

## **United Nations Conference on Sustainable Development Rio+20**

1. The purpose of this document is to help Member States articulate a strong position on health in the context of the upcoming United Nations Conference on Sustainable Development (UNCSD) to be held in Rio de Janeiro, Brazil, from 13 to 22 June 2012. It summarizes and combines two earlier submissions by the WHO Secretariat that were requested by the co-Chairs of the UNCSD Bureau.

2. Rio+20 offers an important opportunity to re-examine and re-establish the relationship between health and sustainable development in line with the Rio Declaration on Environment and Development in 1992 and the Johannesburg Plan of Implementation in 2002. The relationship between health and sustainable development has three main components: (1) improvements in human health contribute to the achievement of sustainable development and to poverty reduction, particularly through universal health coverage; (2) health can be one of the principal beneficiaries of investment in sustainable development and the green economy; and (3) health indicators provide a powerful means of measuring progress across the social, economic and environmental pillars of sustainable development.

### **CONTEXT<sup>1</sup>**

3. Principle 1 of the Rio Declaration on Environment and Development in 1992 asserts 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”. Twenty years on, WHO recognizes the opportunity provided by the United Nations Conference on Sustainable Development to set the world back onto a sustainable development path in which better and more equitable health outcomes play a key role.

4. Over the past twenty years, the world has witnessed strong economic growth and progress towards attaining a number of the Millennium Development Goals. It is of concern, however, that these positive trends have been accompanied by increasing disparities and inequalities, persistent gender inequality, social inequity, a growing deterioration of the environment, and recurrent economic, financial, energy and food crises. Renewed commitment is needed to bring about the integration of policies across the economic, environmental and social pillars, with human beings and their health and well-being at the centre.

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<sup>1</sup> The context section of this paper is extracted from a document to which WHO contributed and which was agreed by the United Nations System Chief Executives Board for Coordination to show a shared analysis across all agencies, and for use as a common preamble to specific submissions to the UNCSD Bureau.

5. Since 1992, the world has changed in fundamental ways. Climate change is significantly altering the physical and human geography of the planet. There are major differences in population growth, age structure and patterns of migration; resource consumption has increased, and production patterns are less sustainable. There has also been wide-ranging technological progress, from renewable energy and energy efficiency, to innovative measures for adapting to climate change, and new means for social networking, dialogue and participatory engagement, providing opportunities that were not available 20 years ago.

6. Rio+20 must acknowledge that economic, social and environmental objectives are not independent variables, but are mutually supportive, with progress in each area facilitating advancement in the others. The objective should be to enhance equity, revitalize the global economy, and protect the planet and its ecosystems so that people can live in dignity.

7. Economic growth must be of high quality, be inclusive, and lead to strengthened resilience of households, ecosystems, and economies, and to improved water, food, and nutrition security. It should take place in close conjunction with relevant efforts to accelerate progress in population health, gender equality and women's empowerment, the realization of human rights, greater equity, improved access to and quality of social protection, equitable health-care services, the rule of law, and the fair distribution of the benefits of development. All these objectives are key elements of the green economy approach.

## **HEALTH AND SUSTAINABLE DEVELOPMENT**

### **Universal health coverage**

8. There have been major advances in human health over the last two decades, however, those benefits have been unequally shared. At current rates of progress, for example, only 19 countries will reach the target for reduction of maternal mortality by 2015.<sup>1</sup> In areas such as improving access to medicines, progress has been constrained by policies and practices in other sectors. However, while the relationship between better health and its social and economic determinants such as trade, intellectual property, agriculture, employment is well recognized, coherence across sectors remains elusive.

9. People therefore remain vulnerable to sudden crises: through loss of jobs; through crop failure; or through accident or illness. Financial uncertainty and environmental change exacerbates these risks. Social protection is essential, but must extend beyond the protection of income alone, as in too many countries adequate services are simply not available, or the price that is charged for them is too high. The result is that lack of access to health services impoverishes people because they are unable to work, while using health services can impoverish people because they cannot pay.

