World Summit on Sustainable Development: Key Outcomes, Challenges and Opportunities for Health and Sustainable Development
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### ACRONYMS

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<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>AAMMA</td>
<td>Asociacion Argentina de Medicos por el Medio Ambiente</td>
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<td>AECLP</td>
<td>Alliance to End Childhood Lead Poisoning</td>
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<td>APLF</td>
<td>Asia Pacific Leadership Forum on HIV/AIDS and Development</td>
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<td>AusAID</td>
<td>Australian Government Overseas Aid Programme</td>
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<td>BASD</td>
<td>Business Action for Sustainable Development</td>
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<td>CAF</td>
<td>Corporación Andina de Fomento / Andean Development Corporation</td>
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<td>CBDR</td>
<td>Common But Differentiated Responsibilities</td>
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<td>CSD</td>
<td>Commission on Sustainable Development</td>
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<td>ECLAC</td>
<td>Economic Commission for Latin America and the Caribbean</td>
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<td>ECOSOC</td>
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<td>GHS</td>
<td>Globally Harmonized System for Chemical Classification and Labelling</td>
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<td>The Group of 77</td>
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<td>HECA</td>
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<td>HIPC</td>
<td>Heavily Indebted Poor Countries Initiative</td>
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<td>ICC</td>
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<td>ICEPE</td>
<td>International Centre for Insect Physiology and Ecology</td>
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<td>IDDMM</td>
<td>Institute for Infectious Diseases and Molecular Medicine</td>
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<td>IDRC</td>
<td>International Development Research Centre</td>
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<td>International Federation for Medical and Biological Engineering</td>
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<td>INCHES</td>
<td>International Network of Children's Health, Environment and Safety</td>
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<td>International Society of Doctors for the Environment</td>
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<td>IUCN</td>
<td>International Union for Conservation of Nature and Natural Resources</td>
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<td>International Union for Physical and Engineering Sciences in Medicine</td>
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<td>IWMI</td>
<td>International Water Management Institute</td>
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<td>JICA</td>
<td>Japan International Cooperation Agency</td>
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<td>JPOI</td>
<td>Johannesburg Plan of Implementation</td>
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<td>LGS</td>
<td>Local Government Session</td>
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<td>ODA</td>
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<td>SADC</td>
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<td>South Africa NGO Coalition</td>
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<td>Sustainable Agriculture and Rural Development</td>
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<td>TRIPS agreement</td>
<td>Trade-Related Aspects of Intellectual Property Rights</td>
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<td>United Nations Institute for Research and Training</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>USEPA</td>
<td>United States Environmental Protection Agency</td>
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<td>PSR</td>
<td>Physicians for Social Responsibility</td>
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<td>REDEH</td>
<td>Rede de Desenvolvimento Humano</td>
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<td>Women's Action Agenda 21</td>
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<td>“Water, Sanitation and Hygiene for all” Initiative</td>
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<td>WEDO</td>
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<td>WEHAB initiative</td>
<td>Water, Energy, Health, Agriculture and Biodiversity</td>
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<td>World Summit on Sustainable Development</td>
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WHO’s Contributions to the WSSD Process

In 1992, more than 100 Heads of State and Government met in Rio de Janeiro, Brazil, for the United Nations Conference on Environment and Development (UNCED). This “Earth Summit” was convened to address urgent problems of environmental protection and socio-economic development. The assembled leaders signed the Framework Convention on Climate Change and the Convention on Biological Diversity, endorsed the Rio Declaration and the Forest Principles, and adopted Agenda 21—a 300-page plan for achieving sustainable development in the 21st century.

WHO was designated task manager for Chapter 6 of Agenda 21, which deals with protecting and promoting human health. Five major programme areas were highlighted in 1992, namely: meeting primary health care needs, particularly in rural areas; control of communicable diseases; protecting vulnerable groups; meeting the urban health challenge; and reducing health risks from environmental pollution and hazards. One of WHO’s roles as task manager for Chapter 6 has been to ensure that the health objectives of Agenda 21 are adequately addressed in the work of WHO and other UN bodies.

The Commission on Sustainable Development (CSD) was established subsequent to Rio to ensure effective follow-up to UNCED and implementation of Agenda 21. The five-year review and follow-up convened in 1997 adopted CSD’s *Programme for the Further Implementation of Agenda 21*. WHO’s contributions included the publication “Health and Environment in Sustainable Development: Five years after the Earth Summit,” which assessed progress during the five year period since 1992. In the following years, WHO has continued to make efforts to strengthen the role of health in the work of the CSD, and in sustainable development generally.

In 2001, CSD-10 acted as the Preparatory Committee (PrepCom) for the World Summit on Sustainable Development (WSSD), beginning the first of four global PrepCom sessions. These sessions were held respectively from 30 April-2 May 2001 (New York), 28 January-8 February 2002 (New York), 25 March-5 April 2002 (New York), and 27 May-7 June 2002 (Bali). Preparations at the regional, sub-regional, and national levels served as inputs to these global sessions. Issues to be considered at the WSSD were identified through a participatory process involving governments and other stakeholders, known as the Major Groups. These included: business and industry, children and youth, farmers, indigenous people, local authorities, non-governmental organizations, scientific and technological communities, women, workers and trade unions.

At the PrepComs, WHO was active in promoting a central role for health in the draft Plan of Implementation that would form the basis of the key negotiated outcome text of the WSSD. Various documentation was prepared on the role of health and sustainable development including a review of key health trends over the past decade. WHO’s expertise was made available to Member States in the course of the preparatory sessions and deliberations during 2001 and 2002. At PrepCom III, WHO organized the event “Health in Sustainable Development: Key Issues and Action Strategies,” which consisted of panel presentations highlighting key issues in health and sustainable development including poverty and equity, nutrition, consumption
patterns, and the health threats and benefits of globalization. At PrepCom IV, WHO emphasized the need for the WSSD to address the links between health, environment, and poverty alleviation and outlined WHO’s priorities in the area of health and environment in an event coordinated by Stakeholder Action for Our Common Future.

In parallel to the formal PrepCom process, WHO organized a series of meetings and events to prepare the health agenda at the WSSD. This included a think-tank meeting held in Oslo, Norway, in November 2001, which helped identify the key policy issues and action strategies to be advocated for in relation to health and sustainable development. A high-level meeting held in Johannesburg, South Africa, in January 2002 brought together ministers of health, senior officials, and other representatives from the Southern African Development Community (SADC) and other countries to deliberate on key issues in health and sustainable development. This meeting resulted in the Johannesburg Declaration on Health and Sustainable Development, which was widely distributed in the course of the subsequent PrepCom meetings, other related meetings and at the WSSD.

WHO also contributed a number of documents to the WSSD (see annex), including “Health and Sustainable Development: Key Health Trends”, “Health in the Context of Sustainable Development: Background Document”, and “Health and Sustainable Development: Addressing the Issues and Challenges”. A major contribution from WHO to the overall WSSD preparations was facilitated through WHO involvement in the “WEHAB” initiative and development of a document entitled “A Framework for Action on Health and the Environment”. This initiative was a UN contribution to the WSSD highlighting five priority thematic areas of sustainable development: Water, Energy, Health, Agriculture and Biodiversity; proposed by UN Secretary-General Kofi Annan, to provide focus and impetus to action in the implementation of the JPOI.

At the WSSD, WHO provided technical support and ensured a high profile for health through the following activities organized with a wide range of partners:

- **Partnership Plenary Sessions on WEHAB**: Health was one of the five priority areas singled out for special attention by the UN Secretary-General under the framework of the WEHAB initiative. WHO co-organized the partnership plenary session “Health and Environment” (Johannesburg, 26 August 2002). This event consisted of a presentation by WHO, followed by an interactive discussion with panellists from the World Bank, UNICEF, UNFPA, and the Medical Research Council of South Africa. A number of priority environment-related health issues were identified, together with key strategies to address them.

- **WHO Official Side Event “Health and Environment in the 21st Century: Priorities and Action Strategies to Secure our Children’s Future”** (Johannesburg, 30 August 2002). This was organized by WHO, in collaboration with UNICEF, UNEP, and Physicians for Social Responsibility (PSR). The event comprised an interactive discussion on linkages between health and environment; the economic burden of ill-health related to environmental degradation; and investing in children and the environment. It resulted in the identification of key policy actions in health, environment, and sustainable development at national and international levels to be addressed in the post-WSSD period.
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- **Parallel Event: “Symposium on Health and Sustainable Development”**, organized by WHO, Department of Health, South Africa, and other key institutions (Johannesburg, 31 August 2002). The all-day event consisted of five plenary sessions, commencing with a ministerial round table on the theme “Pushing Back the Frontiers of Poverty”, followed by panel discussions on the themes of: “Investing in Health: the Evidence, the Action”; “Children’s Health and the Environment”; “Research, Human Health and Sustainable Development: Innovative Partnerships for Action”; and “Intersectoral Action in Practice: Programmatic Examples of Health and Sustainable Development”. Key policies and action strategies were explored in each area.

- **Session on “Individual Partnerships for Sustainable Development”** (Johannesburg, 29 August 2002). The founders of the Healthy Environments for Children Alliance-WHO, UNICEF, UN-Habitat and UNEP gave a presentation on this newly formed alliance. Speakers outlined the impact that unsafe and unhealthy environments have on children’s health, the rationale for creating a broad-based inclusive alliance to safeguard healthy environments for children, and how this alliance might be developed.

- **Inauguration of the “Healthy Environments for Children Alliance”**, organized by WHO (Johannesburg, 1 September 2002). Dr Gro Harlem Brundtland, together with founding partners of the initiative, officially presented the alliance aimed at scaling up global action to address priority health dangers and risks in the places where children live, learn, and play. The initiative is intended to contribute to the implementation of the outcomes of the WSSD and the realization of the Millennium Development Goals. Strong support for the alliance was received from many quarters, including Royalty, health and environment Ministers and officials from a large number of countries, heads of UN agencies, representatives from the European Commission and NGOs, youth, members of civil society and others.

- **UBUNTU Village Exhibit “Strengthening the Role of Health in Sustainable Development”** (Johannesburg, 26 August-4 September 2002). WHO’s exhibit at the Ubuntu Village explained the relationship between health and sustainable development and described WHO’s contributions to the WSSD.

- **Virtual Exhibition - An example of a WHO “Healthy Municipality”** project was included in the Business Action for Sustainable Development/UNDP Virtual Exhibition, which showcased sustainable development projects from around the world.

- **WHO’s WSSD Website** was created and regularly updated to feature all WHO preparatory activities, documents and event announcements relating to health and sustainable development at the WSSD.

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2 Summary of the Major Commitments and Health-Related Issues

Presided by President Thabo Mbeki of South Africa, the World Summit on Sustainable Development adopted two key documents:

- The Johannesburg Plan of Implementation;
- The Johannesburg Declaration on Sustainable Development.

The Johannesburg Plan of Implementation

The intergovernmentally negotiated output of the Summit consisted of the Johannesburg Plan of Implementation (JPOI), designed as a framework for action to implement the commitments agreed to at UNCED. Its eleven chapters address a wide range of sustainable development issues: poverty eradication, changing patterns of consumption and production, protecting and managing the natural resource base of economic and social development, sustainable development in a globalizing world, health and sustainable development, sustainable development of Small Island Developing States (SIDS), sustainable development for Africa, other regional initiatives, means of implementation, and an institutional framework for sustainable development.

Since Rio, there has been increased recognition of health issues as inextricably intertwined with all concerns of sustainable development. Ten years ago, the Rio Declaration on Environment and Development emphasized health in the first principle of Agenda 21: “Human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature.” Chapter 6 of Agenda 21 addressed issues associated with protecting and promoting human health. These included: meeting primary health care needs, particularly in rural areas; control of communicable diseases; protecting vulnerable groups; meeting the urban health challenge, and reducing health risks from environmental pollution and hazards.

Although many relevant issues were addressed in chapter 6 of Agenda 21, there were also gaps. Since Rio, the links between health and economic development have become more evident, especially with respect to the contribution of health to poverty reduction, and the growing burden of non-communicable diseases, as well as that of communicable diseases. Furthermore, the health effects of development policies and practices have been highlighted, as well as the opportunities and threats to health posed by globalization, which have only recently been investigated. The implications of worldwide interdependency have been highlighted by the threat of global climate change and the HIV/AIDS pandemic.

Placing greater attention on the social and developmental agenda than did its Rio predecessor, the Johannesburg Plan of Implementation accentuates attention on issues such as poverty, health, economic development and globalization. The greater emphasis on developmental sectors was partly facilitated by the introduction of the WEHAB initiative. The PrepComs preceding

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2 For the full text, including the exact terms in which the commitments were made, please visit the official website: www.johannesburgsummit.org
Johannesburg were characterized by difficult negotiations and attempts to achieve consensus on key aspects of the plan, particularly on energy, trade, finance and globalization.

