

Issues and Challenges in Health and Sustainable Development

Beyond Johannesburg

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David Nabarro

World Health Organization

DEFINITIONS AND CHALLENGES

Sustainable Development

“Development that meets the needs of the present without compromising the ability of future generations to meet their own needs”

Brundtland definition, World Commission on Environment and Development (1987)

Part 1: meeting the needs of the present

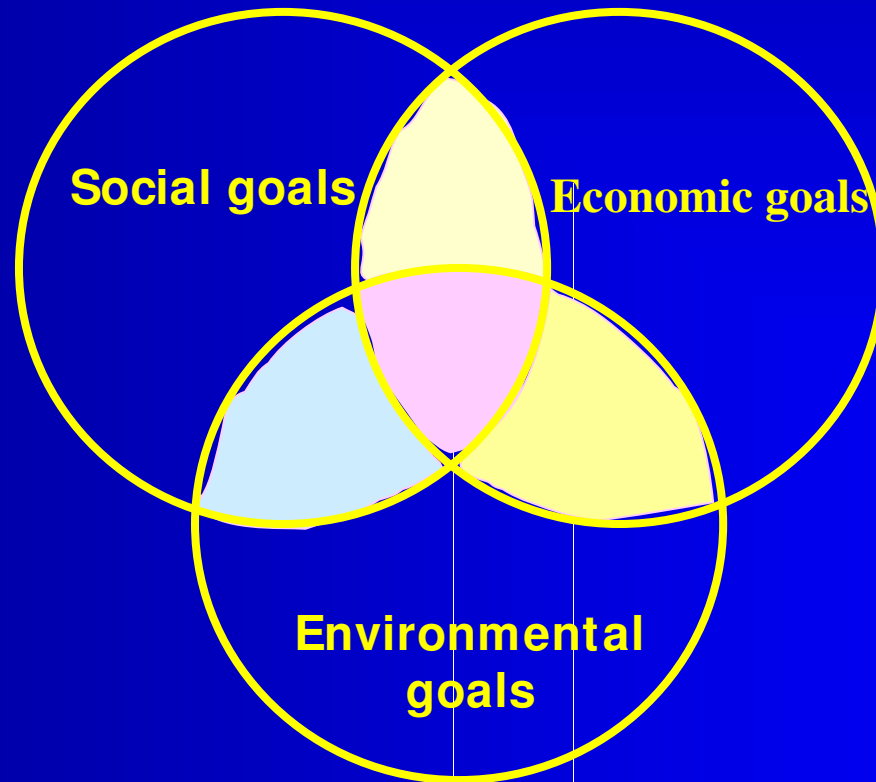
- Implies poverty reduction/ economic growth**

Part 2: without compromising future generations

- Implies environmental protection, and inter-generational equity**

Sustainable Development

Integration of economic, social and environmental goals to maximise human well-being now, and in the future.



Sustainable Development Challenges

How to ensure that

- **National authorities are enabled to place equitable development at the core of their public policy;**
- **Sectoral policies are complementary and contribute to the overarching purpose of SD;**
- **Sector programmes and initiatives are synergised;**
- **Trade-offs are made explicit; and**
- **Ways are found to involve a widening circle of interested parties and institutions**

