting sectoral objectives in meeting the costs of health care; health and the environment where urban and local bodies do not focus on risk mitigation (e.g. focusing on the quantity rather than the quality of water provision).

3. It was noted that it is perhaps truer to speak of re-conciliation of interests or compromise rather than confluence of interests between sectors. Examples cited included: HIV drugs pricing; addressing the threat of asbestos; bringing together transport, environment and health interests; sexual behaviour and family life.

4. The group identified the following key **policy issues** in intersectoral action for health and sustainable development:
   - Intersectoral action is easiest at the local level;
   - The success of intersectoral action depends on the national context;
   - Resource allocation and who is making decisions about resources is key in intersectoral action;
   - Intersectoral action needs to be systematised through institutions to be effective;
   - Ownership is important – intersectoral action cannot be **imposed** on sectors;
   - It is necessary to have a long-term view, especially when intersectoral action is linked to political commitment, as short term "quick fixes" do not work;
   - There needs to be a balance between community involvement and political leadership – it is often the community and civil society that act as catalysts and make intersectoral action happen, but this needs to be met by commitment from the top;
   - Mechanisms for accountability to different interest groups, monitoring and performance indicators must be built in to intersectoral action;
   - Good governance is essential to the success of intersectoral action.

5. The group felt that the definition of an umbrella policy for health was an important component in strengthening intersectoral action for health and sustainable development. The umbrella policy for health at country level would:
   - Define the dimensions of health for sustainable development;
   - Identify health priorities for the country;

- Identify causal factors (i.e. health determinants);
- Identify measures to mitigate or prevent negative impacts on health;
- Define a programme of action with a statement of goals, definition of roles, identification of deliverables with timetables and monitoring mechanisms.

6. A number of key **incentives** were identified that could be used for intersectoral policy-making. These included:
   - Highlighting the health dimensions of poverty reduction and environmental protection in bilateral and multilateral aid programmes. Poverty reduction strategies were seen as an opportunity to look at, and address, broader sustainable development issues with the support of donor funds;
   - Increasing the accountability of national efforts at the international level through report back mechanisms;
   - Strengthening monitoring and budgetary allocation procedures;
   - Using international levers to advocate for health (e.g. members of international coalitions/professional groups to advocate for health in national settings).

7. The group then looked at innovative mechanisms to strengthen institutions and human resource capacity for intersectoral action for health and sustainable development. Among the examples cited was the case of Fiji where the Ministry of Finance had established a health fund to tax tobacco and alcohol consumption and use the tax revenue for health improvement. Other examples given of innovative mechanisms were:
   - The development and use of "intelligent" indicators that pick up health and other impacts of sectoral activities;
   - The development of "vision" documents for health and sustainable development that are based on shared values and which adopt a long-term perspective to addressing problems;
   - The education of ministries of health.

8. Planning tools for intersectoral action existed, including health impact assessments. The group considered what could be done to make better use of these planning tools. The following recommendations were made:
   - Make health impact assessments and indicators more user-friendly;
   - Develop regulatory mechanisms;
   - Link health and environmental impact assessments to each other (where appropriate) and to development programmes;
   - Develop tools to promote integrated action between sectors on health issues (e.g. manuals on ways to work intersectorally).

9. The group identified three key messages regarding intersectoral action for health that could be brought to the WSSD;
   - Secure a broad-based "buy-in" to health at national and international level;
   - Make strong links to globalization and health;
   - Emphasize essential aspects of good governance, including participatory processes, accountability, and monitoring.

5 Summary Highlights of Panel Discussions

PANEL 1 – Identifying Key Policy Issues in Health and Sustainable Development

1. The first panel was moderated by **Dr Eeva Olilla** of Finland and aimed at identifying key policy issues in health and sustainable development. Speakers addressed issues from the different perspectives of poverty and health, environment and health, the health sector and the business sector. The perspective of the European Commission and an NGO perspective on policy issues were also shared with participants.

2. In looking at the two-way linkages between poverty and health at the global, regional as well as national levels, **Professor Eric Buch** of South Africa highlighted the following issues as important in health and sustainable development:
   - The need for health to be protected and promoted in the development process. Vulnerable groups needed to be a focus as they carry an inordinate burden of poverty and poverty-related disease;
   - The key role that health services can play in reducing the disease burden. In order to play this role health services needed to be secure/sustainable and focus on the poorest and most vulnerable groups;
   - The poverty trap at both household and national levels needed to be addressed;
   - The effects of catastrophic illness at family level and its links with poverty were mirrored at country level. Both drive a debt/poverty trap which compromises sustainable development;
   - Changes in national expenditure patterns in poor countries were required, along with massive scaling up of donor support for health and sustainable development;
   - The key role that communities and households play in emerging from poverty and improving health, needed to be recognized and supported.