Consensus was eventually achieved in Johannesburg but, as expected, contentious issues were often solved by falling back on previously agreed positions. Critics pointed to a lack of major new agreements as a shortcoming in the Plan of Implementation. However, as an implementation-focused Summit, Johannesburg was not expected to produce dramatic new agreements like those that arose from Rio. The Plan of Implementation contains over thirty targets, although some stem from previous agreements. It also contains important health and health-related commitments. Many of these have direct and indirect implications for health and sustainable development policies and practices.

**Poverty Eradication - Chapter II**

Poverty eradication was seen as the overarching priority of the Summit, with the Plan of Implementation stating that poverty eradication is the greatest global challenge, and reaffirming the Millennium Development Goal (MDG) of halving, by the year 2015, the proportion of the world’s people whose income is less than a dollar a day. A proposal by the G77/China calling for the establishment of a world solidarity fund to combat poverty was accepted, providing contributions would be voluntary. While seen as generally positive, some questioned the wisdom of establishing a new fund, suggesting they needed to meet their existing Overseas Development Assistance (ODA) commitments first.

In relation to health, the section addresses delivering basic services for all and includes a target for access to safe drinking water and basic sanitation. This target, which complements the Millennium Development Goal on drinking water, was seen as one of the most significant achievements of the Summit.

With human health and many other issues (e.g., school attendance of girls often dependent on adequate sanitation facilities and clean water), investing in this area was seen as an effective way to combat poverty and improve health. Unsafe drinking water and lack of sanitation services facilitates the transfer of pathogens and can result in ill-health conditions and diseases like diarrhoea. Each year, 2.2 million people die from diarrhoea; 90 per cent of them are children. By embracing interventions that lead to improved water supply, sanitation facilities and hygiene, diarrhoea alone can be reduced by as much as 26 per cent.

The text appearing below highlights some of the areas of commitment. For the full text, and using paragraph references as a guide, please see the official WSSD Web site.

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3 As the largest Third World coalition in the United Nations, the Group of 77 provides the means for the developing world to articulate and promote its collective economic interests and enhance its joint negotiating capacity on all major international economic issues in the United Nations system, and promote economic and technical cooperation among developing countries.

4 [www.johannesburgsummit.org](http://www.johannesburgsummit.org/)
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Key Commitment Areas

Paragraph 7a - Halve, by the year 2015, the proportion of the world’s people whose income is less than $1 a day and the proportion of people who suffer from hunger (Reaffirmation of Millennium Development Goals)

Paragraph 7b - Establish a world solidarity fund to eradicate poverty

Paragraph 7c - Develop national programmes for sustainable development at all levels, to promote the empowerment of people living in poverty and their organizations, enabling them to increase access to health-care services

Paragraph 7d - Promote women’s equal access to and full participation in decision-making at all levels and improve the status, health and economic welfare of women and girls through full and equal access to inter alia health-care services

Paragraph 7f - Deliver basic health services for all and reduce environmental health threats, taking into account the special needs of children and the linkages between poverty, health and environment

Paragraph 7m - Increase access to sanitation to improve human health and reduce infant and child mortality

Paragraph 8 - Halve, by the year 2015, the proportion of people unable to reach or afford safe drinking water and who do not have access to basic sanitation, which includes actions to:

a- Develop and implement efficient household sanitation systems;
b- Improve sanitation in public institutions, especially schools;
c- Promote safe hygiene practices;
d- Promote education and outreach focused on children as agents of behavioural change.

Paragraph 9a - Improve access to reliable, affordable, economically viable, socially acceptable and environmentally sound energy services and resources

Paragraph 9b - Improve access to modern biomass technologies and fuelwood sources and supplies

Paragraph 9c - Promote a sustainable use of biomass

Paragraph 9d - Support the transition to the cleaner use of liquid and gaseous fossil fuels

Paragraph 10b - Provide assistance to increase income-generating employment opportunities

Paragraph 10c - Promote the development of micro, small, and medium-sized enterprises

Paragraph 11 - By 2020, achieve a significant improvement in the lives of at least 100 million slum dwellers, as proposed in the “Cities Without Slums” initiative (Reaffirmation of Millennium Development Goals)

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Changing Unsustainable Patterns of Consumption and Production - Chapter III

This chapter proposed actions to fundamentally change the ways societies produce and consume resources with the goal of achieving global sustainable development, taking into account the principle of “Common But Differentiated Responsibilities” (CBD) as set out in Principle 7 of the Rio Declaration. The section also calls for the enhancement of corporate social responsibility.

With regards to energy, countries made commitments to improve access to reliable and affordable energy services, to promote the sustainable use of biomass, and to support a transition to cleaner fuels. All of these have important implications for health, since more than 2 billion people still rely on traditional biomass fuels and coal-burning for their everyday household energy needs. The use of coal and biomass, which is the primary cause of indoor air pollution, is a major factor associated with acute respiratory infections, responsible for nearly 2 million deaths annually in developing countries.

Many countries, however, viewed the failure to set targets to increase the percentage of the world’s power generated by renewable energy sources as the Summit’s most significant missed opportunity. The EU reacted by announcing its intention to develop renewable energy sources according to a set timetable with like-minded countries. Countries agreed on several proposals including promoting energy-efficient technologies, removing lead from petrol, and improving the competitiveness of clean energy sources by creating a level playing field in the market.

The chapter contains important health and health-related references, particularly in the areas of: energy; transport; the sound management of chemicals and hazardous waste; the target to reduce the significant effects of chemical use and production on human health and the environment by 2020; and the international response for reducing risks posed by heavy metals on human health and environment.

Key Commitment Areas

**Paragraph 15** - Develop a ten-year framework of programmes in sustainable consumption and production patterns to promote social and economic development (...)

**Paragraph 15c** - Develop production and consumption policies to improve the products and services provided, while reducing environmental and health impacts (...)

**Paragraph 15e** - Develop and adopt consumer information tools to provide information relating to sustainable consumption and production, including human health and safety aspects (...)

**Paragraph 15f** - Increase eco-efficiency, with financial support for capacity-building, technology transfer and exchange of technology with developing countries (...)

**Paragraph 16** - Increase investment in cleaner production and eco-efficiency, through incentives and support schemes and policies directed at establishing appropriate regulatory, financial and legal frameworks (...)

**Paragraph 18** - Enhance corporate environmental and social responsibility and accountability (...)

Paragraph 19 - Encourage relevant authorities at all levels to take sustainable development considerations into account in decision-making (...)

Paragraph 19b - Continue to promote the internalisation of environmental costs and the use of economic instruments, taking into account the polluter-pays principle (...)

Paragraph 20i - Accelerate the development, dissemination, and deployment of affordable and cleaner energy efficiency and energy conservation technologies (...)

Paragraph 20q - Take action to phase out subsidies in the area of energy that inhibit sustainable development (...)

Paragraph 21 - Promote an integrated approach at all levels for transport services and systems to promote sustainable development (...)

Paragraph 21a - Implement transport strategies for sustainable development to improve, inter alia, urban air quality and health and reduce greenhouse gas emissions (...)

Paragraph 22 - Prevent and minimize waste and maximize reuse, recycling and use of environmentally friendly alternative materials (...)

Paragraph 22a - Develop waste management systems (...)

Paragraph 23 - Use and produce, by 2020, chemicals that lead to the minimization of significant adverse effects on human health and the environment (...)

Paragraph 23c - Encourage countries to implement the new globally harmonized systems for the classification and labelling of chemicals, with a view to having the system operational by 2008 (...)

Paragraph 23g - Promote reduction of the risks posed by heavy metals that are harmful to human health and the environment (...)

Protecting and Managing the Natural Resource Base of Economic and Social Development - Chapter IV

Although most of this chapter had been agreed upon at the PrepComs, a number of outstanding issues remained. The issue of setting a timebound target to reverse the trend in natural resource degradation caused disagreement between countries. References to the precautionary principle and the ecosystem approach were also areas of contention. After much debate, these references were removed, along with the target date. The final text states that, to reverse the current trends in resource degradation, it is necessary to implement strategies that include targets at the national and, “where appropriate,” regional levels.

The text encourages the application of the ecosystem approach for the sustainable development of oceans. Delegates resolved the more contentious issue of establishing a target date for depleted fish stock in the informal consultations prior to the WSSD. The agreed text includes a target date for maintaining or restoring fish stocks, “where possible”, by 2015.

The chapter contains many commitments related to health, particularly water pollution; transboundary movement of radioactive material; air pollution; the target of halving the number of people suffering from hunger; and the impacts of mining, minerals and metals.

In the area of climate, and with the US stressing that it did not intend to ratify the Kyoto Protocol, the final text on climate change states that countries that have ratified the Kyoto Protocol strongly urge those that have not already done so to ratify Kyoto in a timely manner. Climate can affect human health in many ways. Storms, hurricanes, and floods kill many thousands of people every year. Weather systems affect the level of air pollution in a city. Heavy rainfall can trigger epidemics of malaria or Rift Valley Fever. On the issue of air pollution, delegates agreed inter-alia, to improve access by developing countries to ozone-depleting substances by 2010. Co-operation to reduce air pollution was discussed in the context of CBDR.

With regards to biodiversity, the draft plan coming out of the PrepComs contained two options for language on biodiversity loss. One referred to actions required to put instruments in place to “stop” reduction of biodiversity loss, while the second version, which was adopted, referred to “achieving a significant reduction in the current rate of biodiversity loss”. Biodiversity contributes to health in many ways, broadly through “ecosystem services” that provide clean air and water, buffer extreme weather events, break down wastes and toxins or, more distinctly, provide the raw material for medicines and medical research. Biodiversity underlies all agriculture and plays an important role in maintaining food security. It also keeps populations of disease-causing organisms and pests in check. Many in developing countries rely on local ecosystem goods, such as fish or fuelwood, for their subsistence and livelihood.

Countries agreed to promoting and safeguarding the equitable sharing of benefits arising from the utilization of genetic resources, a commitment which has significant implications for indigenous people sharing knowledge of traditional medicines.
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Key Commitment Areas

**Paragraph 25a** - Mobilize international and domestic financial resources, technology transfer, promote best practices and support capacity-building for water and sanitation infrastructure and services development (...)

**Paragraph 25d** - Intensify water pollution prevention to reduce health hazards and protect ecosystems (...)

**Paragraph 26** - Develop integrated water resources management and water efficiency plans by 2005 (...)

**Paragraph 31a** - Maintain or restore depleted fish stocks to levels that can produce the maximum sustainable yield by 2015 (...)

**Paragraph 31f** - Eliminate subsidies contributing to illegal, unreported and unregulated fishing and to over-capacity (...)

**Paragraph 35** - Examine and further improve measures relevant to international maritime transportation and other transboundary movement of radioactive material, waste and spent fuel, taking into account the very serious potential impacts of radioactive waste on the environment and human health (...)

**Paragraph 38i** - Support initiatives to assess the consequences of climate change (...)

**Paragraph 39** - Enhance cooperation at all levels to reduce air pollution, including transboundary air pollution, acid deposition and ozone depletion (...)

**Paragraph 39a** - Strengthen capacities of developing countries to measure, reduce and assess the impacts of air pollution, including health impacts (...)

**Paragraph 39d** - Improve access by developing countries to affordable, accessible, cost-effective, safe and environmentally sound alternatives to ozone depleting substances by 2010 (...)

**Paragraph 40a** - Achieve the Millennium Development Goals target to halve by the year 2015 the proportion of the world’s people who suffer from hunger and realize the right to a standard of living adequate for the health, including by promoting food security (...)

**Paragraph 41d** - Prevent and combat desertification as well as the effects of drought through relevant policies and programmes, such as, inter-alia, health and education, and poverty eradication and sustainable development strategies (...)

**Paragraph 44** - Achieve, by 2010, a significant reduction in the current rate of biological diversity loss (...)

**Paragraph 44o** - Negotiate an international regime to promote and safeguard the fair and equitable sharing of benefits arising out of the utilization of genetic resources (...)

**Paragraph 46a** - Support efforts to address the environmental, economic, health and social impacts and benefits of mining, minerals and metals throughout their life cycle, including workers’ health and safety (...)

While recognizing that globalization is offering new opportunities for trade, investment and capital flows, and advances in technology, this short chapter acknowledges the challenges presented by globalization, including the special difficulties faced by developing countries, including financial crisis, insecurity, and poverty.

The first paragraph offers support for the successful completion of the Doha round of trade negotiations and the implementation of the Monterrey Consensus, and supports enhanced capacity for developing countries to benefit from liberalized trade opportunities.

The section contains no direct reference to health, but the era of global trade has been shown to affect health in many ways. The movement of disease across borders, the spread of communicable disease and the price of medicines and access to drugs, for example, illustrate the various direct effects of trade on health. The trade and health-related commitments can be found on page 13, in the “Means of Implementation” chapter.