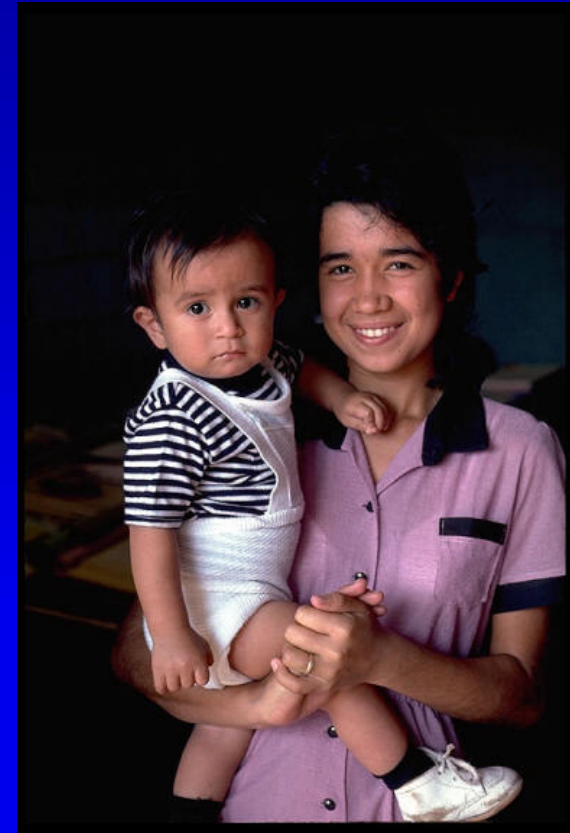


**POLITICAL
PROCESSES AND
PRINCIPLES**

Key principles:

1 The Human Dimension

- Human beings are at the centre of concerns for sustainable development
- Sustainable development cannot be achieved when people's functional capacity is undermined by disease, hunger, or insecurity



2 Evidence for investing in health: The Commission on Macroeconomics & Health

- **Leading economists and health experts studied links between health and economic development**
- **US\$ 66 billion per year required to fulfil MDGs, save 8 million lives each year, and create six-fold returns in economic growth**
- **Investments would bring immediate benefits in relation to AIDS, TB, malaria, non-communicable diseases and injuries.**
- **The amount required is small compared to investments in defence, subsidies to producers, and the cost of reconstruction after armed conflict**
- **34 US dollars per person is the minimal expenditure necessary for scaling up priority communicable disease maternal and child health interventions**

3 Health is seen to be vital

- **Growing national and international awareness that good health is VITAL for sustainable development**

- World Summit on Sustainable Development
- Millennium Development Goals
- Agreed strategies for children; to tackle AIDS; to confront malaria, TB and hunger
- New approaches in Intellectual Property and Public Health (Doha)

Prosperity

Better Health



4 Recent Summits prioritise health

Eg The Millennium Assembly (Sept 2000)

Health-related MDGs

- Reduce by three quarters, between 1990 and 2015, the Maternal Mortality Rate.
- Have halted by 2015 and begun to reverse the spread of HIV/ AIDS.
- Have halted by 2015, and begun to reverse the incidence of malaria and other major diseases.
- Provide access to affordable, essential drugs in developing countries.
- Halve by 2015 the proportion of people without sustainable access to safe drinking water.
- Halve between 1990 and 2015 the proportion of people who suffer from hunger
- Halve between 1990 to 2015 the proportion of people whose income is less than one dollar a day.

Can the widespread commitment to these goals and targets help us all respond better to the sustainable development challenges?

5 Governments have committed themselves to action for health equity

Eg The Monterrey Conference on Financing for Development (March 2002)

The Monterrey Consensus

- Investments in...education, health, nutrition, shelter and social security programmes . . .are vital for enabling people ... to better adapt to and benefit from changing economic conditions and opportunities... (Par 16)
- ODA plays an essential role as a complement to other sources of financing for development...ODA is also a crucial instrument for supporting education, health, public infrastructure development, agriculture and rural development, and to enhance food security... (Par 39)

6 Commitments at The World Summit on Sustainable Development (Aug 2002) were particularly strong



Examples of New Targets or Commitments (health-related)

- *Halve the number of people lacking access to basic sanitation by 2015;*
- *Increase "substantially" the use of renewable energies in global energy consumption;*
- *Minimize the harmful effects on health and the environment from the production and use of chemicals by 2020;*
- *Establish a solidarity fund to combat poverty;*
- *Develop a 10-year framework for programmes on sustainable consumption and production*

7 The World Summit on Sustainable Development (Aug 2002) focused on implementation



- The widespread view was that talk must now give way to action
- Health featured throughout Plan of Implementation, along with a chapter dedicated to health
- Health identified as a priority area in “WEHAB”
- Emergence of “Type 2” partnerships and other initiatives for health and development - going beyond Government-only responses