3. **Ms Lise Kingo** representing the World Business Council for Sustainable Development, emphasized that there is increasing recognition within the business community of the role that business could, and should, play in addressing health, environment and sustainable development issues. Health has now become an important part of the social responsibility of private companies. Underlying this is the knowledge that sustainable development is not achievable without social responsibility, and health is an essential component of this. From the perspective of the business community, three critical policy issues were:
   - Markets must be built to include developing countries;
   - Key conditions for sustainable development must be ensured. These include: democracy; property rights; human rights including the right to health; absence of corruption;
   - The need to move from dialogue into partnerships.

4. **Mr Luke Rokovada** of Fiji, highlighted specific issues in health and sustainable development for the health sector from the perspective of small island developing states. The small island developing states include some of the least developed countries in the world. They faced specific and acute problems of health and sustainable development. As in

other contexts, leaving health to the health sector alone would not work. At the same time there was a need for broad policies and programmes that integrated health, social and economic dimensions. These needed to address key issues including:

- Eradication of absolute poverty;
- Realization of distributive justice;
- Satisfaction of basic minimum needs;
- Employment opportunities;
- Popular participation in development efforts.

5. **Dr Owens Wiwa** of the African Environmental and Human Development Agency, looked at some issues from the perspective of the non-governmental organization, AFRIDA, which is a health and environmental rights advocacy and developmental organization. He focused his presentation on communities that live on resource-bearing areas in Africa and elsewhere, and who have depended on the biodiversity around them for a sustainable livelihood for hundreds of years. These populations are mostly ethnic minorities who are particularly vulnerable in that they have little political influence in their countries. Extraction of mineral resources often takes place without adequate environmental or health impact assessments.

6. Dr Wiwa pointed out that the success of the WSSD would be judged by the way its conclusions treat the most vulnerable populations in terms of sustainable development. He highlighted the following recommendations as essential for the WSSD in order to ensure sustainable development:
   - The debt burden of the African countries should be reduced so that some resources can be devoted to environmental health programmes;
   - Health impact assessment should be conducted for all projects, just as environmental impact assessment is now being done. All impact assessments should be done from within a framework of health determinants;
   - At-risk communities identified should be provided with health research and advocacy tools so that they can include health issues in their negotiations.

7. **Mr Medina Ross** of Mexico looked at some critical issues in the health care system from the Mexican perspective. The example of Mexico was used to highlight the importance of pursuing equity aims and the ideals underpinning democracy in development efforts. Based on these, three essential points in the health care system were highlighted:
   - Conditions needed to be created so that the entire population had access to health and social services, independent of their capacity to pay;
   - The health care system needed to deliver quality service in a manner that respects individuals seeking care;
   - There must be public participation in health and health care. Individuals must be able to assume responsibility for their health status, be able to participate in elaboration of the health agenda and decision-making process, and be able to access information that is critical for promoting and protecting their health.

8. The important role of governments in protecting and promoting health in transition economies was underlined by **Professor Wen Hai** of China. The reasons cited for poverty in 50% of cases concerned either the inability to find a job, or spending on health which had pushed the family into poverty. In rural areas, this figure rose to 75%. In transition economies where the health system had broken down and the market had not taken over, many people were left without any form of health insurance and an inability to pay for services. This was a typical issue of market failure, and the role of the government in spending on health care is critical. In spite of this, government spending on health care in China had dropped from a substantial proportion of GDP in the 1980s, to its current level of 15%.

9. **Dr Lieve Fransen** representing the European Community, shared some thoughts on priorities for the World Summit on Sustainable Development from the perspective of the European Community. The WSSD was being used as an opportunity to get the right focus and form the right alliances. The WSSD opened up possibilities for shifts and for changes. Among these were:
   - Linking poverty reduction with both macro-economics and social development;
   - Building on the links between ill-health and poverty reduction and translating these into strategies;
   - Using the opportunity to make closer links between, for example, local environmental issues and ill-health, and close the implementation gap;
   - Using the opportunity to bring globalization into a more positive perspective and build on positive links between health, globalization and sustainable development;
   - Using the opportunity to increase resources (move toward the 0.7% target) and increase both public and private resources for health and sustainable development at local and global levels.