The sections on finance and trade were transmitted from PrepCom IV with multiple brackets. They were taken up for discussion by a contact group, which presented a revision of the Bali text on trade, finance and globalization as the basis for discussion. The text integrated the present chapter on Sustainable Development in a Globalizing World into the section on Means of Implementation. Finally, the G-77/China requested that the chapter on Sustainable Development in a Globalizing World be restored.

### Key Commitment Areas

**Paragraph 47a** - Promote open, equitable, rules-based, predictable and non-discriminatory multilateral trading and financial systems that benefit all countries (…)

**Paragraph 47a** - Support the successful completion of the work programme of the Doha Ministerial Declaration and implementation of the Monterrey Consensus (…)

**Paragraph 47b** - Encourage efforts to ensure that decision-making is open and transparent (…)

**Paragraph 47c** - Support enhanced capacity for developing countries to benefit from liberalized trade opportunities (…)

**Paragraph 47d** - Support the International Labour Organization’s ongoing work on the social dimensions of globalization (…)

**Paragraph 47e** - Enhance delivery of trade-related technical assistance and capacity-building programmes (…)

**Paragraph 48** - Implement the outcomes of Doha Ministerial Conference (…)

**Paragraph 49** - Promote corporate responsibility and accountability (…)

**Paragraph 50** - Strengthen developing countries capacities to encourage public/private initiatives that enhance the ease of access, accuracy, timeliness and coverage of information on countries and financial markets (…)

**Paragraph 51** - Strengthen regional trade and cooperation agreements (…)

**Paragraph 52** - Assist developing countries in narrowing the digital divide, harnessing the potential of information and communication technologies for development through technology transfer (…)
HEALTH AND SUSTAINABLE DEVELOPMENT - CHAPTER VI

The report of the UN Secretary-General on health and sustainable development prior to the WSSD highlighted the need for health issues to be incorporated into all sustainable development plans, emphasizing: “The goals of sustainable development cannot be achieved when there is a high prevalence of debilitating illnesses, and population health cannot be maintained without ecologically sustainable development.” Priority issues in health, both established and emerging, were identified and addressed throughout the Plan of Implementation. These are summarized below:

- Controlling and eradicating communicable diseases, notably, tuberculosis, HIV/AIDS and malaria;
- Ensuring prompt diagnosis and treatment of common diseases, including diarrhoea and respiratory diseases and those caused by indoor air pollution as a result of fire-wood cooking;
- Preventing and treating occupational health diseases and accidents;
- Developing preventive measures and focusing more on prevention, in general;
- Improving access to better sanitation and clean water;
- Tackling maternal mortality and reproductive health issues and women health issues, in general;
- Protecting health of vulnerable populations including children, women and the elderly;
- Protecting and using indigenous knowledge and traditional medicines and recognizing and compensating them for these benefits;
- Ensuring gender empowerment.

The health chapter of the Johannesburg Plan of Implementation re-emphasized the need for greater access to health care systems and services. In addition, a number of key targets were highlighted:

- “Enhance health education with the objective of achieving improved health literacy on a global basis by 2010”;
- “Reduce, by 2015, mortality rates for infants and children under 5 by two thirds, and maternal mortality rates by three-quarters, of the prevailing rate in 2000” (reaffirmation of Millennium Development Goal);
- “Reduce HIV prevalence among young men and women aged 15-24 by 25 per cent in the most affected countries by 2005 and globally by 2010, as well as combat malaria, tuberculosis and other diseases” (reaffirmation of General Assembly resolution).

One aspect of the health chapter proved to be one among the most contentious of the Summit negotiations, and was the last on which agreement was reached. Disagreements persisted until the final hours of the Summit on references to “health care and services”, which were considered by some as including abortion services. Countries were also divided on text referring to
“strengthening the capacity of health-care systems to deliver basic health services to all, consistent with national laws and cultural and religious values” and as to whether to introduce the phrase “in conformity with all human rights and fundamental freedoms”. Many NGOs and several countries, spearheaded by Canada, feared that this phrase could be used by some countries to sanction traditional practices with potentially negative consequences for the health of girls and women and to deprive them of access to the full range of reproductive health services. Eventually, a package compromise was achieved that included the critical phrase (see paragraph 54 below).

The full text of commitments with direct reference to health are listed below, grouped according to various themes:

**Commitments Related to Health and Environment Issues:**

**Paragraph 53** - The Rio Declaration on Environment and Development states that human beings are at the centre of concerns for sustainable development, and that they are entitled to a healthy and productive life, in harmony with nature. The goals of sustainable development can only be achieved in the absence of a high prevalence of debilitating diseases, while obtaining health gains for the whole population requires poverty eradication. There is an urgent need to address the causes of ill-health, including environmental causes and their impact on development, with particular emphasis on women and children, as well as vulnerable groups of society, such as people with disabilities, elderly persons and indigenous people.

**Paragraph 54** - Strengthen the capacity of health-care systems to deliver basic health services to all, in an efficient, accessible and affordable manner aimed at preventing, controlling and treating diseases, and to reduce environmental health threats, in conformity with human rights and fundamental freedoms and consistent with national laws and cultural and religious values, taking into account the reports of relevant United Nations conferences and Summits and of special sessions of the General Assembly. This would include actions at all levels to:

k- Launch international capacity-building initiatives, as appropriate, that assess health and environment linkages and use the knowledge gained to create more effective national and regional policy responses to environmental threats to human health.

l- Transfer and disseminate, on mutually agreed terms, including through public-private multisector partnerships, technologies for safe water, sanitation and waste management for rural and urban areas in developing countries and countries with economies in transition, with international financial support, taking into account country-specific conditions and gender equality including the specific technology needs of women.

**Paragraph 56** - Reduce respiratory diseases and other health impacts resulting from air pollution, with particular attention to women and children, by:

a- Strengthening regional and national programmes, including through public-private partnerships, with technical and financial assistance to developing countries.

b- Supporting the phasing out of lead in gasoline.

c- Strengthening and supporting efforts for the reduction of emissions, through the use of cleaner fuels and modern pollution control techniques.
Paragraph 57 - Phase out lead in lead-based paints and other sources of human exposure, work to prevent, in particular, children's exposure to lead, and strengthen monitoring and surveillance efforts and the treatment of lead poisoning.

Commitments Related to Lifestyles and Health Promotion:

Paragraph 54

a- Integrate the health concerns, including those of the most vulnerable populations, into strategies, policies and programmes for poverty eradication and sustainable development.

c- Provide technical and financial assistance to developing countries and countries with economies in transition to implement the health for All Strategy, including health information systems and integrated databases on development hazards.

e- Promote and develop partnerships to enhance health education with the objective of achieving improved health literacy on a global basis by 2010, with the involvement of United Nations agencies, as appropriate.

j- Address effectively, for all individuals of appropriate age, the promotion of healthy living, including their reproductive and sexual health, consistent with the commitments and outcomes of recent United Nations conferences and Summits, including the World Summit for Children, the United Nations Conference on Environment and Development, the International Conference of Population and Development, the World Summit for Social Development and the Fourth World Conference on Women, and their respective reviews and reports.

m- Strengthen and promote ILO and WHO programmes to reduce occupational deaths, injuries and illnesses, and link occupational health with public health promotion as a means of promoting public health and education.

n- Improve availability and access for all to sufficient, safe, culturally acceptable and nutritionally adequate food, increase consumer health protection, address issues of micronutrient deficiency, and implement existing internationally agreed commitments and relevant standards and guidelines.

o- Develop or strengthen, where applicable, preventive, promotive and curative programmes to address non-communicable diseases and conditions, such as cardiovascular diseases, cancer, diabetes, chronic respiratory diseases, injuries, violence and mental health disorders and associated risk factors, including alcohol, tobacco, unhealthy diets and lack of physical activity.

Paragraph 55 - Implement, within the agreed time frames, all commitments agreed in the Declaration of Commitment on HIV/AIDS adopted by the General Assembly at its twenty-sixth special session, emphasizing in particular the reduction of HIV prevalence among young men and women aged 15-24 by 25 per cent in the most affected countries by 2005 and globally by 2010, as well as combat malaria, tuberculosis and other diseases by, inter alia (Reaffirmation of Millennium Development Goals):

- Protecting the health of workers and promoting occupational safety, by, inter alia, taking
into account, as appropriate the voluntary ILO code of practice on HIV/AIDS and the world of work, to improve conditions of the workplace.

Commitments Related to Health-Care and Disease Control Issues:

Paragraph 54

b- Promote equitable and improved access to affordable and efficient health-care services, including prevention, at all levels of the health system, essential and safe drugs at affordable prices, immunization services and safe vaccines, and medical technology.
d- Improve the development and management of human resources in health-care services.
f- Develop programmes and initiatives to reduce, by the year 2015, mortality rates for infants and children under 5 by two-thirds, and maternal mortality rates by three-quarters, of the prevailing rate in 2000, and reduce disparities between and within developed and developing countries as quickly as possible, with particular attention to eliminating the pattern of disproportionate and preventable mortality among girl infants and children (Reaffirmation of Millennium Development Goals).
g- Target research efforts and apply research results to priority public health issues, in particular those affecting susceptible and vulnerable populations, through the development of new vaccines, reducing exposures to health risks, building on equal access to health-care services, education, training and medical treatment and technology, and addressing the secondary effects of poor health.
h- Promote the preservation, development and use of effective traditional medicine knowledge and practices, where appropriate, in combination with modern medicine, recognizing indigenous and local communities as custodians of traditional knowledge and practices, while promoting effective protection of traditional knowledge, as appropriate, consistent with international law.
i- Ensure equal access of women to health-care services, giving particular attention to maternal and emergency obstetric care.

Paragraph 55 -

a- Implement national preventive and treatment strategies, regional and international cooperation measures, and the development of international initiatives to provide special assistance to children orphaned by HIV/AIDS.
b- Fulfilling commitments for the provision of sufficient resources to support the Global Fund to Fight AIDS, Tuberculosis and Malaria, while promoting access to the Fund by countries most in need.
d- Mobilizing adequate public and encouraging private financial resources for research and development on diseases of the poor, such as HIV/AIDS, malaria, tuberculosis, directed at biomedical and health research, as well as new vaccine and drug development.
Sustainable Development of Small Island Developing States - Chapter VII

This chapter addresses the sustainable development challenges faced by the Small Island Developing States (SIDS). It contains bracketed text on initiatives to define and manage coastal areas and exclusive economic zones within the context of the United Nations Convention on the Law of the Sea (UNCLOS).

The Vienna setting\(^6\) agreed on the target date of 2004 for reducing, preventing and controlling waste and pollution, and the development and promotion of efficient uses of available energy sources. It was also agreed to insert new text to include support in delimiting and managing the continental shelf beyond 200 miles from coastal baselines.

With regards to health, the chapter contains commitments on strengthening health-care services and systems, and reducing waste and pollution and their health-related impacts.

Key Commitment Areas

**Paragraph 58a** - Accelerate national and regional implementation of the programme of action for the sustainable development of SIDS, including through Global Environment Facility focal areas, and the transfer of environmentally sound technologies and assistance for capacity-building (…)

**Paragraph 58d (ii)** - Support freshwater programmes (…)

**Paragraph 58e** - Reduce, prevent and control waste and pollution and their health-related impacts by undertaking initiatives, by 2004, aimed at implementing the Global Programme of Action for the Protection of the Marine Environment (…)

**Paragraph 58j** - Mobilization of adequate resources and partnerships to address adaptation to the adverse effects of climate change, sea level rise and climate variability (…)

**Paragraph 59a** - Strengthen ongoing and support new efforts on energy supply and services by 2004 (…)

**Paragraph 60a** - Develop capacity and strengthen health-care services for promoting equitable access to health-care (…)

**Paragraph 60b** - Develop capacity and strengthen health systems for making available necessary drugs and technology in a sustainable and affordable manner (…)

**Paragraph 60c** - Reduce and manage waste and pollution and build capacity for maintaining and managing systems to deliver water and sanitation services (…)

\(^6\)The “Vienna setting” is an informal reduced negotiating format established to accelerate consensus, consisting of spokespersons from the major negotiating groups instead of all countries representing the key positions.
Most of this chapter had been agreed upon at the PrepComs, but a number of bracketed provisions remained. These included: protection of human rights, increased energy access, ensured access to health-care services, mobilized financial resources to adapt to climate change, secured land tenure and resources rights, and conservation of biodiversity.

Several paragraphs were discussed in the Johannesburg setting. Delegates agreed on language to, *inter alia*, create an enabling environment at all levels to support sustained economic growth and development, and support African efforts for peace and stability consistent with respect for human rights and fundamental freedoms. Countries agreed to supporting sustainable development in Africa, through addressing the special challenges and taking concrete actions to implement Agenda 21, within the framework of the New Partnership for Africa’s Development (NEPAD).