10. WHO estimates that more than 1000 million people cannot use the health services they need, when they need them, because either those services are not available, or people cannot afford to use them. Moreover, 150 million people each year suffer severe financial catastrophe, because they fall ill, use health services, and need to pay for them, either directly out of pocket or without any prospect of

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<sup>1</sup> Target 5.A. of Millennium Development Goal 5: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.

future reimbursement. Many people have to sell assets or go into debt to pay for those health services, with 100 million people being pushed under the poverty line as a result.

11. Universal health coverage – defined as a situation where all people can use the critical health services they need without the fear of impoverishment<sup>1</sup> – links the social and economic pillars of sustainable development and is central to poverty reduction. People who are healthy are better able to learn, to earn and to contribute positively to the societies in which they live. Strong, well-designed health delivery systems protect individuals from illness, stimulate economic growth, and protect people from impoverishment by keeping them healthy. They also contribute to social harmony by providing assurance to the population that services are available in the event of illness.

### **Health and the Green Economy**

12. A healthy environment is a prerequisite for good health. Reduction of certain air, water and chemical pollution risks can prevent up to one quarter of the total burden of communicable and noncommunicable diseases, and a large proportion of childhood deaths.

13. Improvements in health from economic and environmental development will not happen automatically. Twenty years after the first Rio Summit,<sup>2</sup> policies on urban planning, transport and housing development in many countries still create rather than reduce air pollution, noise and traffic injuries. These same policies limit rather than promote daily physical activity. Likewise, energy policies can worsen indoor air pollution, which is responsible for nearly half of the global pneumonia deaths in children under the age of five years, and over one million deaths from chronic lung diseases, mostly among poor women. Agricultural policies too often make it harder, not easier, to access healthy foods and achieve good nutrition.

14. Recent work in WHO shows that better health can be an outcome of sustainable development, and not be among the factors to be traded off against economic growth alone. By 2050, most Asians and Africans will live in cities. About 30% of urban growth is due to expansion of slum areas. Investment in low-cost and energy efficient housing would both reduce future CO<sub>2</sub> emissions and enhance security, as well as diminishing the health impact of poor housing.

15. Better home insulation, heating/cooking systems and indoor ventilation, can have a significant impact on the reduction of respiratory diseases, including asthmas, pneumonia and tuberculosis, as well as reducing people's vulnerability to extremes of heat and cold. The savings in health-care costs can help drive "health-wise" green investments. For instance, the benefit-cost ratio of replacing polluting, leaky biomass stoves with liquid petroleum gas can be 4:1. The resulting cost savings in terms of fuel, time, health and climate are likely to be even greater with the use of newer, advanced biomass stove technologies.

16. More investment in means of public transport such as buses, rapid transit or urban rail, along with networks for cyclists and pedestrians to use, can result in lower levels of urban air pollution; more physical activity; fewer traffic-injury risks for cyclists and pedestrians travelling on separated networks; and better mobility for poor and vulnerable groups. Studies of urban cycle commuters in

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<sup>1</sup> *World Health Report 2010. Health Systems Financing: the Path to Universal Coverage*, Geneva, WHO 2010 [www.who.int/whr/2010](http://www.who.int/whr/2010).

<sup>2</sup> United Nations Conference on Environment and Development, Rio de Janeiro, Brazil, 3–14 June 1992.

Shanghai and Copenhagen have shown those commuters to experience 30% lower annual mortality risks, on average, in comparison to other commuters.

17. Greening the health sector can make a difference. Health-care facilities worldwide are developing cleaner, greener, community-based energy and waste management systems, generating significant, combined benefits for health, development and climate change adaptation or mitigation. Changing energy sources in existing health facilities can yield immediate, annual facility savings in the order of 10%–30% in a sector estimated to account for 5%–7% of national greenhouse gas emissions in some developed countries.