PANEL 2 – Identifying Key Action Strategies in Health and Sustainable Development

1. Building on presentations made in Panel 1 and the deliberations of the first session of the small working groups devoted to identifying key policy issues, Panel 2 looked at examples of **action strategies** to address policy issues in health and sustainable development. Panel 2 was moderated by **Professor João Yunes** of Brazil. A wide range of perspectives and viewpoints were shared, with panellists giving examples of specific strategies in the areas of health sector reform, the use of health impact assessment, and action strategies in the environmental domain that respond to public health and sustainable development issues.

2. Speaking from the perspective of a country in transition, **Dr Eva Kereszty** of Hungary highlighted strategies for addressing health and sustainable development in health sector reform, and the use of health impact assessment in defining strategies. In transition countries, health was not the first priority; the process of liberalization took the spotlight. In all contexts the key words in strategies must be prevention and evidence base. There are two strands to the evidence base. The first is in preparing the decision-making process

so that bad decisions are avoided. The second strand concerns pro-active preparation – where we cannot prevent, we must be prepared to treat in a timely, efficient and effective manner.

3. Dr Kereszty also emphasized that, in implementing strategies, the education of people is a critical element. Education assists people in managing their own health problems. Health impact assessment plays a critical role in strategies by: identifying vulnerable groups; identifying emerging needs in health care; analyzing the implications of positive processes (e.g. the demands on the health system as a result of an ageing population).

4. In his presentation on action strategies in the environmental domain that respond to public health and sustainable development issues, **Dr Al Awadi** of Kuwait stressed that environment must be seen as being the business of all, with key linkages to health outcomes. The importance of understanding the environmental determinants of health was highlighted. In this regard it was noted that there is little or no teaching on environmental issues in the curricula of health professionals beyond environmental sanitation. Environmental issues are acute in the Eastern Mediterranean region, ranging from environmental degradation which occurs very gradually, to environmental effects that are immediate and massive. Effective strategies to address these wide-ranging issues are those that will set health as the main player and push for health and sustainable development in strategic ways with long-term vision.

5. In addressing the links between globalization, health and sustainable development, **Dr Ron Labonte** of Canada emphasized the importance of recognizing the opportunities that globalization offers for health enhancement, as well as calling attention to, and mitigating the threats to health. The key question is the form or shape we wish globalization to take and how this can be harnessed for health and sustainable development. Key areas outlined that could be the focus of reform options within trade negotiations included:
   - WTO negotiations on investment (e.g. speed bumps, tax havens, transfer pricing);
   - Global taxes to be used for health, education and social services in developing countries (e.g. Financial Transaction Tax, carbon tax, ecological footprint, progressive consumption, airline tickets).

6. Areas suggested for possible reform within the WTO itself included:
   - Review the Agreement on Trade-Related Investment Measures (TRIMS), with regard to exemptions for developing countries/least developed countries from domestic content "performance requirements";
   - Re-insert the precautionary principle into the Agreement on Sanitary and Phytosanitary Measures (SPS);
   - Apply reverse onus to GATT XX(b);
   - Carve out health, education, social services and water services from GATS using exemptions for developing countries/least developed countries from GATS "progressive liberalization".
   - Ban patenting of life-forms;
   - Give special and differential treatment to developing countries/least developed countries in selected areas.

7. **Dr Gopalang Sekobe** of South Africa used the example of his country, with its recent history and specificities, to illustrate the linkages between macro-economic policy, development and health. Policy issues included the need to have national control over natural resources (e.g. minerals sector) to be able to use the economic value of these resources for national development, including greater investment in health and social development. The problem of international debt which is not incurred for the purposes of development was also highlighted. In addition to long-term efforts to end foreign control over national natural resources, and breaking the international debt cycle, suggested strategies to address these policy issues included:
   - Better planned distribution of development projects;
   - Better design of macro-economic policies which are attractive to investment but included social safety nets to protect the most vulnerable;
   - Enhanced regional efforts to deal with major crises e.g. HIV/AIDS;
   - Viewing health as a development issue to align government plans of action in different sectors to health objectives;
   - Ensuring moderation in trans-national governance;
   - Using health impact assessments to assess the viability of investments;
   - Ensuring strong and coordinated health-promoting social services;
   - Enhancing domestic democratization measures;
   - Preserving and building on indigenous cultural values and systems that protect and promote the environment and health.