In relation to health, the chapter contains reference to the following key issues: strengthened health-care services and systems, access to energy, potable domestic water, food security strategies, chemicals and shelter. With regards to paragraph 64 (a) on health-care services, the draft plan coming out of the PrepComs contained bracketed provisions. Informal consultations were held on this issue and a paragraph was finally adopted such that it would promote “equitable access to health-care services” rather than “health-care and services.”

**Key Commitment Areas**

**Paragraph 62b** - Support the implementation of the vision of NEPAD (...)
**Paragraph 62j (i)** - Establish programmes, partnerships and initiatives to secure universal energy access for at least 35 per cent of the African population within 20 years (...)
**Paragraph 62k** - Mobilize resources to address Africa’s adaptation to the adverse effects of climate change (...)
**Paragraph 64a** - Mobilize financial and other support to develop and strengthen health systems to promote equitable access to health-care services (...)
**Paragraph 64b** - Make available necessary drugs and technology to control communicable diseases such as HIV/AIDS, malaria, tuberculosis and trypanosomiasis, as well as non-communicable diseases (...)
**Paragraph 64c** - Build capacity of medical and paramedical personnel (...)
**Paragraph 64d** - Promote indigenous medical knowledge, including traditional medicine (...)
**Paragraph 64e** - Develop and strengthen health systems that aim to research and control the Ebola disease (...)
**Paragraph 66a** - Provide access to potable domestic water, hygiene education and improved sanitation and waste management at the household level (...)

7 The “Johannesburg setting” is an informal reduced negotiating format established to accelerate consensus, the same as the Vienna setting, except that it was at the ministerial level.
Paragraph 67a - Develop and implement food security strategies, within the context of national poverty eradication programmes, by 2005 (...)

Paragraph 67c - Improve market access for goods within the framework of the Doha Ministerial Declaration (...)

Paragraph 68 - Achieve sound management of chemicals, with particular focus on hazardous chemicals and waste (...)

Paragraph 70e - Support the sustainable use, and the fair and equitable sharing of the benefits arising out of the utilization of, Africa’s genetic resources (...)

Paragraph 71 - Implement the Habitat Agenda and the Istanbul Declaration, and provide support for adequate shelter and basic services (...)

**Other Regional Initiatives - Chapter IX**

Most of the paragraphs in this chapter, which deals with initiatives at the regional, subregional and trans-regional level to promote sustainable development, were finalized at PrepCom IV. The only outstanding issue was related to the “Regional Action Programme for Environmentally Sound and Sustainable Development and the Kitakyushu Initiative for a Clean Environment,” in the section on Asia and the Pacific.

The chapter contains no direct commitments with regards to health, but does include a reference to “the adoption of concrete actions in areas such as health and poverty...”. It also includes references to a number of issues and areas with implications for outcomes in health and sustainable development.

**Key Commitment Areas**

- **Sustainable Development in Latin America and the Caribbean**  
  **Paragraph 73** - This section addresses target actions on biodiversity, water resources, vulnerabilities and sustainable cities, social aspects (including health and poverty), economic aspects (including energy) and institutional arrangements (including capacity-building, indicators and the participation of civil society) and encourages actions that foster South-South cooperation.

- **Sustainable Development in Asia and the Pacific**  
  **Paragraph 75** - This section refers to action in the following areas: capacity-building for sustainable development; poverty reduction; cleaner production and sustainable energy; land management and biodiversity conservation; protection and management of, and access to, freshwater resources; oceans, coastal and marine resources and sustainable development of SIDS; and atmosphere and climate change.

- **Sustainable Development in the West Asia Region**  
  **Paragraph 77** - This section includes the following: poverty alleviation; debt relief; and sustainable management of natural resources, including, inter alia, integrated water resources management, implementation of programmes to combat desertification, integrated coastal zone management, and land and water pollution control.

- **Sustainable Development in the Economic Commission for Europe (ECE) Region**  
  **Paragraph 79** - In order to address the three pillars of sustainable development in a mutually reinforcing way, the region identified its priority actions in paragraphs 32-46 in its Ministerial Statement to the Summit. These include: reduction of air, water pollution and land degradation; reduction of economic and social disparities; strengthening of national and regional cooperation on sustainable development; promotion changes in production and consumption patterns; supporting the integration of environmental and health strategies; protection of the seas and biodiversity; and application of the polluter-pays principle.

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This chapter includes sections on finance, trade, technology transfer, capacity-building, and education. Sections on finance and trade were among the most contentious issues at the Summit. Outstanding disagreement existed in the area of mobilizing financial resources, including ODA commitments made in the Monterrey Consensus and progress on the removal of the EU’s agricultural subsidies and issues related to the Doha Ministerial Conference, including the mutual supportiveness of environment and trade.

There were differing opinions on whether the text on financing and trade should go beyond commitments made in Monterrey and Doha. The final text of the finance section stated that the Millennium Development Goals and Agenda 21 required significantly more financing, as elaborated in Monterrey. References to debt cancellation, debt relief, the Heavily Indebted Poor Countries Initiative (HIPC), and debt restructuring were also in line with Monterrey Commitments. The Plan of Implementation welcomed the third replenishment of the Global Environment Facility (GEF), and recognized a need for increased and effectively used ODA. In this regard, the US and Japan objected to a proposed role for the UN Secretary-General in monitoring ODA.

In the trade section, many crucial paragraphs are reflections of Doha. For example, while the EU resisted text on reducing environmentally harmful or trade-distorting subsidies, it welcomed alternative text calling for the completion of the Doha Work Programme on Subsidies. Critics characterized the failure to go beyond Doha to reduce trade-distorting energy and farm subsidies in the rich countries as another shortcoming of the Summit. A major disagreement also arose concerning a reference that alluded to trade agreements taking precedence over environmental agreements. The US and Australia supported the insertion of text “while ensuring WTO consistency” following, “enhance mutual supportiveness of trade, environment, and development...”, yet negotiation led to the caveat being dropped. The trade section also encouraged the voluntary use of Environmental Impact Assessment, but another proposal to include language on Sustainability Impact Assessments was rejected by the G77/China.

Reference to the WTO/TRIPS agreement (trade-related aspects of intellectual property rights) and public health had remained bracketed following PrepCom IV. Some developed countries had tried to introduce text during the WSSD negotiations that would commit WTO Members to a full implementation of TRIPS rather than reaffirm the right to be flexible, as recognized in the Doha Declaration on TRIPS and Public Health. Negotiators were faced with basically two options at Johannesburg. One was to support and strengthen the spirit and objectives enshrined in the Doha Declaration, and the other sought to limit the political gains obtained in the Doha Declaration. After prolonged negotiations, the integrity of the Doha Declaration in favour of public health was protected and delegates concluded by staying close to Doha formulations in WTO-related paragraphs. Largely quoting provisions from the Doha Ministerial Declaration and other texts adopted at Doha, the paragraph states that “the TRIPS Agreement does not and should not prevent WTO Members from taking measures to protect public health.” It also “affirms that the Agreement can and should be interpreted and implemented in a manner supportive of WTO Members’ right to protect public health and, in particular, to promote access to medicines for all.”
<table>
<thead>
<tr>
<th>Key Commitment Areas</th>
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<tbody>
<tr>
<td><strong>Paragraph 84</strong> - Facilitate greater flows of foreign direct investment to support sustainable development activities of developing countries (…)</td>
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<td><strong>Paragraph 85a</strong> - Make available the increased commitments in ODA announced at the International Conference on Financing for Development (…)</td>
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<tr>
<td><strong>Paragraph 89a</strong> - Implement speedily, effectively and fully the enhanced heavily indebted poor countries (HIPC) initiative (…)</td>
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<tr>
<td><strong>Paragraph 90c</strong> - Implement substantial trade-related technical assistance and capacity-building measures and support the Doha Development Agenda Global Trust Fund (…)</td>
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<td><strong>Paragraph 97</strong> - Enhance the mutual supportiveness of trade, environment and development (…)</td>
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<tr>
<td><strong>Paragraph 100</strong> - Implement the TRIPS Agreement in a manner supportive of WTO members’ right to protect public health and, in particular, to promote access to medicines for all (…)</td>
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<td><strong>Paragraph 102</strong> - Take steps with a view to the avoidance of measures that hinder, inter-alia, the right of everyone to a standard of living adequate for their health and well-being and their right to food, medical care and the necessary social services (…)</td>
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<tr>
<td><strong>Paragraph 117a</strong> - Provide financial assistance and support to developing countries in order to sustain their educational infrastructures and programmes, including those related to environment and public health education (…)</td>
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<tr>
<td><strong>Paragraph 118</strong> - Address the impact of HIV/AIDS on the educational system in those countries seriously affected by the pandemic (…)</td>
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INSTITUTIONAL FRAMEWORK FOR SUSTAINABLE DEVELOPMENT - CHAPTER XI

The most controversial issues of this chapter included wording of the principle of “Common But Differentiated Responsibilities”, good governance at the international and national levels, the role of ECOSOC in follow-up on the WSSD and the Monterrey Consensus, partnerships and their possible modalities, and the relationship between human rights and environmental protection.

The discussion on governance was a key area of contention between developed countries, which focused on domestic good governance, and the G77/China, which demanded good global governance. This impasse was finally resolved in a package deal that offset the domestic aspects of governance against the international trade and finance-related elements of governance.

The section contains no direct reference to health. The human rights- and health-related commitments can be found on page 17, in chapter 3 of this report.

**Key Commitment Areas**

**Paragraph 141** - Promote global economic governance (...)

**Paragraph 143** - Calls on the United Nations General Assembly to adopt sustainable development as a key element of the overarching framework for United Nations activities (…)

**Paragraph 144f** - Calls on ECOSOC to ensure that there is a close link between its role in the follow-up to the Summit and the Monterrey Consensus “in a sustained and coordinated manner” (...)

**Paragraph 145** - Enhance the role of CSD with respect to reviewing and monitoring progress in the implementation of Agenda 21 and fostering coherence of implementation, initiatives and partnerships (...)

**Paragraph 162b** - Formulate and elaborate national strategies for sustainable development and begin their implementation by 2005 (...)
The Johannesburg Declaration on Sustainable Development

The Johannesburg Declaration on Sustainable Development, a three-page six-section document, is a brief political statement that formed one of the outcome documents of the Summit. The initial draft of the Declaration was developed in informal consultations and circulated among several delegations and groups.

The first section of the Johannesburg Declaration “from our Origins to the Future” reaffirms “from this continent, the cradle of humanity”, a commitment to sustainable development and building a humane, equitable and caring global society cognizant of the need for human dignity for all. It recognizes that poverty eradication and changing consumption and production patterns are prerequisites for sustainable development.

After tracing the road “from Stockholm to Rio de Janeiro to Johannesburg”, it highlights “the Challenges We Face”, which include: the ever-increasing gap between the rich and the poor that poses a major threat to global security and stability; the depletion of biodiversity, desertification and climate change; the impacts of globalization, which has added a new dimension to the challenges of sustainable development, with the benefits and costs of globalization unevenly distributed; and the lack of action to fundamentally change the lives of those who suffer the consequences of global disparities may which lead the poor of the world to lose confidence in democratic systems.

The section entitled “Our Commitment to Sustainable Development” stresses the importance of building human solidarity and urges the promotion of dialogue and cooperation among the world’s civilizations. It welcomes decisions on targets, timetables and partnerships to increase access to clean water, sanitation, adequate shelter, energy, health care, food security, and the protection of biodiversity. It emphasizes the importance of access to financial resources, opening of markets and technology transfer. It reaffirms pledges to address threats posed by foreign occupation and armed conflict, corruption, terrorism and intolerance in all forms, and to combat communicable diseases (such as HIV/AIDS, malaria and tuberculosis). It recommits support to achieving the MDGs, regional initiatives such as the NEPAD, the development needs of SIDS and the LDCs, and urges developed countries to fulfil their commitment to ODA. It also emphasizes women’s empowerment and emancipation, gender equality, and the vital role of indigenous peoples. It stresses the duty of the private sector to contribute to the evolution of equitable and sustainable communities and societies, as well as highlights the need to increase income-generating employment opportunities and to enforce corporate accountability within a transparent and stable regulatory environment.

The section on “Multilateralism is the Future” underlines the need for more effective, democratic and accountable international and multilateral institutions, and the importance of strengthening multilateralism. It commits member states to monitor progress at regular intervals towards the achievement of sustainable development goals and objectives.

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* For the full text, including the exact terms in which these commitments were made, please visit the official website: www.johannesburgsummit.org
In the last section, “Making it Happen”, the declaration pledges to an inclusive process involving the major groups and governments, and emphasizes the need to act together in order to achieve the time bound, socio-economic and environmental targets contained in the Johannesburg Plan of Implementation.
World Summit on Sustainable Development:
Key Outcomes, Challenges and Opportunities for Health and Sustainable Development
3 | Raising Awareness of Health and Sustainable Development Issues at the WSSD

During the ten days of the Johannesburg Summit itself, the work of WHO was to ensure a high profile for health and sustainable development, making best use of a variety of special opportunities presented by the Summit. These opportunities included plenary statements by the Director-General of WHO, side and parallel events organized by WHO, events organized by UN and other partners, press conferences and ministerial round tables. Below is an overview of some of the different events that highlighted health and sustainable development.