### **Health as an outcome of all policies: measuring progress and impact**

18. Measurable progress towards sustainable development requires milestones that integrate its economic, environmental and social dimensions as well as a new generation of metrics to monitor achievements. Such measures should be integral to any new set of global goals developed to follow on from the Millennium Development Goals after 2015.

19. In this regard, health indicators are particularly important. Outcomes related to health can be measured and will generate both public and political interest. Data to support the monitoring of indicators for both elements of the strategy in this paper – universal health coverage and health in the green economy – are readily available.

20. For Universal Health Coverage, a key concern is the protection of individuals and families from catastrophic expenditure when someone falls ill or needs treatment. The best indicator is therefore **the number of people impoverished because of the need to pay for health services**. This can be measured through household surveys. It demonstrates the extent to which health systems address issues of equity and it is central to monitoring poverty reduction. Measuring the number of people impoverished through health-care expenditure is therefore not just a health indicator, but an indicator that reflects the broader social and economic concerns of sustainable development.

21. In relation to health in the green economy, sustainable development is sometimes a hard concept to grasp. Health is not. Demonstrating the relationship between the two is therefore a powerful way of supporting climate change mitigation and adaptation. The benefits of better health are usually immediate, personal and local, rather than deferred and diffuse, like reducing CO<sub>2</sub> emissions. Opinion surveys of the general public, and of climate negotiators, as well as economic valuation of health effects of mitigation and adaptation measures, all support a much stronger role for health in climate and related development processes.

22. Indicators to monitor progress are of two kinds: (1) improvements in health and/or nutritional status attributable to environmental change, such as occupational or environmentally-related cancers or other noncommunicable diseases, and (2) reduction in exposure to risk or increase in the coverage of environmental interventions clearly linked to better health outcomes. Examples of the latter include the proportion of households using clean and safe cooking fuels and technologies or the proportion of urban populations that live in areas that meet WHO's ambient air quality guidelines.

23. Global governance for sustainable development can also be improved by enhancing awareness of, and accountability for, the health impacts of policy decisions. This can be promoted by the wider use of health impact assessment, and monitored by process indicators that measure inclusion of health into decision-making processes: for instance “proportion of sector policies and projects for which a Health Impact Assessment has been conducted”.

## PREPARATIONS FOR RIO+20

24. The co-Chairs on behalf of the Conference Bureau presented a zero draft of the outcome document, *The Future We Want*, for consideration by Member States and other stakeholders in early January 2012.<sup>1</sup> Health is mentioned only in passing in the current draft (in paragraphs 11 and 25) and is absent from the proposed follow-up actions.

25. The co-Chairs of the Conference request written comments from Member States on the first two sections of the document (I. Preamble/Stage Setting and II. Renewing Political Commitment) by 23 January 2012 in preparation for the first round of negotiations to be held from 25 to 27 January. That meeting will have two parts: the first half day for general comments on the zero draft; with the remaining day and a half being devoted to negotiation of the first two sections.

26. Member States will be asked to send written comments on the rest of the document by 17 February 2012. These will be compiled into a new draft for the next round of negotiations in March 2012.

27. Side events at the conference venue will be coordinated by the United Nations conference secretariat. The guidelines<sup>2</sup> suggest that each side event organizer can be the lead organizer for only one side event during the 10-day period of the third preparatory committee meeting, the Dialogue Days, and the United Nations Conference on Sustainable Development itself. The selection of side events will occur on 30 March.

## ACTION BY THE EXECUTIVE BOARD

28. The Board is invited to note the report.

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<sup>1</sup> Available at: <http://uncsd2012.org/rio20/index.php?page=view&type=12&nr=324&menu=23>.

<sup>2</sup> Available at: [http://www.uncsd2012.org/rio20/meetings\\_sidevents.html](http://www.uncsd2012.org/rio20/meetings_sidevents.html).