8. Although unable to attend in person, **Dr Sam Adjei** of Ghana, provided a presentation on key action strategies in health services in the context of wider health systems. Health sector reforms and sector-wide approaches are considered central to sustainable development. Any strategy or activity aimed at health and sustainable development should take into account five basic principles: household needs should be paramount; community action should be maximized; non-governmental providers should be supported; government roles should be reviewed; financial transactions in provision and use of services should be sustainable. These approaches should be directed at factors constraining human development, namely:
   - Increasing access to health care and health related interventions;
   - Improving quality of service;
   - Improving efficiency in the delivery of services;
   - Improving financial sustainability;
   - Improving partnership and collaboration.

9. Performance of strategies should be monitored by focusing on information to improve decision-making in developmental goals (mortality outcomes), health sector performance (access, quality), services performance (coverage), and progress towards achieving strategic objectives of sustainable development (bench-marks for sustainability).

PANEL 3 – Process Issues and Strategies for the WSSD

1. Panel 3, moderated by **Advocate Patricia Lambert** of South Africa, focused on process issues and strategies to promote health and sustainable development during the preparatory process, and at the World Summit on Sustainable Development. In their presentations, institutions represented at the meeting responded to three questions:
   - What the institution was doing to prepare for the World Summit and why?
   - Whether health issues were addressed in their preparations and how?
   - What were their ideas for placing health more centrally on the health and sustainable development agenda for the WSSD.

2. **Professor Theodor Abelin** of the World Federation of Public Health Associations (WFPHA) called attention to their September 2000 Call to Action entitled "Challenges for Public Health at the Dawn of the 21st Century" which underlined the important role that can be played by public health leaders in advocating for, and acting on global public health issues. These included working toward positive health outcomes from the process of globalization, reducing or eliminating inequities in health, and advocating for integrated, comprehensive approaches to primary health care. With regard to the World Summit, the WFPHA felt that they could make a contribution in the following ways:
   - As an information clearing-house, to promote a better understanding of the context in which health is placed in sustainable development, and inform members of the health aspects of the sustainable development agenda and WHO's health and sustainable development agenda;
   - To request members to play a role in forwarding information on the health and sustainable development agenda to ministries of health;
   - To work through members to enhance efforts aimed at intersectoral action to promote health, environment and sustainable development.

3. **Dr Gordon McGranahan** of the International Institute for Environment and Development (IIED), indicated that IIED, established at the time of the Stockholm Conference (United Nations Conference on the Human Environment, June 1972), had made some shifts in emphasis and activities in the past 30 years which reflect changes in the way the environment and its links with development are seen. Preparations for the World Summit were focused firmly on the **implementation** of Agenda 21, taking into account major influences in the present global context e.g. globalization. Health issues were addressed peripherally in the preparations of the IIED. For example, one issue paper on health and sustainable development had been done in collaboration with the London School of Hygiene and Tropical Medicine.

4. It was felt that Local Agenda 21s, often described as one of the more successful outcomes of the Rio Summit, provided a good entry point to place health more centrally on the sustainable development agenda prior to, and during, the World Summit. Many of the existing weaknesses of LA21s could be counteracted if health was addressed in these initiatives by bringing health to the centre of LA21s, and working to make healthy LA21s more central to local planning. The importance of addressing funding

issues for health and sustainable development at the WSSD was also highlighted, both funding for local initiatives such as LA21, as well as increased ODA targeted at supporting health and sustainable development.

5. According to **Ms Magda Lovei** of the World Bank, the Bank had a focus on sustainable **development**, not just the environment, and benefited from having cross-sectoral and multi-sectoral points of contacts. The aim of the World Bank was to meet the Millennium Development Goals, and this required a holistic, integrated approach to sustainable development. The World Bank was providing intellectual leadership in areas where it had comparative advantage. The World Development Report 2002 would focus on sustainability, while technical papers were being produced on the poverty-environment nexus, financing for sustainable development, green accounting, and indicators for sustainable development.

6. Health issues were being addressed in the Bank's preparations for the World Summit through *inter alia* the World Bank's new environment strategy. This strategy recognized that broad environmental factors are among the leading causes of ill-health. The strategy therefore had a strong focus on health through improving quality of life, quality of growth, and protecting the quality of the global commons. The key messages suggested by the World Bank to place health more centrally on the health and sustainable development agenda included:
   - Improving health conditions is key to reaching the Millennium Development Goals;
   - Holistic interdisciplinary approaches and partnerships are essential for meeting these goals;
   - Health is a global environmental issue.