**Partnership Plenary Sessions**

**Official Panel Discussions on WEHAB**

**Monday 26 August 2002**

The “WEHAB” discussions held in plenary sessions of the official programme were carried out in response to a decision taken at PrepCom IV in Bali, Indonesia. The WEHAB initiative seeks to provide impetus to action in these five key thematic areas of crucial global importance (Water, Energy, Health, Agriculture, and Biodiversity), and particularly for poor people throughout the developing world. In an effort to include all major stakeholders in the discussions, the plenary invited the participation of representatives of major groups and of the UN system (including the World Bank) in an interactive moderated dialogue with governments. This experimental format for UN plenary sessions allowed the expression of a variety of valuable views and positions for the implementation of and follow-up to the WSSD. In addition, the WEHAB initiative, drawing as it does on intergovernmental frameworks, may provide a structure for partnerships in these five areas and could potentially serve as a framework for benchmarking action and monitoring progress in the follow-up to the WSSD.

Each WEHAB theme (Water, Energy, Health, Agriculture and Biodiversity) had one session dedicated to a discussion on issues and challenges. There was also one session dedicated to a discussion on cross-sectoral issues such as finance/trade, technology transfer, consumption and production patterns, education, science, capacity-building and information. Implementation Framework documents prepared by a group of UN system experts were used as the basis for these discussions. The purpose of the preparation of the Implementation Framework documents and the discussions at the WSSD was to facilitate follow-up action and implementation after Johannesburg by all parties involved.

The first WEHAB session was on the theme of health and the environment and was moderated by Mr Jan Pronk, Special Envoy of the Secretary-General to the WSSD. Key issues and challenges and how these could be addressed through policies and action strategies were presented by Dr David Nabarro, Executive Director, Sustainable Development and Healthy Environments, WHO. This was followed by an interactive panel discussion with panellists Mr Robert Hecht, Sector Manager, Health, Nutrition, and Population, World Bank; Dr Vanessa Tobin, Chief, Water, Environment and Sanitation Section, UNICEF; Mr Kunio Waki, Deputy Executive Director, UNFPA; and Ms Angela Mathee, Senior Specialist Scientist, Environmental Health, Medical Research Council of South Africa.

A number of priority health issues were identified including communicable diseases, diseases
and conditions related to poor environments such as diarrhoea and respiratory diseases as a result of indoor air pollution, occupational health and safety, the specific health issues facing vulnerable populations, and women's health issues including reproductive health.

Essential elements for success in approaching these health issues were also identified. Among these were political will and long-term commitments, sound policies and strategies based on the best scientific evidence, clear targets and timeframes for monitoring and evaluation, capacity-building in countries, addressing human resource issues in the health sector, and intersectoral action and partnerships with governments, civil society, the UN system and others. The need to mobilize additional resources as recommended by the WHO Commission on Macroeconomics and Health to meet the MDG targets on health was stressed, as was the need to advance research and development on vaccines and drugs to prevent and treat the poverty-related diseases and conditions. The session also highlighted that there is much that can be learned from past lessons, best practices, case studies and successful partnerships. This knowledge should be made more visible and drawn on for future action.

Plenary Sessions
Official Statements from Non-State Entities
Thursday 29 August 2002
Following statements from state entities in plenary, a session was devoted to statements from non-state entities, including heads of UN agencies, and addressing regional implementation. Dr Brundtland addressed the Plenary Session on Health, underscoring the need for increased investment in health. She emphasized that “the cost of repairing damage is much greater than the upfront spending to prevent it”. She went on to stress that investment in health pays major dividends. Dr Brundtland stated that the world knows what it will take in terms of financial and technical resources to scale up health measures. She then insisted that now is the time to move from knowledge to action and improve the lives of poor women, men, and the most vulnerable of all, children. During the session, Dr Brundtland outlined publicly for the first time her major new initiative to tackle the worldwide environmental crisis affecting children’s health through a “Healthy Environments for Children initiative”.

Presentation of “Healthy Environments for Children Alliance”
Thursday 29 August 2002
WHO’s major contribution to the WSSD, the Healthy Environments for Children Alliance, was introduced to delegates during official sessions held on Thursday 29 August to announce WSSD type II partnerships. In presenting this initiative, Dr David Nabarro, Executive Director, Sustainable Development and Healthy Environments, WHO, highlighted that unsafe and unhealthy environments pose a serious threat to sustainable development. Children are more vulnerable to environmental risks and adverse health outcomes as a result of environmental factors that may persist throughout their entire lives. As a response to this, Dr Nabarro outlined a world-wide alliance to reduce environmental risks to children’s health that arise from the settings where they live, learn, play, and sometimes work.

The major risks to children’s health in air, water, food and soil, and as a result of unhealthy behaviours, would be focused on in different settings, Dr Nabarro stated. He underscored that such an alliance was needed for the following key reasons:

- No single entity can tackle the problem alone, the alliance will mobilize wide-ranging partners;
- There is a need to build on the complementary strengths of sectors, stakeholders and partners at local, national and global levels;
- There is a need to ensure intersectoral action and community participation in addressing environmental threats to children’s health.

Dr Nabarro informed participants that the further development of the alliance will be firmed up immediately following the WSSD, so that activities can be up and running within six months, and measurable targets for monitoring progress can be agreed upon with alliance partners.


**Friday 30 August 2002**

WHO, UNICEF, UNEP and Physicians for Social Responsibility (PSR) organized a side event within the official programme on the theme “Health and Environment in the 21st Century: Priorities and Action Strategies to Secure our Children’s Future”. The format of the side event was an interactive panel discussion moderated by the Honourable David Anderson, Minister of the Environment of Canada. The panel consisted of Dr Gro Harlem Brundtland, Director-General, WHO; Ms Carol Bellamy, Executive Director, UNICEF; Mr Klaus Töpfer, Executive Director, UNEP; Mr Ian Johnson, Vice President, Environmentally and Socially Sustainable Development, World Bank; Dr Kamy Chetty, speaking on behalf of the Minister of Health of South Africa; Dr Carlos Santos Burgoa, Director-General for Environmental Health, Ministry of Health, Mexico; Ms Linda Fisher, Deputy Administrator, United States Environmental Protection Agency (USEPA); and Dr Robert Musil, Executive Director and CEO, Physicians for Social Responsibility (PSR).

**Dr Brundtland’s opening statement** highlighted the importance of people’s environments in determining their health. She emphasized that up to one-third of the global burden of disease comes from environmental threats such as contaminated water and indoor air pollution, polluting fuel, lack of sanitation, and disease-bearing insects. The Director-General of WHO called for increased evidence-based assessment of the relationships between the environment and health, as well as proactive and all-inclusive partnerships to assist communities struggling with the burden of environmentally related ill-health.

Key issues in health and environment were identified by panellists, including traditional risks from water and sanitation, indoor air pollution as a result of the use of biomass fuels, and health risks related to ambient air pollution, toxic chemicals, and climate change. The particular vul-

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11 The speech of the Director-General can be found on WHO website: www.who.int/dg/speeches/2002/wssdjohannesburg/en/
nerability of children to these risks was highlighted. The importance of responding to these risks through concerted action by different sectors and the value of committing to alliances with common goals and agreed strategies, and monitoring progress towards goals was stressed. Strong risk assessment capability, good environmental public health surveillance data and solid economic benefit analysis were pinpointed as essential strategic areas for identifying and quantifying exposure patterns and public health impacts, and making the economic case for healthy public policy. The important role played by NGOs in policy development and implementation of international agreements and national policies was also stressed.

Actions being undertaken by governments of developed and developing countries with regard to some of the issue areas were outlined. The Government of Canada announced the launch of a global initiative on “Strengthening Health and Environmental Linkages - from Knowledge to Action” that aims to pull the facts on health and environment together so that they can be put to work for integrated, effective public policies. Participants were informed of the USEPA partnership initiative to design global children’s environmental health indicators aimed at identifying challenges and measuring progress towards meeting goals to protect children’s health.

Parallel Event: “Symposium on Health and Sustainable Development”
Saturday 31 August 2002
WHO and the Department of Health of South Africa organized a one-day symposium on “Health and Sustainable Development” in association with the United States Agency for International Development (USAID); the National Institutes of Health of the US Department of Health and Human Services (NIH); the International Development Research Centre (IDRC, Canada); the United Nations Children’s Fund (UNICEF); the International Society of Doctors for the Environment (ISDE) and Physicians for Social Responsibility (PSR).

There were five plenary sessions, commencing with a ministerial round table on the theme “Pushing Back the Frontiers of Poverty”, followed by four panel discussions. Distinguished panellists explored key policies and action strategies to address health and sustainable development issues in the following areas: Investing in Health; Children’s Health and the Environment; Research, Human Health and Sustainable Development; and Intersectoral Action in Practice. The event was opened by Dr Yasmin von Schirnding, Focal Point, Agenda 21; WHO; who gave an overview of the key linkages between health and sustainable development.

Ministerial Roundtable: “Pushing Back the Frontiers of Poverty”
Ministers from the health, environment, agriculture and social development sectors in the Southern African Development Community (SADC) countries discussed health issues relating to the synergies between nutrition, environment, and poverty. During the round table, a “Call to Action” on the severe famine facing the SADC region was issued by the ministers in which they committed themselves and their governments to take the necessary actions to ensure food security in the region. Ministers drew attention to the need for improved land management policies and waste management to prevent environmental degradation to improve health. They also called on the international community to take specific short and longer term actions to address the situation.
The chairperson for the round table was Honourable Dr Manto Tshabalala-Msimang, Minister of Health, South Africa. Speakers included Honourable Dr Dlamini, Minister of Health, Swaziland; Honourable Dr Chituwo, Minister of Health, Zambia; Honourable Dr Phooko, Minister of Health and Social Welfare, Lesotho; Honourable Mr Charles Keenja, Minister of Agriculture and Food Security, Tanzania; and Honourable Dr Skweyiya, Minister of Social Development, South Africa. Respondents were Dr David Nabarro, Executive Director, Sustainable Development and Healthy Environments, WHO; and Ms Carol Bellamy, Executive Director, UNICEF.

In her keynote address Dr Gro Harlem Brundtland, stressed the importance of health on the sustainable development agenda, as “frequent illness restricts people’s potential for productive living and sustainable development”. Citing the report of the Commission on Macroeconomics and Health, she explained that investments in health that translate into investments in economic growth and security are inadequate. She stressed that an estimated added investment of USD 66 billion annually would save 8 million lives per year and create a six-fold return in economic growth. Dr Brundtland also cited partnerships between the public, voluntary, and private sector—such as the Global Alliance for Vaccines and Immunization—as effective means of investing in health.

Panel 1 - Investing in Health: The Evidence, the Action
The moderator for the panel was Dr David Nabarro. Speakers included Professor Jeffrey Sachs, Chair, WHO Commission on Macroeconomics and Health; Mr K. Y. Amoako, Executive Secretary, United Nations Economic Commission for Africa; Dr Anne Peterson, Assistant Administrator for Global Health, USAID; Professor David Sanders, Director of the School of Public Health, University of the Western Cape, South Africa; Mr Eduardo Doryan, Special Representative of the World Bank to the United Nations; and Dr Marika Fahlen, Director, Department of Social Mobilization and Information, UNAIDS. The respondent for the panel was Mr Tim Wirth, President of the United Nations Foundation.

During this panel’s discussions, the evidence for investing in health for development gains was presented and action strategies to invest in health, both within and outside the health sector, were explored. On a broad level, five interventions were deemed essential: provision of public goods through policies and institutions; education and training for human capital development; technology diffusion and implementation; investment in planning and equipment; and protection/promotion of the natural environment. Some of the proposed action strategies included addressing trade practices that impact public health and access to affordable drugs, migration of health professionals, sustainable health systems, the impact of HIV/AIDS on development in Africa, debt cancellation, the opportunities and threats of biotechnology in addressing questions of food security, the role of partnerships, and the need to scale up resource provision to tackle poverty-related diseases.