8 The Linkages vital for sustainable development must be clarified: The 2002 'WEHAB' Initiative

*Access to **W**ater and Sanitation*

*Access to **E**nergy*

*Access to **A**gricultural production*

*Maintenance of **B**iodiversity*

Access to effective health services

Better Health

Fewer risks due to better energy, agricultural and industrial practices

Prosperity



9 The various efforts to follow-up on Intergovernmental Commitments must be linked: the alternative is wasteful

Build on the potential for synergy between, Doha, Monterrey, WSSD, and the MDGs

MDGs:

- **Form a useful framework**
- **Provide an entry point**
- **Do not cover the full ambit of sustainable development issues**
- **Do not address all health priorities.**

10 As we focus more and more on action, what is our contribution ?

- 1. Help people recognise the importance of good health as an essential pre-requisite for sustainable development**
- 2. Invest shrewdly in health systems that reflect the concept of broad, multi-stakeholder partnerships**
- 3. Focus on a response to what people expect, as well as what they appear to need**
- 4. Seek to expand the circle of groups that are allied together as participants in the response**
- 5. Make a point of working in a focused way across sectors - to better secure equitable health outcomes**
- 6. Increase the level of resources for health and sustainable development through demonstrating the impact of effective investment**

FOCI FOR ACTION

1 Expanding the Circle of Participating Groups

- **Key determinants to health call for a wider health-based response**
 - Environment, water and sanitation, education, employment, trade, tourism, energy and housing
- **Keep taking health issues beyond the “health sector”**
- **Challenges to be resolved for intersectoral action**
 - Information not shared between sectors
 - Health not always seen as the business of all
 - Big challenges for health ministers as “stewards of national health”
- **A shared health, environment and development agenda**
 - Controversy and debate, with mutual gains

2 *Making Inter-sectoral Action work*

To tune inter-sectoral action, and maximise its effectiveness, there is a need to:

- **Define the health risks and disease burdens experienced by poor people in their own settings**
- **Demonstrate the costs and benefits of different micro and macro level action**
- **Develop the capacity of local and national institutions to do this work, incorporate it in decision making, and secure a long-term commitment to evidence-based action**

3 Helping to build (and sometimes re-build) national and local capacity for Poverty Reduction and MDG achievement

- Invest where it makes a difference
- Engage a range of partners
- Pursue common strategies: build on best practice, harness innovations
- Form alliances
- Support the scaling up of national efforts with new global funding mechanisms
- Strengthen the capacity of national institutions
- Encourage donors to work jointly with national level partners - through Sector Wide Approaches and Poverty Reduction Strategies.

4 Trying to ensure that Global Institutions respond to Local Realities

- Comparative advantages and constraints of the Economic and Social Institutions in the UN system
- Capacity to respond to local realities



- Responding to states in crisis
- Can concerns for human health serve as a bridge for peace?

5 Encourage national level alliances with real inter-sectoral work

- **National Environment and Health Action Plans**
- **National Sustainable Development strategies/ Agenda 21 s**
- **Poverty Reduction Strategy Papers**
- **The country-level partnerships catalysed by Global Fund to fight AIDS, TB and Malaria**
- **Other Global movements with local and national elements**

6 Recognise that inter-sectoral action is inevitable at the Local Level

There is constant dialogue between local government, citizens and stakeholders on both strategic and tactical issues

This can be made explicit - eg in “LEHAPS”--Local Environment and Health Action Plans

- **Local Agenda 21s**
- **UN Habitat and UNEP’s Sustainable Cities Movement**
- **WHO Healthy Cities Movement**

7 Making space for different stakeholders to play a role in, influence and - in some cases - shape the local level agenda

- **Different stakeholders shape the health and SD agenda**

Governments

Local communities

NGOs

UN agencies and other Intergovernmental bodies

International organisations

Bilateral development agencies

Foundations and trusts

Academic/ research institutions

Private sector

The media

8 Recognise the potential for global actors to influence the nature and outcome of local level process

- **How is the influence of local stake-holders changing?**
 - More work carried out in partnership with development agencies
 - Greater emphasis on public/ private sector partnerships
 - Increased influence and magnitude of work carried out by NGOs
 - More work undertaken across sectors
- **What factors enhance the influence?**
 - Empowerment, inclusion
 - Co-ordinated action (e.g. through alliances, and more effective global/ local linkages)
- **What factors constrain the influence?**
 - Isolation, exclusion, duplication