7. **Dr Maurice Mittelmark** of the International Union for Health Promotion and Education (IUHPE), stressed that IUHPE worked for health promotion through a combined focus on both health education and health-related policy. Support for the WSSD is among the highest priorities of the IUHPE, as stated in a resolution of the body's General Assembly held in July 2001. This support would be provided through the three journals edited by the IUHPE, through its website, and through the regional conferences that will be organized. In order to highlight the health and sustainable development agenda for the WSSD, the IUHPE proposed devoting an entire issue of the journal "Health Promotion and Education" to health and sustainable development.

8. The IUHPE saw health as a basic human need, vital to individuals' autonomy and to sustainable development. Health equity was seen as a human right. Therefore, action for sustainable development should consider explicitly the equity-focused health impacts of development. It was the emphasis on equity that distinguished social and health impact assessment from environmental impact assessment. Social and health impact assessment could not, therefore, be simply an add-on to environmental impact assessment. In this light, the IUHPE suggested that equity-focused social and health impact assessment of development could be a way of making health more central to sustainable development at the WSSD.

9. **Dr Leena Srivastava** of the Tata Energy Research Institute (TERI), gave an overview of the activities of TERI, an independent research institute focusing on environment, energy and sustainable development. For example, TERI was organizing the Delhi Sustainable Development Summit 2002 "Ensuring sustainable livelihoods: challenges for governments, corporates and civil society at Rio+10" in February 2002. While TERI did not have an explicit focus on health in its activities and preparations for the WSSD, health was always incidental to the other problems being addressed. With regard to making health more central to sustainable development, TERI offered the possibility of using the Delhi Sustainable Development Summit to organize an event on health and sustainable development. It was also suggested that an increased profile be given to health and sustainable development in a series of country workshops that would continue the process begun at this meeting.

10. **Mr Robert Whitfield** of the UNED Forum, indicated that this was an international, multi-stakeholder forum for sustainable development which will soon be known as the "Stakeholder Forum for Our Common Future". A process had been put in place within the UNED Forum to prepare for, and participate in the WSSD, including a popular website (**www.earthsummit2002.org**), and multi-stakeholder dialogues at and around the regional and global Preparatory Committees (Prepcoms). Events taking place around the time of the WSSD would include the Implementation Conference focusing on implementing existing sustainable development agreements through collaborative stakeholder action. Five issues would be addressed at the Implementation Conference, including public health and HIV/AIDS. In addition to using the opportunity of the Implementation Conference to place health more centrally in sustainable development, other suggestions included: using basic lobbying techniques; using international coalitions; and campaigning on a broad front.

6 Moving Forward to Johannesburg 2002

Discussions in plenary sessions and small working groups allowed participants to draw up a list of **key policy issues and action strategies** in each of the thematic areas. All agreed on the importance of health as a mechanism to integrate both across and within the three dimensions of sustainable development. The following were some of the key policy issues and action strategies highlighted:

- **Invest in health and health services for the poor and most vulnerable groups.** There is a need to concentrate efforts and resources on diseases which burden the poor, taking into consideration the underlying determinants of ill-health, and the requirements of sustainable health systems.
- **Strengthen the health component of sustainable development and poverty reduction strategies.** This will include implementing the commitments of the international community to invest in poverty reduction strategies, enhancing the health-promoting and health-protecting components of these strategies, and addressing health in Agenda 21 initiatives and sustainable development plans of action.
- **Ensure policy coherence at all levels of policy and decision-making - both within and across sectors whose actions impact on health.** Particular attention should be given to enhancing the use of health impact assessment as a tool to address environmental, social and equity dimensions of policies and practices in the health sector, as well as in sectors such as energy, transport etc. In addition, health impact assessment should be conducted on multilateral trade and environment agreements. The precautionary principle should be adhered to, and health protocols to Multilateral Environment Agreements developed.
- **Address the burden of disease due to environmental conditions.** This would include intervention strategies to reduce the burden of disease due to lack of adequate water and sanitation, indoor air pollution from biomass burning, chemicals, etc.
- **Work towards sustainable production and consumption processes which promote health.** This includes developing policies and strategies that reduce environmental degradation at all levels (e.g. in relation to such issues as climate change, desertification, biodiversity loss, etc). It was also considered important to address the globalization of unhealthy consumption patterns and lifestyles (e.g. associated with tobacco use, unhealthy diets etc.).
- **Address both the opportunities and threats associated with globalization to ensure that health is promoted and protected.** This includes examining and addressing the effects of market liberalization on national and international abilities to regulate for health-promoting living conditions and services.
- **Develop norms and standards to protect and promote health in sustainable development.** This includes guidelines, regulations, codes of conduct and monitoring mechanisms, including indicators, that protect and promote health, particularly in light of increasing provision by the private sector of health care/health-promoting services.