Panel 2 - Children’s Health and the Environment
Dr Robert K Musil, Executive Director and CEO, Physicians for Social Responsibility, moderated this panel. Background on North and South perspectives were provided by Dr Lilian Corra, President of the Asociacion Argentina de Medicos por el Medio Ambiente (AAMMA) and International Society of Doctors for the Environment (ISDE) Latin America; and Dr Peter van den Hazel, Coordinator, International Network of Children’s Health, Environment and Safety (INCHES).
Panellists were Dr Vanessa Tobin, Chief, Water, Environment and Sanitation Section, UNICEF; Dr Carlos Santos Burgos, Director-General for Environmental Health, Ministry of Health, Mexico; Dr Irma Makalinao, Associate Professor of Pharmacology and Toxicology, University of the Philippines College of Medicine; Dr Jerome Nriagu, Professor, Department of Environmental Health Sciences, School of Public Health, University of Michigan; Ms Judith E. Ayres, Assistant Administrator for International Affairs, USEPA; and Dr Gaudenz Silberschmidt, Executive Director, International Society of Doctors for the Environment (ISDE), Switzerland. The respondent for the panel was Dr Eddie Mhlanga, Director, Maternal and Child Health, Department of Health, South Africa.

Children were the focus of this panel which looked at the links between children's health and the environment and how this information can be used to influence policies aimed at protecting children's health and well-being. The facts on environmental hazards faced by children as a result of indoor and ambient air pollution, unsafe water and lack of sanitation, toxic chemicals in the environment, particularly lead, poor housing and other hazards were presented. The importance of indicators for monitoring children's environmental health was highlighted and initiatives to undertake further work on such indicators was presented. Participants agreed that action is needed on a global scale to respond to the children's health threats in the broad environments along the lines of the Healthy Environments for Children Alliance.

Panel 3 - Research, Human Health and Sustainable Development: Innovative Partnerships for Action

The panel was moderated by Dr Anthony Mbewu, Executive Director: Research, Medical Research Council of South Africa. Dr Rachel Nugent, National Institutes of Health of the Department of Health and Human Services, US, presented on the theme “Health, environment and economic development: building a research programme”. Dr Jeff McNeely of the World Conservation Union (IUCN) and Millennium Ecosystem Assessment project presented on the project “Biodiversity and Human Health”. Dr Jean Lebel, Senior Program Officer, Ecosystem Approaches to Human Health, International Development Research Centre (IDRC), presented on “Improving human health through the use of ecosystem approaches and building local research capacity”. The respondent for the panel was Dr Devra Davis, visiting Professor, Heinz School, Carnegie Mellon University, USA.

Panellists included Dr Clifford Mutero, International Water Management Institute (IWMI) and International Centre for Insect Physiology and Ecology (ICEPE), South Africa; Dr Maria Ligia Noronha, Tata Energy Research Institute, India; Dr Donna Mergler, Director, Institut des Sciences de l’Environnement, CINBIOSE, University of Quebec at Montreal, Canada.

The critical role that research can play in enhancing human health and sustainable development was explored through the presentation of concrete examples of partnership for carrying out research initiatives. The key points that emerged included the need to build research capacity in developing countries, the potential offered by an ecosystem approach to research, the importance of ensuring that research is connected to needs (particularly of developing countries), that research effectiveness is investigated and that policy is informed by research.
Panel 4 - Intersectoral Action in Practice: Programmatic Examples of Health and Sustainable Development

The importance of intersectoral action in addressing health and sustainable development issues was repeatedly highlighted throughout the day, and the issue was thoroughly explored during this panel discussion moderated by Dr Anne Peterson, Assistant Administrator for Global Health, USAID. Programmatic examples of intersectoral action in practice in the areas of water and sanitation, HIV/AIDS, and the reduction of indoor air pollution from use of biomass fuels through improved cookstoves (India) and rural electrification programmes (South Africa) were presented. These case studies provided positive examples of ways in which the economic, social and environmental dimensions of health and sustainable development can be addressed effectively through policies and actions.

Panellists were Dr Shailendra Joshi, Director, Ministry of Environment and Forests, India; Mr Mike Muller, Director-General, Department of Water Affairs and Forestry, South Africa; Dr Jean-Louis Lamboray, Chief of Technical Networks, UNAIDS; Ms Angela Mathee, Senior Specialist Scientist, Environmental Health, Medical Research Council, South Africa. The respondent was Mr Kul C. Gautam, Deputy Executive Director, UNICEF.

Closing Session

Dr Ebrahim Samba, Regional Director, WHO, Regional Office for Africa, summarized the key points emerging from the day’s discussions, including the need to increase investment in health to reduce poverty, the silent holocaust of the HIV/AIDS pandemic, the unique vulnerability of women and children to environmental risks, the critical role that relevant research can play in enhancing human health, and the need for strengthened intersectoral action.

Closing remarks were delivered by Ms Sankie Mthembi-Mahanyele, Minister of Housing, South Africa, who took the example of providing access to healthy and sustainable human settlements as an illustration of the intersectoral nature of the challenges associated with the health of the housing. She emphasized how safe water, sanitation, modern energy, and the provision of good quality basic health and education all contribute directly to our right to a healthy environment.

Official Launch of the “Healthy Environments for Children Alliance”

Sunday 1 September 2002

Following the partnership presentation, the “Healthy Environments for Children Alliance” was officially presented on Sunday 1 September in a press conference and at an evening reception. Royalty, health ministers, heads of UN agencies, the European Commission, NGOs, youth, and members of civil society gave strong support to the alliance.

In her announcement of the alliance, Dr Brundtland stated that children are the most susceptible to ill-health caused by environmental contaminants. She reported that chemicals; germs; lack of sanitation, hygiene, and solid waste disposal; smoke and other air pollutants; and disease-carrying insects pose serious threats to children’s health. Children, particularly poor children she said, are in dire need of protective measures against these dangers. The Healthy
Environments for Children Alliance (HECA) would provide a space to reach agreements on risks, interventions, strategies and indicators to protect children’s health against environmental contaminants. It would also provide the linkages needed to advocate for further action, share information, and work together to confront problems and find solutions.

*Ms Carol Bellamy,* Executive Director, UNICEF, called for the need to invest in the health of children and their environment. The USEPA described the initiative as “bold, timely and very important”, while *Professor Dr HRH Princess Chulabhorn Mahidol* of Thailand endorsed the Alliance and expressed her interest in supporting the initiative. *Honourable Dr Manto Tshabalala-Msimang,* Minister of Health of South Africa, said her country was very excited about the initiative and was the first country to join the Alliance. These views were echoed by delegates from, inter-alia, Afghanistan, Bangladesh, Hungary, Ivory Coast and Moldova.

During the function, *Dr Gro Harlem Brundtland* received the International Environment Prize for 2002 of the City of Göteborg, Sweden, for her “visionary and innovative work during the 1980s that laid the foundation for all the pioneering work around Agenda 21.” In accepting the award worth 1 million kröne, Dr Brundtland announced that she would donate her prize to the new Alliance to get work off to a flying start.

**Launch of the Environmental Health Indicators Partnership**  
**Monday 2 September 2002**

The meeting, which was organized by the United States Environmental Protection Agency (USEPA), presented the new global partnership to promote the creation and use of children’s environmental health indicators. The US initiative calls for expanding existing UN data collection to incorporate surveys of core children’s environmental health indicators. After new indicators are developed, pilot studies to validate the indicators’ applicability would be conducted in countries already working on children’s environmental health issues.

*Dr Brundtland’s* statement focused on the importance of reliable, easily manageable, and internationally comparable indicators to help identify and monitor the effects of environmental risks on children’s health. She emphasized that indicators are needed to establish baselines, inform policy-making, and raise awareness among stakeholders concerning the effects of environmental contaminants on children’s health.

**Round tables: “Making it Happen”**  
**Tuesday 3 September 2002**

A series of four round tables were convened as an integral element of the World Summit on Sustainable Development. Under the theme of “Making It Happen,” participants, representing their constituencies at the highest levels, addressed the challenges for the Johannesburg Summit. In this context, on 3 September, the Director-General of WHO underscored the need to scale up resource commitments to fight major diseases and ill-health, particularly those that affect...
poor people most. She stated that 27 billion USD a year is needed to fund the interventions required and the health systems needed to deliver them. This represents a five-fold increase on current expenditure, but is a tiny fraction of the economic output of rich countries. Dr Brundtland stressed the importance of health in poverty reduction strategies and economic development: “investment in global health can save eight million lives a year and secure an annual return of 360 billion USD”. She underlined the importance of carrying through with the agreed MDGs and highlighted that one-third of the MDG indicators relate to people’s health. To do this, she called for increased intersectoral action; global-level policies that enable national-level action; partnerships that bridge the divides between governments, civil society, and the private sector; and an increased emphasis on addressing inequity in the distribution of the benefits of globalization.

**Financing and Investment for Sustainable Development in Latin America and the Caribbean: Regional Perspectives on the Fulfilment of the Monterrey Consensus and the Plan of Implementation for Johannesburg**

**Tuesday 3 September 2002**

The Government of Mexico, UNDP, the Corporación Andina de Fomento (CAF) and the Economic Commission for Latin America and the Caribbean (ECLAC) co-hosted a side event at the WSSD entitled “Financing and investment for sustainable development in Latin America and the Caribbean”. The purpose of the parallel event was to analyse the links between the Monterrey Consensus and the Johannesburg Summit.

In her address, the Director-General of WHO stated that “our current investment in people’s health is nowhere near enough”. Dr Brundtland maintained that investing was the best way to overcome the deadly trio: unsafe environments, ill-health, and under-performing public services, which, together, undermine livelihoods, social structures, political stability, and the prospects for a sustainable future.

In addition to the importance of investing in health, other issues highlighted by the Director-General included: the need to work intersectorally and to bridge divides between governments, civil society and the private sector; the need for policies and actions at the global level that enable more effective action in countries; basing policies and action on the best scientific evidence available; working out trade agreements that respect peoples’ health and their need to access essential commodities; and ensuring that the process of globalization benefits all.
World Summit on Sustainable Development: Key Outcomes, Challenges and Opportunities for Health and Sustainable Development
4 Other Health-Related Events

In addition to the major health events, a number of side and parallel events were organized to raise awareness of key health and sustainable development issues and ensure that these were included in the outputs of the WSSD. These events have been an important part of the meetings of the World Summit on Sustainable Development and the meetings of its Preparatory Committee. They have taken place in the margins of the official inter-governmental meetings, organized for the purpose of sharing experiences and increasing opportunities for dialogue among official participants. The events related to health are listed below.

Parallel Events

Civil Society Global Forum
19 August - 4 September 2002
Organized by South Africa NGO Coalition (SANGOCO) and the WSSD NGO Secretariat.
The purpose of the forum was to revive the focus on Agenda 21 and issue a declaration to unite civil society and lobby governments. The Global Forum showcased issues and examples related to health that were presented by various NGOs and the major groups. These included the following:
- Children's Rights and the Physical Environment (organized by Save the Children).
- Particles from Diesel Vehicles - A Global Threat to Health (organized by the Danish Ecological Council).
- Health and Education, HIV/AIDS and Communicable Diseases (organized by the National Association of People With AIDS - NAPWA and Doctors Without Borders).

Implementation Conference
24 - 26 August 2002
Organized by Stakeholder Forum For Our Common Future.
The Implementation Conference’s aim was to initiate and strengthen the implementation of sustainable development through the involvement of stakeholders, and to develop “type II” partnership initiatives to further the implementation of the international agreements in four issue areas: energy, freshwater, food security and health. Four hundred stakeholders from over 50 different countries took part in the conference. Multi-stakeholder issue advisory groups were established during the PrepCom process and guided the developments during the three day event, identifying specific action programmes with commitments for participation and timetables for implementation. They reached agreement on twenty-six new action plans, programmes and partnerships. Action plans related to health include the following:
- “Drop the Malaria Tax” Campaign:
  The aim of this initiative is to reduce the numbers of deaths due to malaria in sub-Saharan

13 A more detailed report of each parallel events can be found on the official Web site: www.johannesburgsummit.org
Africa through removal of tariffs on malaria control products and building resources to increase supply of and access to insecticide-treated bednets.

- HIV and AIDS in the World of Work:
The initiative aims to create an African Forum of civil society stakeholders for the sharing of best practices on tackling HIV/AIDS in the workplace.

- Food, Nutrition, Health and Sustainable Development:
The working group endorsed “the Indaba Declaration on Food, Nutrition, Health and Sustainable Development”, which sets out the nutritional causes of poor health and the desired responses. A new partnership on improving nutritional status and well-being in stunted children through physical activity was also launched.

- Migration of Health Workers:
Through a multistakeholder approach, nine specific deliverable action plans were identified to tackle, at a global level, the ethical and practical problems caused by the migration of health care workers. Central ongoing network management and development was agreed to fall under the responsibility of WHO.

- Media for Development:
The mission of this action plan is to create partnerships to maximize the work being done by individual stakeholders and to raise awareness among civil society, communities, and policy-makers of the right to information and participation.

- Strengthening Partnerships in Health Research for Sustainable Development:
The action plan focuses on identifying best practices in research partnerships; developing internationally accepted codes of conduct in research partnerships; encouraging the Global Fund ATM (AIDS, Tuberculosis, Malaria) to fund research and development in tropical diseases; creating a Global Fund for Research and Development as an incentive to promote entrepreneurship and meeting with industry representatives, North and South governments and NGO representatives to come up with a pilot idea on health research partnerships.