9 Making the Linkages work: Local ↔ National ↔ Global

Strengthen vertical linkages

- Policymaking needs to be informed by what is happening on the ground
- Local initiatives can move forward in supportive national/ global policy and legislative environment

Ensure horizontal linkages

- Health and SD issues cannot be addressed in isolation
- Integrated approaches require linkages between different sectors, initiatives, government and civil society are key

10 Advancing Action through principled alliances

Alliances help to:

- **Encourage political commitment at the highest level**
- **Build on complementary strengths of sectors, stakeholders, and partners at local, national, regional and global levels**
- **Ensure inter-sectoral action and community participation**
- **Co-ordinate and streamline efforts, bringing together fragmented or isolated initiatives**

11 Helping the alliances to work: a key new role for the UN system

- Recently formed Alliances have given birth to new resources for health, and spearheaded new initiatives
- Others support “movements” to stimulate concerted action



E.g. The Healthy Environments for Children Alliance

Building on local-level, context specific ventures

EXAMPLE



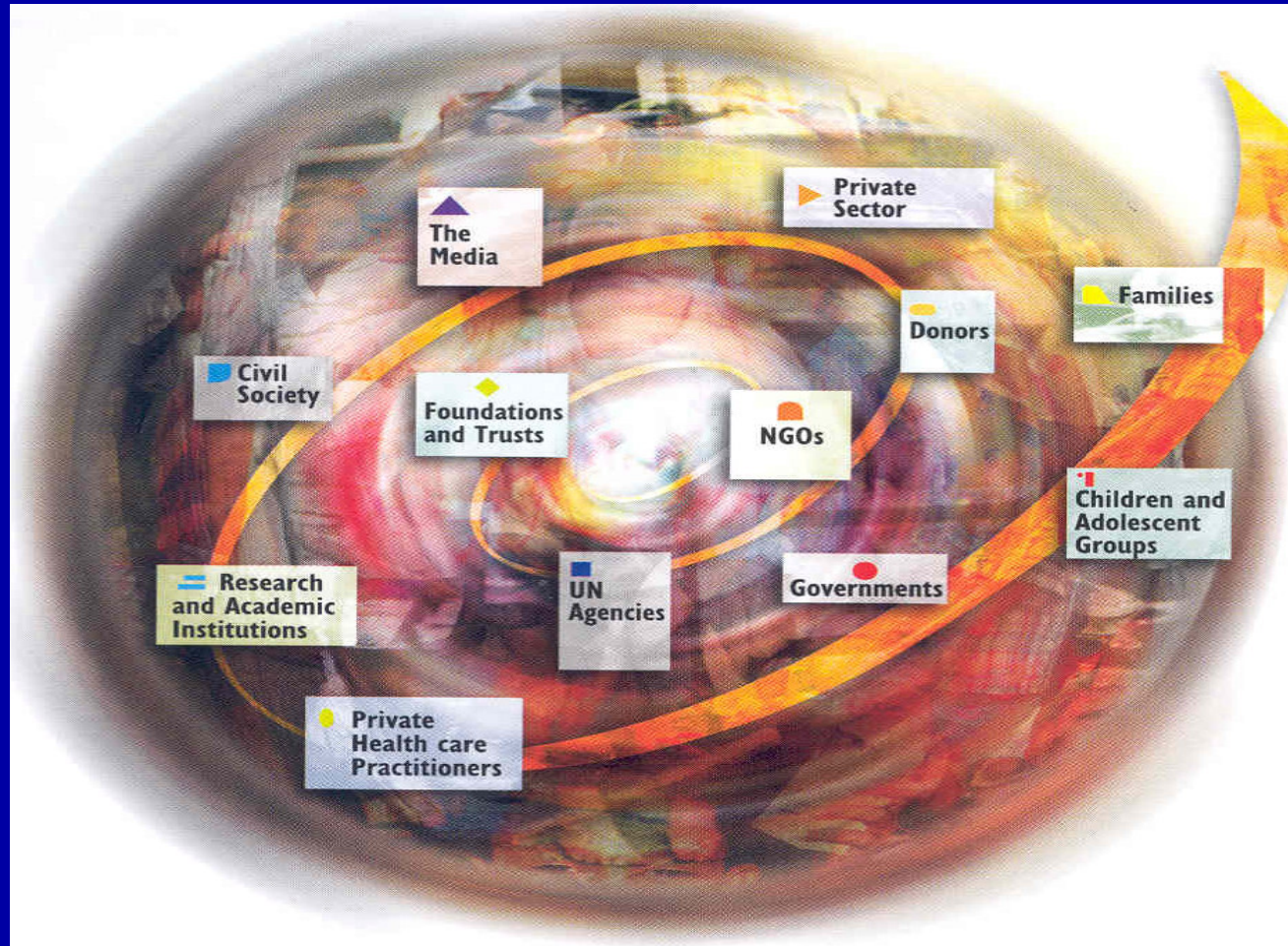
Example : the Healthy Environments for Children Alliance