- **Increase commitment to Millennium Development Goals, and other international goals and targets.** Emphasis should be placed on meeting targets aimed at reducing the burden of disease affecting the poor, and protecting and promoting health in the development process. There is a need to strengthen efforts to meet commitments to increase Overseas Development Assistance (ODA) to the 0.7% of GNP target. In this regard, it was emphasized that a greater proportion of funds released through increased ODA, debt relief, and fiscal measures should be earmarked for health-promoting and enhancing services.
- **Strengthen the evidence base for health and sustainable development linkages across the three dimensions (economic, social and environmental).**

Following the small working group sessions and the presentations made in Panel 3, in the final session of the meeting participants focused on strategic questions for moving forward with the health and sustainable development agenda for the World Summit on Sustainable Development. Many ideas were shared between participants. A number of participants highlighted the importance of using the leverage provided by the WSSD to advance the health and sustainable development agenda.

To capitalize on this opportunity, it was considered necessary to highlight the importance of health as an integrating factor in addressing the three dimensions of sustainable development. Participants highlighted the need for clarity in identifying what we were putting on the table from a health perspective, that was uniquely different and could be considered an essential element for stakeholders and actors both within and outside the health sector.

It was pointed out that the WSSD also offered an opportunity to focus attention on what had been learned in health and sustainable development over the past 10 years. Both successes and failures needed to be drawn on in this learning process. In this way we could avoid the mistakes of the past and build on and multiply the successes. The process over the next few months in preparing for the WSSD was also discussed.

Participants considered the different channels for feeding into the preparatory process. One channel was through the Preparatory Committees (Prepcoms) themselves. The second Preparatory Committee (Prepcom II) would take place from 28 January to 8 February 2002 in New York. A major accomplishment had been that health features prominently on the agenda – nevertheless there was a continuous need to ensure that it remained a central focus. A number of ways of doing this were shared.

With regard to the Prepcom II participants agreed that the report/Ministerial Declaration which would emanate from the scheduled meeting in South Africa in January could be presented to the Bureau of the Prepcom. As issues that would be focused on at WSSD become clearer, the key issues and strategies which had been further defined at this meeting could be highlighted in discussions, and in the documentation being prepared for the WSSD.

At the national level, the results of this meeting, and the results of the January meeting in South Africa, could be made available to national preparatory committees in order to call attention to the importance of health in addressing questions of sustainable development, as well as the key policy issues and strategies in regard to the health and sustainable development agenda.

Finally, participants highlighted the importance of working also outside the official intergovernmental negotiation process with a wide range of stakeholders. This process was already underway in WHO as evidenced by the inclusion of interested parties from NGOs as well as the business sector, all of whom were linked by a common concern for health and sustainable development. This would continue to be an avenue for dialogue and exchange to be used to its best advantage in preparing for the WSSD, as well as beyond.

7 Closing Session

The meeting was closed by Dr Wilfried Kreisel, Executive Director, World Health Organization, on behalf of WHO, and by Ms Mari Skåre, Assistant Director-General, Royal Norwegian Ministry of Foreign Affairs, on behalf of the Norwegian Government. Dr Kreisel reiterated the importance of this planning meeting to the ongoing preparatory work for the WSSD in WHO, and thanked participants for bringing all their expertise to the sessions, and for the open exchange of ideas which had been so valuable.

Ms Skåre thanked the participants for coming together in Norway. She hoped that all had been able to partake of the Norwegian hospitality in-between the hard work in sessions. Ms Skåre echoed the sentiments of all participants that the meeting had been a very useful one whose results would be instrumental in advancing the health and sustainable development agenda for the World Summit on Sustainable Development. Participants were committed to doing their part in ensuring the follow-up and continuing to liaise and engage in further exchange as the WSSD process moved forward.

