



# WORLD HEALTH ORGANIZATION

**EXECUTIVE BOARD**  
**111th Session**  
**Provisional agenda item 10.4**

**EB111/31**  
**12 December 2002**

---

## **World Summit on Sustainable Development**

### **Outcomes of the World Summit on Sustainable Development and implications for follow-up**

1. The World Summit on Sustainable Development was held in Johannesburg, South Africa, from 26 August to 4 September 2002. Taking place 10 years after the United Nations Conference on Environment and Development (Rio de Janeiro, Brazil, 3-14 June 1992), the World Summit both reaffirmed the importance of investment in people as the key to sustainable development and highlighted the central place of health within that agenda.
2. The first principle of the Rio Declaration on Environment and Development stated that “Human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature”. Agenda 21 translated the principles of the Rio Declaration into an agreed programme of action, in which Chapter 6 (for which WHO is the task manager) focused on the protection and promotion of human health. At the World Summit, improving people’s health was accepted not just as an outcome of sustainable development, but as a powerful means through which it can be achieved.

#### **OUTCOMES**

3. The major outcomes of the World Summit were a plan of implementation and a political declaration. The plan of implementation includes a number of new agreements as well as a reaffirmation of past commitments, many of which have still to be acted on by governments.
4. In addition to these formally negotiated documents, one of the aims of the Summit was to stimulate the development of partnerships (referred to as Type 2 outcomes) between governments, the private sector and civil society. These partnerships are intended to give practical expression to the idea that the World Summit should focus on implementation, as well as providing creative mechanisms for linking the economic, social and environmental pillars of sustainable development.
5. Over 220 partnerships with a cash value of US\$ 235 million were identified before the World Summit, a further 60 initiatives were announced as part of the Summit proceedings, and many more were launched outside the formal process.

## **HEALTH AT THE WORLD SUMMIT**

6. In comparison with the Conference on Environment and Development, where environmental issues occupied centre stage, the World Summit placed a much greater emphasis on the social and economic aspects of sustainable development. While there was general agreement that it was appropriate to bring together environmental and development issues in the interests of poverty reduction, it increased the breadth of the agenda, and thus the complexity of the preparatory process.

7. In part to address the complexity of the agenda, and also to provide a focus for the World Summit, the United Nations Secretary-General proposed that delegates should concentrate on five sectoral issues: water, energy, health, agriculture and biodiversity (WEHAB). A working group for the so-called WEHAB initiative, involving a number of United Nations agencies, including WHO, was set up during the final phase of the preparatory process for the World Summit to develop a series of framework documents for action in each of the priority areas. WHO took lead responsibility for the WEHAB document A framework for action on health and the environment, which formed the basis for discussion in the first World Summit plenary.

8. While the WEHAB initiative reinforced the central position of health on the World Summit agenda, health had already emerged as a prominent issue in the preparatory process. In addition to the specific chapter in the plan of implementation, linkages with health, particularly its role in poverty reduction, occur throughout the document.

9. The health agenda, as it emerged from the negotiations, addresses a variety of issues which intersect health, environment and development. These can be categorized into two key areas: health care and disease control, and environmental health and lifestyle issues.

### **Health care and disease control**

10. The plan of implementation focuses on strengthening the capacity of health care systems to deliver basic health services to all, in conformity with human rights and fundamental freedoms, and consistent with national laws and cultural and religious values.

11. With the aim of achieving the health-related Millennium Development Goals,<sup>1</sup> the plan of implementation places particular emphasis on improving access to essential drugs, immunization services and vaccines and medical technology; improving maternal and obstetric care and reproductive and sexual health; specific measures to combat and treat HIV/AIDS, malaria, tuberculosis and other diseases (including support for the Global Fund to Fight AIDS, Tuberculosis and Malaria); and mobilizing resources for research and development on diseases of the poor.

### **Environmental health and lifestyle issues**

12. To counteract risks to health, improving access to safe water, sanitation, clean air, improved waste management and sound management of chemicals received particular attention.

13. Of particular note was the call for greater access to sanitation to improve human health and reduce infant and child mortality and greater priority for water and sanitation in national sustainable-development and poverty-reduction strategies. A new target was agreed, namely to halve the

---

<sup>1</sup> See document EB111/3.

proportion of people who do not have access to basic sanitation by the year 2015. This new target complements the Millennium Development Goal on access to safe drinking-water. Targets in other areas included one that aimed to use and produce chemicals in ways that minimize their adverse effects on human health and the environment by the year 2020.