Women’s Action Tent
26-30 August 2002
Organized by Women’s Environment and Development Organization (WEDO).
The purpose of this five-day event was to have a women’s civil society event opening the Summit and a strong lobbying team from the women’s caucus at the inter-governmental meetings at the Sandton Convention Center. A one-day event was organized on “Health and Environmental Security”. It included specific sessions on health, such as:

- The HIV/AIDS Pandemic in Africa.
- Women’s Action Agenda for a Healthy and Peaceful Planet by 2015.
- Effects of Environmental Pollution on Women’s Health.
- Gender Approach to Healthcare with a Focus on Reproductive Health.
- Women’s Actions for Addressing Pollution-Related Diseases.
Forum on Science and Technology and Innovation for Sustainable Development
26 August - 4 September 2002

The objective of this forum was to provide a platform for highlighting the critical contributions of science, technology and innovation to sustainable development. The event brought together the science and technology community, policy and decision-makers, and representatives of civil society and industry. A session entitled “Sustainability of Health-care Delivery Infrastructure and Associated Technologies” by IFMBE (International Federation for Medical and Biological Engineering) and IUPESM (International Union for Physical and Engineering Sciences in Medicine). The session focused on recent developments pertaining to health intervention resource management, and specifically on capacity-building initiatives and systems-based planning and management approaches. A half-day session was organized by the International Union of Microbiological Societies on “Emerging Diseases and their Effect on Sustainable Development”. The session highlighted the central position of health on the agenda for sustainable development; the inextricable linkages of health with the social, environmental and economic pillars of sustainable development; and the effect that health has on all three. A panel discussion was organized by the Fogarty International Centre of the National Institutes of Health, Department of Health and Human Services, US, which was entitled: “Improving Global Health Through Research Capacity for Developing Country Scientists”. The session described the research and training programmes offered by the Fogarty International Centre for developing country scientists and focused on improving capacity for health research.

Local Government Session: Local Action Moves the World
27-30 August 2002
Organized by the International Council for Local Environmental Initiatives (ICLEI) in cooperation with other major international local government associations and United Nations agencies.

The Local Government Session (LGS) was a three-day parallel event designed for local government to express its expectations for the Summit and to interact with national and observer delegations. The event focused on building sustainable communities and cities while protecting global common goods such as climate, water resources, and biodiversity. The programme featured a variety of plenaries, theme sessions and strategy round tables looking at local-level achievements in implementing Agenda 21, the identification of barriers to progress, and the presentation of partnerships and strategy proposals. Nearly 700 representatives and partners of local government from around the world attended the session.

The LGS included a plenary entitled “Local Action for Protecting the Global Common Good” and a theme session called “Initiatives, Achievements, Barriers, and Strategies for Health”. WHO input consisted of a plenary presentation on health and sustainable development, and a workshop on urban health and the WHO initiative on Healthy Cities. The Local Government Declaration was endorsed in the closing plenary and subsequently presented to the Summit delegates at the Sandton Convention Centre. The declaration, which is above all a commitment to sustainability, sets out local government principles and commitments, and requests action

14 WSSD Local Government Session - Local Action Moves the World, Johannesburg, South Africa. For further information, please see: www.iclei.org/rioplusten/signup.html
from international associations of cities and local authorities, national governments, and the 
UN and the international community.

**Summit Institute for Sustainable Development (SISD)**
27 August – 5 September 2002

*Organized by the Smithsonian Institution, in collaboration with the South Africa Department of 
Education, the US Environmental Protection Agency (USEPA), the United Nations Institute for 
Research and Training (UNITAR) and the International Union for Conservation of Nature and 
Natural Resources (IUCN).*

The SISD’s purpose was to mobilize the WSSD participants to present formal mini-courses on 
key sustainable development issues that would provide background, tools, and approaches for 
implementation of sustainable development policies. Courses were provided on a broad range 
of issues such as environmental decision-making, water resource and watershed management, 
pesticide handling, children’s health, integrating HIV awareness into the workplace and creating 
effective partnerships.15

**Water Dome - “No Water, No Future”**
28 August – 3 September 2002

*Organized by the African Water Task Force with the International Water Management Institute.*

The purpose of the event was to increase awareness of water as a key issue in sustainable develop-
ment, and of the important initiatives being launched to solve the worldwide water crisis. The Water Dome hosted various water-related events that involved relevant stakeholders and 
included conferences, workshops, side-events, exhibitions and the launching of new initiatives. 
One such initiative was “Water, Sanitation and Hygiene (WASH) for all”. WASH campaign 
is an effort by the Water Supply and Sanitation Collaborative Council to mobilize political 
support and action around the world to ensure that populations in need have access to water, 
hygiene, and sanitation.

A one-day event entitled “Water, Health, and Poverty” was organized. The different sessions 
highlighted the many linkages between water, health and poverty, from the overall impact of 
water availability and water management on economic growth and hence the lives of the poor, 
to the more specific linkages between water, land, food, irrigation, domestic water and sanita-
tion service management, hygiene, health, and poverty.

**Parliamentary Workshop on Clean Air and Clean Water**
29-30 August 2002

*Organized by the Parliamentarians for Global Action.*

The workshop’s aim was to provide parliamentarians practical skills in drafting and enforcing 
effective environmental legislation in their countries. The workshop provided an opportunity 
to share success stories and challenges and served as a launching point for strategic legislative ac-
tion. Members of Parliament from over 100 countries attended the workshop, alongside leading 
environmental experts, NGOs, and business leaders who highlighted the success of legislation in 
reducing air and water pollution. The workshop also illustrated the potential to implement

15 A list of the courses provided during the Summit are available on: sustainability.si.edu/about.htm
16 Water Dome - “No Water, No Future”. Johannesburg, South Africa. For further information, please see: www.waterdome.
similar acts internationally, with specific examples of how the adoption of sound legislation and clean technologies can effectively address issues of air and water pollution.

Lekgotla: Business Day
1 September 2002
Organized by Business Action for Sustainable Development (BASD) and the International Chamber of Commerce (ICC).
This one-day business event brought world business leaders together with NGOs, labour unions, and government officials to discuss initiatives and partnerships towards sustainable development\(^{17}\). The day was organized into four plenary sessions, which included keynote addresses and panel sessions with open audience participation. Each panel discussion addressed a different sustainable development theme. Among the themes were:

- **Sustainable Use and Management of Natural Resources:**
  The panel covered several of the major initiatives for a more sustainable use of water, energy, and natural resources, in general. It connected with questions of protecting biodiversity, enhancing quality of life and local communities, and promoting sustainable consumption patterns.

- **Making Markets and Globalization Work for All:**
  This panel covered initiatives and new business models for access to water, energy, health, and agriculture. It also identified new business models in order to better serve the needs of the poor and provide them with development opportunities.

- **Sustainable Investment and Development:**
  This panel emphasized the role of investment in the need for better frameworks for investment and technology cooperation, and the synergy of investment and Official Development Assistance (ODA).

- **Accountability and Transparency:**
  The panel reviewed progress and commitments and reported on performance in all aspects of sustainable development. Examples were given to assist companies in changing accountability and transparency for sustainable development. Suppliers’ best practices in providing information to consumers were also reviewed.

**Side Events\(^{18}\)**

**Population in Sustainable Development, Reproductive Health and Gender in Poverty Reduction**
27 August 2002
The participants highlighted the critical role of reproductive health and women’s rights in alleviating poverty, and the important link between sustainable development and access to health.


\(^{18}\) A more detailed report of each side event can be found on the official website: [www.johannesburgsummit.org](http://www.johannesburgsummit.org).
It was noted that lack of attention to women’s health takes a terrible toll in developing countries, including half a million deaths during pregnancy and childbirth each year, and limits women’s participation in development. It was stressed that population growth must be controlled by addressing reproductive health and rights and the empowerment of women in order to achieve sustainable development.

**Launching of the Women’s Action Agenda for a Healthy and Peaceful Planet 2015**  
**28 August 2002**  
*Organized by the Women’s Environment and Development Organization (WEDO) and Rede de Desenvolvimento Humano (REDEH).*

The side event highlighted key aspects of the revised “Women’s Action Agenda 21 (WAA 21): Women’s Action Agenda for a Healthy and Peaceful Planet 2015” (WAA). The agenda, which looks toward the future by building on the diverse experiences of thousands of women striving to bring the UNCED agreements to life, was prepared for the WSSD by an international working group of women activists that reached out to women in all regions of the world to develop the agenda. The event focused on peace and human rights, globalization for sustainability, access and control of resources, environmental security and health and governance for sustainable development.

**Water for African Cities**  
**28 August 2002**  
*Organized by United Nations Human Settlements Programme (UN-HABITAT).*

The event emphasized the unique nature of the programme on water for African cities in building capacity to improve water management. Water was highlighted as a key indicator of how countries manage development. In the context of the increasing demand for water in African cities, current restructuring and reorganization of the water sector in many countries was identified as an opportunity.

**Capacity Building and Training for Sustainable Urbanisation: A Public-Private Partnership**  
**28 August 2002**  
*Presented by the United Nations Institute for Training and Research (UNITAR).*

In highlighting sustainable urbanisation is a prerequisite for sustainable development, participants underscored the importance of working with and training local authorities in achieving sustainable urbanisation. They stressed the critical role of local authorities, the need for partnerships, and advocated building the capacity of local authorities to enable them to mobilize local resources and energy. The importance of cooperation between the public and private sectors was highlighted, as well as decentralization and city-to-city cooperation.

**Cleaner Fuels for Cleaner Air**  
**29 August 2002**  
*Presented by the United Nations Department of Economic and Social Affairs (UNDESA), the International Fuel Quality Centre, and the Alliance to End Childhood Lead Poisoning (AECLP).*

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At this event, participants emphasized the importance of the transport sector in contributing to sustainable development. The event addressed issues such as environmental health impacts of transport-related air pollution; policy frameworks for achieving emissions reductions; and technical solutions for transport-related air pollution issues. As a response, the Global Partnership for Cleaner Fuels and Vehicles for Cleaner Air initiative was launched and discussed. The initiative aims to work in partnership to help countries meet their clean air goals through a coordinated approach to fuel quality improvements. Participants highlighted lead and sulfur as major health hazards, and underscored the partnership’s aim to address these and improve health and quality of life, particularly for poor people in urban areas.

**HIV/AIDS, Human Resources and Sustainable Development**  
30 August 2002  
Organized by the joint United Nations Programme on HIV/AIDS (UNAIDS).  
The objective of UNAIDS during the Summit was to ensure that HIV/AIDS was recognized as a cross-cutting and critical issue of sustainable development. The report “HIV/AIDS, Human Resources and Sustainable Development” was presented at the event. The report gives details on how the epidemic is affecting global human capital and suggests strategies to mitigate its impact. It was noted that in countries hard-hit by the disease, the need for health care is expanding massively at a time when the epidemic is claiming its heaviest toll among health workers. Consequently, the capacity of health systems to provide care is being eroded. The participants stressed that sustainable development cannot occur if the HIV/AIDS epidemic continues to drain human resources.

**Health and the Environment in the 21st Century: Priorities and Action Strategies to Secure our Children’s Future**  
30 August 2002  
This side event highlighted the importance of health and environment in the context of sustainable development. It comprised an interactive discussion on topics including linkages between health and environment; the economic burden of ill-health related to environmental degradation; and investing in children and environment. The event resulted in the identification of key policy actions in health, environment, and sustainable development at national and international levels in the post-WSSD period.

**Lead in the Urban Environment**  
31 August 2002  
Organized by the Alliance to End Childhood Lead Poisoning (AECLP) and the Global Lead Network.  
The event was convened to discuss community-based approaches to lead poisoning prevention and present concrete examples of successful programmes. Background on lead poisoning, its solutions, and the link between prevention and sustainability was provided. A World Bank project on controlling emissions from two-cycle vehicles in Dhaka, Bangladesh, was presented. This project, which represents a community-based effort engaging vehicle drivers and affected communities, was successful in instituting emission controls for these vehicles. Participants

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20 HIV/AIDS, Human Resources and Sustainable Development. WSSD, Johannesburg 2002. UNAIDS/02.48E
felt that it should serve as a model for future Bank projects. Participants also highlighted the importance of utilizing the momentum gained from leaded gasoline phase-out to address other issues of urban air pollution and fuel quality, such as sulfur in diesel fuel. Differing exposure routes of lead, reactions to lead exposure, and results of interventions in the developed and developing world were also presented. The event was part of the Global Partnership for Cleaner Fuels and Vehicles for Cleaner Air initiative.