Mission

A world-wide alliance to intensify global action on environmental risks to children's health that arise from the settings where they live, learn, play and earn, by providing knowledge, increasing political will, mobilizing resources, and catalysing action.

HECA Approach: a shared commitment to action by a broad range of stakeholders



Health: The Heart of Sustainability

LOOKING AHEAD

1 Locate present thinking and action in a historical context

The Primary Health Care Approach (1978) was developed during the Cold War. It served as a bridge between nations in a divided world. Its principles gave high priority to the pursuit of equitable outcomes. The principles and elements are still valid.

- Health Education
- Nutrition
- Safe Water Supply and Sanitation
- Maternal and Child Health Care, including Family Planning
- Universal Immunization
- Prevention and Control of Endemic Diseases
- Provision of Essential Drugs
- Appropriate Treatment for Common Diseases and Injuries

2 Draw on experiences of the Health for All movement

.....to enable all to realise their right to health.

- **Use careful analysis to identify the potential contribution of different sectors to health outcomes, and activate the stakeholders within those sectors so that they contribute to sustained improvements in health equity;**
- **Ensure that health features properly in national - and local - plans and strategies for sustainable development;**
- **Strengthen health systems in ways that contribute to Poverty Reduction;**
- **Recognise the importance of good governance for proper stewardship of health action,**
- **Respond to the dangers - for health equity - when States fail to respond to people's rights, expectations and needs**

3 Locate global health action within broader political and economic trends

- **Impact of HIV/ AIDS, tobacco, mental illness, and perceived potential for bio-terrorism, on perceptions of health and illness (and now SARS)**
- **Globalization, international trade and economic liberalisation : Doha to Cancun**
- **Geopolitical change: the evolving role of the UN: the significance of new funds and alliances**
- **Popular movements with strong local-level roots
- for people's health, for fairer trade, for equity, for protection**

4 Be strategic about securing additional financial resources

Value of emphasising outcomes from investment in health

- Recognition of impact of better health on sustainable development (and vice versa)
- Evidence from WHO Commission on Macroeconomics and Health

Prospects for increased financing

- National budgets
- Bilateral and multilateral assistance

Importance of new funding alliances

- Bilateral and Multilateral channels
- Changing roles of IDA
- GFATM
- GAVI

Sustain focus on Millennium Development Goals

5 Invest in the people who will be the drivers, as well as the subjects, of sustainable development and health equity

- enabling Governments to offer enlightened stewardship of health action, and to review its impact on poverty and inequity**
- enabling institutions to analyse determinants of ill health, exposure to risk factors, differential vulnerabilities, burdens of disease, and needs of different population groups**
- enabling health programmes to tackle financial issues, management, service delivery and co-ordination**
- addressing challenges of recruiting, retaining and rewarding skilled personnel**

6 Pay special attention to societies - and States - in Crisis: beware the consequences of societal decline

Southern Africa: communities affected by a combination of development and humanitarian crisis (HIV/ AIDS, famine, governance)

Middle East: communities facing prospect of long-term mistrust and associated insecurity

Afghanistan: communities wanting to rebuild but dependent on continued assistance from OECD states

Importance of Health as a Bridge for Peace

Thank You