14. Even though the World Summit failed to reach agreement on a specific energy target, there was agreement to diversify energy supplies and substantially increase the global share of renewable energy sources. This is a significant achievement, not least because of its potential benefits for people's health.

15. The need to strengthen occupational health programmes was highlighted, as was the necessity of reducing air pollution exposures and related health impacts (e.g. by the use of cleaner fuels, and modern pollution-control techniques and by reducing dependence on traditional fuel sources for cooking and heating), as well as controlling lead exposure by phasing out lead in petrol, paints and other sources of human exposure.

16. In addition to risks in the physical environment, the World Summit addressed nutrition-related and lifestyle-related diseases and risks: the emphasis was on the need to improve availability and access to sufficient, safe and nutritionally adequate food, and on programmes to combat noncommunicable diseases, mental health, injuries and violence and associated risk factors such as tobacco, alcohol, unhealthy diets and lack of physical activity.

## **WHO AT THE WORLD SUMMIT**

17. In addition to organizing the opening plenary session on health and the environment (the first of the five WEHAB sessions), WHO organized a series of health-related events throughout the World Summit, described below.

- Health and environment in the 21st century: priorities and action strategies to secure our children's future, organized by WHO in collaboration with UNICEF, UNEP, and Physicians for Social Responsibility. This panel discussion resulted in the identification of key policy actions in health, environment, and sustainable development at national and international levels in the post-Summit period.
- A one-day parallel event was held in collaboration with the Department of Health, South Africa on health and sustainable development. This included a ministerial round table on health in southern Africa and panel discussions on investing in health, children's health and the environment, research partnerships, and intersectoral action in practice.
- A workshop on urban health and healthy cities at the local government parallel event included a plenary presentation on health and sustainable development and a plenary statement at the launch of the Local Action 21 initiative. A local government declaration was issued, which makes explicit reference to the importance of health and the role of WHO.
- WHO's Healthy Environments for Children initiative was presented in Johannesburg by the Director-General, who introduced a global alliance aimed at scaling up worldwide action to address priority health dangers and environmental risks in the places where children live, are educated and play. The alliance provides a major platform for addressing key health and environment outcomes of the World Summit, including those highlighted in the WEHAB

framework for action on health and environment, particularly in the area of water and sanitation, indoor air pollution and household energy, and management of toxic chemicals. There will be a strong focus on intersectoral action, emphasizing the key settings in which risks to children's health are most evident, as well as opportunities to address these: the home environment, the school, and the neighbourhood. A strong alliance of partners including Member States, nongovernmental organizations, the private sector and the organizations of the United Nations system, will drive the work forward.

## **FOLLOW-UP**

18. The plan of implementation called for new measures to strengthen institutional arrangements for sustainable development at international, regional and national levels. It was also suggested that the United Nations Commission on Sustainable Development should play a greater role in reviewing and monitoring progress in the implementation of Agenda 21 and fostering coherent implementation, initiatives and partnerships. These proposals will be reviewed in more detail by the United Nations System Chief Executives Board for Coordination in 2003.

19. From WHO's perspective, the World Summit gives additional impetus to work which 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 legislative and policy environment which promotes better health; and ensuring access to health systems which will give people high-quality care when they fall ill. All of these aspects of WHO's work will contribute to the achievement of the Millennium Development Goals which were reaffirmed at the World Summit.

20. Several specific initiatives will follow on from the World Summit. These include the further development of the Healthy Environments for Children alliance which will be formally launched by the Director-General on World Health Day 2003, on the theme of Healthy environments for children.

21. Other follow-up actions include an initiative launched by the Government of Canada in Johannesburg on assessing health and environment linkages for capacity-building, in order to create more effective regional and national policy responses. This initiative involves a number of countries and nongovernmental organizations, with WHO, in collaboration with UNEP, responsible for overall coordination and management of activities. A Type 2 initiative on Children's environmental health indicators was also launched in Johannesburg by the United States of America, involving a number of governments and nongovernmental organizations, as well as international and intergovernmental organizations including WHO. 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.

## **ACTION BY THE EXECUTIVE BOARD**

22. The Executive Board is invited to note the report.

= = =