**Environmental Health: A Community Asset**  
**1 September 2002**  
*Organized by the Earth Day Network.*

The workshop looked at the linkages between human health and the environment. A brief introduction to the international and regional organizations that work on these issues was given, and panellists examined the way in which the impact of environmental degradation on human health is often tied to issues of environmental justice. Of particular interest was the issue of local environmental health in South Africa, including questions of the health effects of indoor air pollution due to the use of biomass cooking fuel and possible fuel alternatives, as well as the long-term health effects of asbestos mining and processing on surrounding communities. The event was part of Earth Day Network’s Community Environmental Health Initiative—a worldwide effort to educate and build the capacity of groups to forge solutions to complex but often deadly and debilitating environmental problems.

**Women and Water, Sanitation and Hygiene for All**  
**4 September 2002**  
*Presented by the Water Supply and Sanitation Collaborative Council (WSSCC) and UN Department of Economic and Social Affairs (UNDESA).*

The event introduced the Water, Sanitation and Hygiene for all (WASH) campaign. The event focused on women’s role as care givers, providers, educators, and managers of safe water, sanitation and hygiene. Participants called for a shift from global focus to national implementation, and stressed that clean water is necessary to protect human health and the environment, and that hygiene can reduce water-related diseases by 33 per cent. They also highlighted the need for high-level political commitment and community ownership and management.
5 Partnerships for Health and Sustainable Development at the WSSD

The UN General Assembly, in resolution 56/226 on the World Summit on Sustainable Development, encouraged new partnerships of two types: 1) between governments of the North and South, and 2) between governments and major groups. Guiding principles for the second type of partnerships were developed during the third and fourth sessions of the Preparatory Committee for the WSSD.

According to these principals, Type II partnerships—also referred as Type II outcomes—must significantly add value to and reinforce the WSSD Political Declaration, and contribute to the full implementation of the WSSD Plan of Implementation, Agenda 21, and the Millennium Development Goals. They consist of commitments and action-oriented coalitions, and should focus on deliverables and contribute to translating political commitments into action. They must be voluntary, transparent and self-organizing in nature, have a multi-stakeholder approach, and integrate the economic, social, and environmental dimensions of sustainable development. Additionally, partnerships must have clear and measurable objectives, and involve communities through a bottom-up approach while, contemporarily, be international in impact.

These type II partnerships became one of the major outcomes of the WSSD. Over 220 partnerships with 235 million dollars in resources were identified in advance of the Summit and around 60 partnerships were announced during the Summit by a variety of entities. Many more were announced outside of the formal Summit proceedings.

The official Health and Sustainable Development partnerships announced at the WSSD are listed in the following table. Brief background information relevant to these partnerships and initiatives is given.

<table>
<thead>
<tr>
<th>NAME</th>
<th>LEAD PARTNERS</th>
<th>AIM/ OBJECTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>African Regional Centre for Infectious Diseases</td>
<td>General for Development Cooperation, Italy</td>
<td>To set-up a global research and training programme, specifically directed to African scientists, in collaboration with the Institute for Infectious Diseases and Molecular Medicine (IDDMM) at the University of Cape Town, South Africa.</td>
</tr>
<tr>
<td>Asia Pacific Leadership Forum on HIV/AIDS and Development (APLF)</td>
<td>UNAIDS Secretariat and the Australian government (AusAID)</td>
<td>To minimize the impact of HIV/AIDS in the Asia-Pacific region through increased political leadership for effective national and regional action against the epidemic.</td>
</tr>
<tr>
<td>Chagas Disease Vector Control Initiative</td>
<td>Japan, Guatemala and other Central American countries, and PAHO/WHO</td>
<td>To interrupt Chagas Diseases transmission in Central America by 2010.</td>
</tr>
</tbody>
</table>

| Coalition for Sustainable Urbanisation | UN-Habitat | The Coalition for Sustainable Urbanisation is a set of nine strategic partnership arrangements and commitments to address critical social, economic and environmental issues associated with rapid urbanisation, globalization and social change. |
| Global Lead Initiative | Alliance to End Childhood Lead Poisoning | To catalyse expedited completion of leaded gasoline phase-out, and to identify and eliminate other exposure sources. |
| Global Partnership for Capacity Building to Implement the Globally Harmonized System for Chemical Classification and Labelling (GHS) | UNITAR | To build capacities at all levels to ensure that dangerous chemicals traded internationally and produced locally are appropriately classified and labelled in accordance with the GHS. |
| Healthy Environments for Children: A Global Alliance on Children’s Health and Environment | WHO, UNICEF, UNEP, UN-HABITAT and others | 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 sometimes work, by providing knowledge, increasing political will, mobilizing resources, and catalysing action. |
| International AIDS Education and Training Programme | United States of America | To improve the care of people living with HIV/AIDS in heavily affected countries by increasing the capacity for training HIV/AIDS care providers, including doctors, nurses, clinical administrators, and other key personnel. |
| Intersect HIV/Violence Against Women and Children Project | Intersect | The equal epidemics of HIV/AIDS and violence against women and children put not only individual women and children (particularly girls) at critical risk, but also threaten numerous aspects of society and imperil the earth’s sustainability. This initiative will promote the creation of multi-disciplinary, diverse, broad-based coalitions worldwide to address the results of these epidemics. |
| Migration of Health Care Workers | Stakeholder Forum for Our Common Future (Interim) | To employ a multi-stakeholder approach to find a global solution to the ethical and practical problems caused by the migration of health care workers, and agree to a process by which a solution may be reached. |
| Network for Therapeutic Solidarity in Hospitals | GIP ESTHER | To identify the health care facilities in developing countries which, with the help of twinning with a European hospital facility, can reinforce their expertise and equipment. |
| Novartis Institute for Tropical Diseases (NITD) | Novartis | To develop a state-of-the-art biomedical research institute for tropical diseases that will research novel compounds and find partners for clinical development, manufacturing, marketing and distribution. |
Nutrition and Sustainable Development | WHO and FAO | To contribute to the implementation of recommendations developed in the joint WHO/FAO expert consultation on diet, nutrition and the prevention of chronic diseases.

Pacific Umbrella Initiative: Pacific Islands Health for Sustainable Development | UNAIDS Secretariat and the Australian government (AusAID) Secretariat of the Pacific Community (SPC) | Expected results include: improved identification of priority environmental health threats; improved management of these threats; support to individual countries and territories to assist in developing and implementing environmental health improvement plans and legislative provisions; and continuing advocacy for environmental health initiatives.

Pilot Project on the Rapid Environmental and Health Risk Assessment in Secondary Rivers of the Mean and Lower Danube Basin | Italy, Bulgaria, Romania, Slovakia* | To develop, implement, and test an evidence-based methodology for rapid assessment of environment and health risks for a given area with highly dangerous industrial activities.

Tuberculosis (TB) Control Network | Japan International Cooperation Agency (JICA) | At the Okinawa G8 Summit in July 2000, the Japanese Government launched the Okinawa Infectious Disease Initiative, following which it began implementing TB Control projects in Cambodia, Nepal, Philippines, Yemen, Zambia, and is preparing additional projects in Afghanistan, Indonesia, Myanmar, and Pakistan. The objective of this proposed network is to share the knowledge and experience obtained from Japanese cooperation with other relevant countries and reduce the infection/mortality rate of TB in developing countries.

Water Resource Management in Caribbean SIDS | CARICOM | To strengthen the capacity of Caribbean SIDS sanitation systems to provide basic sanitation and health services; prevent, control and treat related sanitation health problems; reduce environmental health threats; integrate the sanitation and health concerns of vulnerable populations into strategies, policies and programmes for poverty eradication and sustainable development; and protect sensitive ecosystems from pollution.

There are also partnerships in other clusters that integrate health into their agendas. These include, for example:

- APFED Partnership Initiatives for Knowledge Network and Capacity-building (Cluster: Capacity-building).
- Biofortified Crops for Improved Human Nutrition (Cluster: Agriculture/Food Security/Rural Development).
- Enhanced Environmental Health in the Pacific (Cluster: Sustainable Development of SIDS).
Global Master Plan for Cycling (Cluster: Changing Unsustainable Patterns of Consumption and Production).


Improving the Provision of Sustainable Energy Services for Small Island Developing States (Cluster: Partnerships in Other Areas).

Sustainable Development and Management of the Caribbean Sea (Cluster: Partnerships in Other Areas).
The World Summit on Sustainable Development gave additional impetus to work that aims to maximize the impact of better health on the lives of poor people by reducing people's exposure to risks in their physical environment; providing people with the information they need to modify risk behaviours; creating a policy environment that promotes better health; and ensuring access to health systems that will give people high-quality care when they fall ill.

WHO’s key contribution to the follow-up to the WSSD has been a major initiative to strengthen work on children, health and the environment, singled out for priority attention in the Johannesburg Plan of Implementation. The Healthy Environments for Children Alliance (HECA) was launched in Johannesburg with a variety of partners representing the UN system, national governments, intergovernmental bodies, NGOs and many others. This was intended to give practical expression to the idea that the World Summit should focus on implementation, as well as provide creative mechanisms for linking the economic, social and environmental pillars of sustainable development.

In this context HECA is sustainable development in practice, and an essential contribution to the realization of health, environment and poverty reduction objectives, especially in relation to the Millennium Development Goals. It has as its mission to reduce environmental risks to children’s health that arise from the settings where they live, learn, play, and sometimes work, by providing knowledge, increasing political will, mobilizing resources, and catalyzing action. HECA works with and through its partners at global, regional, national and local levels to address priority areas of risk which cause the majority of environment-related deaths and disease among children. Globally these include household water security, sanitation and hygiene, air pollution (especially indoor air and environmental tobacco smoke), chemicals (for example lead, and pesticides), vector-borne diseases such as malaria, and injuries and accidents.

Partners have moved forward quickly to establish the global alliance and draw up a “Framework for Action” which sets out the aims and principles of the alliance, and defines objectives, initial activities and expected achievements. Emphasis is on integrated, multisectoral action in settings where children live, play and learn - home, school and community. Particular attention is given to the home environment - hitherto a much-neglected environment where children face multiple risks to their health and well being.

Two major initiatives focusing on healthy environments for children took place in 2003: World Health Day 2003 on the theme of Healthy Environments for Children - in which more than 300 events took place in over 100 countries, serving to raise awareness and catalyze action at the local, sub-national, and national levels on a worldwide basis; and Ministerial Round tables on healthy environments for children during the 56th World Health Assembly (May 2003) where widespread commitment to policy and action was demonstrated by ministers of health or senior representatives.

Other activities launched at WSSD with which WHO is involved include an initiative on Strengthening Health and Environment Linkages Initiative (HELI). This new global effort to bridge the gap between scientific knowledge and policy action was launched by the Government of
Canada in September 2002 at the WSSD, together with the support of the USEPA and is being implemented by WHO and UNEP. HELI will gather and disseminate scientific, technical and socio-economic knowledge on environment and health linkages via toolkits, workshops, and pilot projects, and will provide country level decision-makers with the guidance on the use of assessment methodologies such as health impact assessment, environment impact assessment, cost-benefit and cost-effectiveness analyses.

WHO is also contributing to the Global Initiative on Children’s Environmental Health Indicators launched at WSSD by a number of national governments, NGOs, and international and intergovernmental organizations. The main objective of the initiative is to develop and test indicators of children’s environmental health as tools for a better understanding of the status of children’s environmental health.

WHO continues to play an active role in the CSD/WSSD follow up process. WHO participated in CSD-11 in 2003 which concluded with the adoption of the CSD’s multi-year programme of work for the period 2004-2017 based on a series of two-year action-oriented implementation cycles. Health issues in sustainable development remain a visible area of concern as witnessed by the decision to include health and sustainable development as one of the cross-cutting issues to be considered in each thematic cluster. At the same time WHO will continue to highlight health in its own right as central to achieving all three dimensions of sustainable development.

The upcoming 2004/2005 CSD cycle will focus on the thematic clusters of water, sanitation, and human settlements. In the review cycle (2004), a Secretary-General’s report will be produced for each of the three themes, in addition to an overall synthesis paper. WHO is leading the development of the report on sanitation on behalf of UNDESA in cooperation with UN and other partners. The report on water is being coordinated by UN-Water. WHO is also contributing to the report on human settlements highlighting programmes and modest, cost-efficient measures that exist to reduce negative health impacts, for example from unhealthy housing.

WHO is supporting many other activities with partners and stakeholders at all levels and in a wide variety of sectors to demonstrate how real and sustained progress can be made in improving health and well-being by using proven, as well as innovative means to address the multiple dimensions of sustainable development in a collective effort to implement the goals and targets in the Johannesburg Plan of Implementation (JPOI), and the relevant Millennium Development Goals (MDGs). WHO, as task manager for Chapter 6 of Agenda 21, and responsible for coordinating UN inputs on the health agenda into the CSD/WSSD follow-up process (including the health component of the WEHAB initiative), will strive to ensure that health remains central to the sustainable development agenda.
ANNEX 1.

Selected Documents Related to Health and Sustainable Development Prepared in the Context of WSSD


