

Health and the World Conference on Sustainable Development

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The World Summit on Sustainable Development in Johannesburg is reviewing what has happened since the Earth Summit in Rio ten years ago. Looking back over the last decade, we can see that progress has been made on all three of the pillars of sustainable development — the economic, the social and the environmental. But there is much more to be done if we are to establish an approach to development which both integrates these three areas of work and meets the needs and aspirations of countries north and south.

World leaders meeting in Johannesburg from 26 August to 4 September face a broad and complex agenda. Preparations for the Summit have been difficult. Reaching consensus on such a wide and interlinked range of topics is not easy. The key will be to maintain a focus that keeps people and their needs at the centre of the frame. Finding the human and material resources to meet those needs now, without depleting the earth's capital for the future, is the crux of the sustainable development argument.

The challenge is not to choose between environmental protection or economic development, as many have suggested in the past. Rather, it is to recognize that better environmental management is central to both poverty reduction and economic development — through more secure livelihoods, reduced vulnerability, and better health.

WHO's input to the summit has focused on four main themes. First, investment in people's health is an essential element of sustainable development. Healthy life is an outcome of sustainable development, but it is also a powerful though undervalued means of achieving it. We need to see health both as a precious asset in itself and as a means of stimulating economic growth, protecting the environment, and reducing poverty. A decade ago, health was seen primarily as a matter of social services — as consumption rather than investment. Now, ten years on from Rio, the world is beginning to realize that health is central to the whole concept

of sustainable development. It is a key means of securing our common future.

Second, we can now make the case for investment in health with much greater precision. We know what is required to scale up activities that will improve health outcomes for poor people. The work of the Commission on Macroeconomics and Health (7) and other analyses detail the impact of ill health on economies, and estimate the cost of tackling the most common causes of death and disability, including HIV/AIDS. To reach the needed minimum of US\$ 30–40 per capita per year will require additional spending on the part of countries and donors, but the return on this investment is enormous, and the outlay for donors is equivalent to just one cent on each US\$ 10 of economic output.

Third, we have a growing body of evidence on which to base strategies to reduce the risks to people's health — particularly those that arise from the environment. Diarrhoeal and respiratory diseases are intimately linked to poor living conditions, inadequate and contaminated water, dirty household fuels and unsafe food. Poor children, particularly, face these dangers to health from the physical conditions in which they live, as well as domestic and road accidents, and exposure to lead, pesticides and other poisons.

Fourth, we have to acknowledge the need for long-term and equitable access to the natural resources on which health, and life itself, depend. The Summit is taking place at a time when 300 000 or more people may die in the worst famine that southern Africa has seen in decades. In part, this reflects a failure to meet past commitments to sustainable development. But it also highlights how pressures on food and water resources threaten the lives of an increasing proportion of the world's population.

In making the case for investment in health, we are also suggesting how to work. The primary focus of the Summit is on preparing negotiated intergovernmental agreements, but it is also stressing the importance of partnerships.

In the health field, highly effective partnerships and alliances between governments, civil society and the private sector are emerging. They are furthering research and development for new drugs and vaccines, the increase of immunization coverage, and the implementation of nationally-led poverty reduction strategies. They have mobilized new resources through the Global Fund to fight AIDS, TB and Malaria, and they are providing cross-government synergy and coherence for sustainable development policies through such practices as health impact assessment.

Johannesburg also offers an opportunity to see where new initiatives are needed. Many groups have recognized the hazards faced by poor children in particular, and have developed multisectoral initiatives to promote children's environmental health. WHO is well placed to work with others in national governments, the UN system and development agencies to build a new alliance to support this movement with the Healthy Environments for Children Initiative (2). We have been accelerating this process through a series of events at the Johannesburg Summit.

There are many examples of effective global action: polio is close to eradication, and there has been significant progress in reducing the emission of ozone-depleting gasses, to cite but two. The resources recently mobilized for defence and financial subsidies in the industrialized world show that additional funds can be made available rapidly. Much is known about what needs to be done, and we have a growing body of experience on how to do it. It is hard to think of anything that is more important today than securing a safer and healthier future for the people of this planet. What is needed now is the commitment to make it happen. ■

1. *Macroeconomics and health: investing in health for economic development. Report of the Commission on Macroeconomics and Health.* Geneva: World Health Organization; 2001.
2. *Healthy environments for children — an alliance to shape the future of life.* Available from: URL: http://www.who.int/peh/ceh/HECI_brochure.pdf

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Ref. No. 02-0375