ANNEX 1 - WORKING GROUPS GUIDING QUESTIONS FOR GROUP DISCUSSION

WORKING GROUP 1: Poverty and Vulnerability

- What are the key diseases and ill-health conditions linked to poverty and vulnerability today? (Participants to give examples at global, regional, and country level)
- Which poverty and health issues are most critical from the point of view of sustainable development? (Give criteria[1]).
- What have been the key trends in the past decade, and what are projections for the future? (Are problems getting better or worse in relation to health, poverty and vulnerability?) (Give examples at global, regional, and country level).
- What have been the most important factors influencing these trends (environmental, social, economic)?
- What are the most important pathways by which poverty impacts on health, and vice versa? (Give examples of two-way linkages).
- What key messages regarding poverty, health and sustainable development do we want to bring to the attention of the WSSD?

Strategies:

- What added value can a health perspective bring to developing strategies in addressing key policy issues related to poverty and vulnerability (e.g. health in the context of poverty reduction strategies)?
- Are there readily available intervention strategies to address poverty and ill-health linkages? (Give examples)
- Where have we achieved most success and where have we failed?
- What have been the key lessons learned to date?
- What have been the key obstacles in the implementation of strategies?
- What needs to be done to improve implementation?
- What can be done to make health services more pro-poor?
- What are some "win-win" strategies to improve health, environment and sustainable development? (Give examples)

1/ Criteria might include for example:
- burden of disease/ill-health;
- impact/risk (economic, social, health, environmental – current and future);
- established links with development policies/economic strategies, as well as environmental strategies;
- likelihood of being able to modify policy outcomes at global, regional, national and local level.

Working Group 2: Globalisation,Trade and the Global Economy

- What are the key diseases and ill-health conditions most impacted on by processes of globalisation, trade and the global economy? (Participants to give examples at global, regional, and country level)
- What are key policy areas of importance from the point of view of sustainable development? (Give criteria)
- What are the opportunities for health in relation to globalisation, trade and the global economy?
- What are the key threats associated with health in relation to globalisation, trade and the global economy?
- What are the most important pathways through which globalisation impacts on health?
- What are the key policy issues in development choices that match sustainable economic growth with improvements in health status and quality of life of all people, particularly the most vulnerable groups?
- What key messages related to globalisation, health and sustainable development do we want to bring to the attention of the WSSD?

Strategies:

- What added value can a health perspective bring to developing strategies in addressing key policy issues?
- What policy instruments and strategies are available to optimise opportunities for health and minimise health threats?
- What have been the key obstacles to optimising opportunities for health?
- What needs to be done to make globalisation work better for health?
- What are some "win-win" strategies to improve health, environment and sustainable development? (Give examples)
- What are the key strategies that balance short-term gains with longer-term impacts? (Give examples of trade-offs)

Working Group 3: Environmental Degradation, Resource Depletion, Unhealthy Lifestyles

- What are the key diseases and ill-health conditions related to environmental degradation, resource depletion, and unhealthy lifestyles?
- Which health and environment issues are most critical in relation to sustainable development? (Give criteria)
- What have been the key trends over the past decade and the projections for the future related to environmental degradation and resource depletion? (are they getting better or worse?) (Give examples)
- What have been the key factors influencing these trends from a social, environmental, and economic perspective?
- What are the most important pathways by which the environment (social, physical) impacts on health?
- What key messages related to environmental degradation, resource depletion, and unhealthy lifestyles do we want to bring to the attention of the WSSD?

Strategies:

- What added value can a health perspective bring to developing strategies in addressing key policy issues?
- Are there readily available intervention strategies to address environmental degradation, resource depletion, and unhealthy lifestyles?
- Where have we achieved success and where have we failed?
- What have been the key lessons learned to date?
- What have been the key obstacles in the implementation of strategies?
- What needs to be done to improve implementation?
- What "win-win" strategy to improve health, environment, and sustainable development? (Give examples)

Working Group 4: Intersectoral Action for Health and Sustainable Development

- Where is there perceived to be a potential conflict between health and non-health sectors? (e.g. agriculture, energy, housing, transport) (Participants to give examples from their own experiences – at global, national and local levels)
- Where is there most confluence of interest? (Give examples)
- What intersectoral planning mechanisms can be used to encourage intersectoral work? (E.g. "Healthy Cities" approaches, Agenda 21s, etc.)
- Where have they been most successful and where have they failed?
- What have been the key lessons learned?
- To what extent is failure in key health outcomes (e.g. HIV/AIDS, malaria, TB, tobacco, and environmental diseases) due to a lack of effective intersectoral action? (Participants to give examples)

Strategies

- What can be done to strengthen intersectoral action for health and sustainable development?
- What key incentives (in policy terms) can be used?
- What innovative means exist for institutional strengthening? (Inside and outside the health sector)
- What innovative means can be used for strengthening human resource capacity? (Inside and outside the health sector)
- What can be done to make better use of planning tools like 'health impact assessments'?
- What key messages should we bring to the WSSD regarding intersectoral action for health and sustainable development?

ANNEX 2 - PROGRAMME

MAKING HEALTH CENTRAL TO SUSTAINABLE DEVELOPMENT: PLANNING THE HEALTH AGENDA FOR THE WORLD SUMMIT ON SUSTAINABLE DEVELOPMENT

Clarion Hotel Oslo Airport, Norway
29 November to 1 December 2001

THURSDAY, 29 NOVEMBER

Afternoon — Registration

17.00-19.00 — Welcome and opening:

Mr. Olav Kjørven
State Secretary for International Development,
Norwegian Ministry of Foreign Affairs
"Opening Statement to the WHO meeting Making Health Central to Sustainable Development"

Dr Wilfried Kreisel
Executive Director, World Health Organization Office at the European Union, Brussels, WHO
"Addressing Challenges in Health and Sustainable Development"

Mr Andrey Vaselyev
UN Senior Officer, Division for Sustainable Development,
UN Headquarters, New York
"Overview of the WSSD Process"

Advocate Patricia Lambert
Legal Adviser to the Minister of Health, Ministry of Health,
Pretoria, South Africa
and
Dr Sekobe Gopolang
Chief Director, Non-Personal Health Services, Ministry of Health,
Pretoria, South Africa
"Preparations for the WSSD in South Africa"

20.00 — Dinner hosted by the Norwegian Ministry of Foreign Affairs

Friday, 30 November

08.00-9.00 **Plenary session**

Co-Chairs: *Ms Mari Skåre* (Norwegian Ministry of Foreign Affairs)
Dr Wilfried Kreisel (WHO)

Dr Yasmin von Schirnding
Focal Point: Agenda 21, Department of Health and Development, WHO
"Background and Context – WHO's Strategy for the WSSD"

Adoption of the agenda

Speaker: *Dr Desmond Mc Neill*
Director of Research, Centre for Development and Environment, University of Oslo

09.00-10.30 **Plenary session**

Panel discussion 1
Identifying Key Policy Issues in Health and Sustainable Development

Moderator: *Dr Eeva Ollila*
Panel participants: *Prof Eric Buch, Dr Lieve Fransen, Mr Luke Rokovada, Mr Jose Antonio Medina Ross, Dr Wen Hai, Dr Owens Wiwa*

10.30-11.00 Break

11.00-13.00 **Small working groups – session 1**
Identifying Key Policy Issues in Thematic Areas

13.00-14.00 Lunch

14.00-15.00 **Small working groups – session 1** (continued)

15.00-16.00 **Plenary session**
Co-Chairs: *Mr Tharald Hetland* (Norwegian Ministry of Foreign Affairs)
Dr Mohammad Kazem Behbehani (WHO)

Report backs from working groups
General discussion on key policy issues

16.00-16.30 Break

16.30-17.30 PLENARY SESSION

PANEL DISCUSSION 2
Identifying Key Action Strategies in Thematic Areas

Moderator: *Dr João Yunes*
Panel participants: *Dr Abdul Rahman Al Awadi, Dr Eva Kereszty, Ms Lise Kingo, Dr Ronald Labonte, Dr Gopolang Sekobe*

17.30-18.30 **Small working groups – Session 2**

20.00 Dinner

SATURDAY, 1 DECEMBER

08.00-10.00 **Small working groups – Session 2** (Continued)
Identifying Key Action Strategies in Thematic Areas

10.00-10.30 Break

10.30-11.00 PLENARY SESSION
Co-chairs: *Mr Tharald Hetland* (Norwegian Ministry of Foreign Affairs)
Dr Wilfried Kreisel (WHO)

Reports back from working groups

11.00-12.00 **Presentations and general discussion:**
Process Issues and Strategies for the WSSD

Moderator: *Advocate Patricia Lambert*
Panel participants: *Prof Theodor Abelin, Ms Magda Lovei, Dr Gordon McGranahan, Dr Maurice Mittelmark, Dr Leena Srivastava, Mr Robert Whitfield*

12.00-13.00 **Summary of day's discussions, conclusions and recommendations for the way forward**

13.00-14.00 Lunch

Closure of meeting

ANNEX 3 - LIST OF PARTICIPANTS

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